

Walsingham Support Limited

Walsingham Support - Lindisfarne

Inspection report

Walsingham
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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 was an unannounced inspection which took place on Saturday 21st of November 2015. It was carried out by an adult social care inspector.

The home 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.

Walsingham Support - Lindisfarne provides residential care for up to six people with a learning disability. The property is in a residential area of Frizington and is near to all the amenities of the area. The building is a purpose built bungalow with six single bedrooms and suitable shared areas. The home has its own transport.

People who lived in the home were unable to verbalise their views on how safe they felt but we judged that they were relaxed in their environment and that they had good relationships with members of the staff team. Staff were suitably trained in safeguarding and there had been no incidents of concern reported. Accidents and incidents were reported and managed appropriately.

Staff were suitably recruited, inducted and trained so that they could develop in their role. Staff received suitable training to undertake the work they did. Staffing levels met the needs of people in the home. The organisation had disciplinary processes in place and there had been no staff issues in Lindisfarne.

Medicines were managed well with good audits of the medicines held for people. The staff team did not rely on sedative medicines and every person in the home had their medicines reviewed regularly.

Infection control measures were in place and the home was clean and orderly on the day of the visit.

The staff team understood their responsibilities in relation to supporting people who lacked capacity. The manager made sure that she worked within the Mental Capacity Act 2005. Staff worked with people to ascertain their wishes and to gain consent.

The people in the house were encouraged to eat healthily and the staff team make meals from fresh ingredients. Good nutritional planning was in place.

We observed a caring team of staff who focussed on people's strengths. Staff were trained in the values of the organisation and they displayed these in the way they worked. The staff we spoke to had a good understanding of concepts like dignity, respect, equality and diversity.

People in the home had an advocate and the staff team supported people to be as independent as possible.

The staff were careful about confidentiality and privacy. People were encouraged to make choices where possible. The service had a suitable complaints procedure and there had been no complaints received for some time.

Assessment and care planning were of a good standard. Care files were up to date and person centred. Care was reviewed by the staff team and by other professionals.

People in the house were encouraged and supported to join in activities in the home. They also went out to local clubs and events. Two people went to church every week. Some people went to a day centre and everyone went out of the house on a regular basis. There was a range of activities that people joined in with. These included sports and outdoor activities. People also went out shopping and for meals.

The organisation had a detailed quality monitoring system in place. The registered manager had also introduced supplementary monitoring that helped with quality in the service. There were improvement plans in place so that any issues could be dealt with swiftly.

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

Staff understood their responsibilities in keeping people safe.

Recruitment was done correctly with all relevant checks made on the background of new team members.

Medicines were carefully managed.

Is the service effective?

Good ●

The service was effective.

The home had enough suitably trained staff to deliver good standards of care.

Staff ensured people in the home had nutritious food.

The staff team understood their responsibilities in relation to the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

Staff treated people with sensitivity, empathy and warmth.

Staff had been trained to understand matters of equality and diversity.

The people who lived in the home had access to independent advocacy services.

Is the service responsive?

Good ●

The service was responsive.

the staff team took a person centred approach in care delivery.

people were supported in joining in with activities and entertainments.

people were given individual care and support that met their personal preferences.

Is the service well-led?

Good 

- The service was well led.
- The service had a suitably qualified and experienced manager.
- The culture of the home promoted the rights of people with learning disabilities.
- The quality monitoring systems in the service were managed well with a focus on improvement in all areas.

Walsingham Support - Lindisfarne

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 Saturday 21st November 2015 and was unannounced.

The inspection was carried out by an adult social care inspector.

Before the visit we had received a provider information return from the registered manager of the service which gave us details of how the service was operating. We had also spoken to the commissioners of care and to social workers and health care providers who had contact with the service

We met with the five people who lived in the service and we spoke with five members of staff and met the registered manager. We observed a meal time and we saw staff interacting with people who lived in the service.

We read all of the care files which included information about the health and wellbeing of people. We read all five care plans and the person centred plans that described people's preferences and their goals for the year. We checked on medicines managed by the staff. We also looked at the money kept on people's behalf. We saw the menus for the home.

We walked around all areas of the home including the laundry and the kitchen.

We looked at four staff files. These had information about recruitment, induction, training and development.

We also looked at records related to quality management, maintenance of the home and food and fire safety records.

Is the service safe?

Our findings

People who lived in the service were unable to verbalise their views on how safe they felt in the home. We observed people using the environment and interacting with staff in a relaxed way. Staff were attentive and aware of risks to individuals. They were careful to maintain a safe environment at all times. Staff allowed people to be as independent in the home as possible.

We asked staff about how they protected people from harm and abuse. Staff had a good understanding of their responsibilities in keeping vulnerable people free from harm and abuse. Staff received regular training on safeguarding. This was also a topic in each supervision meeting and in team meetings. Staff told us that they could talk about any concerns freely with the registered manager. They also told us that they saw the quality officers, operations managers and other managers who did not work in the service and that they could talk to them about any concerns. The organisation had a 'whistle blowing' telephone line that they could use. They understood how to make a safeguarding referral if necessary. There had been no safeguarding issues in the home.

Staff said they were trained in anti-discriminatory practice and they understood the concepts of individual rights. They could discuss the human rights of each individual and weigh these up with the risks that might be posed. Each care file had detailed risk assessments for each person in relation to their daily lives both inside and outside of the home. Good risk management plans were in place that allowed people to have as much freedom as possible.

There were risk management plans in place in relation to the environment. These included fire risk assessments and plans, risks when delivering care and any environmental threats. Plans were put in place when repairs and maintenance were undertaken. The service had an emergency evacuation plan that was easy to access and to follow. Staff were confident that they could deal with any emergency.

Accident reporting systems were in place and there had been no incidents of note in the service. Staff understood how to report accidents and incidents.

On the day of our visit there were two staff on duty in the morning and three in the afternoon. We looked at the previous four weeks' rosters and we saw that usually there were three staff to care for and support the five people in the home. The home also had a housekeeper who helped to keep the environment clean and tidy.

We saw that rostering reflected the activities of the week. The hours worked were centred around the needs of individuals. We judged that staffing levels were suitable.

We asked staff about care at night. They told us that people slept well and that having one person 'sleeping in' was suitable and that they could meet the needs of all five people in the home. One member of staff told us: "Some people wouldn't go to bed if one of us was awake at night. We all get ready for bed and the whole house settles down!"

When we looked at staff files we saw that recruitment was done appropriately. We already had evidence

from other visits to Walsingham services to show that the organisation had a robust recruitment system. In this house we saw that all staff had appropriate checks made on their background prior to starting to work with vulnerable people.

The organisation had a disciplinary procedure and senior staff were trained in investigation of any staff issues. We had evidence to show that the disciplinary systems were used when appropriate. We judged from evidence we had about issues in the local area that staff were treated fairly and that disciplinary action was used in a measured way.

We checked on the medicines in the home. These were ordered, stored and administered appropriately. Each person had a medicines file that told staff what each medicine was for; highlighted any risks involved and helped staff to identify any problems with medicines. People who used the service had regular medicines reviews from their GP or from the specialist nurses and consultants for learning disability. Sedative medicines were kept to a minimum and only prescribed after the person had been assessed by a psychiatrist who specialised in caring for people with learning disability. Medicines were stored safely and disposed of correctly.

The house was clean and odour free. Staff understood how to prevent cross infection and encouraged people to follow good infection control procedures. There was hand wash, cleaning materials, gloves and aprons readily available. The home had a working document in place that showed how to deal with any infections.

Is the service effective?

Our findings

We spoke to staff in the home and saw the records of training. Staff had received all the training that Walsingham considered to be mandatory. This included safeguarding, health and safety training and also specific care related training. Staff completed training in values, person centred thinking, supporting behaviours that challenged, maintaining dignity and interacting with people living with a learning disability. We also saw that staff were encouraged to develop through specific training that that they judged would help them develop in their role. This might be training in how to support people with autism or for some staff it was training in management. Walsingham had a varied range of training on offer that staff could ask for. Staff on the day told us that they were encouraged to go on different kinds of training and then use their training and expertise to support the work of the team.

We looked at staff files and saw that formal supervision was done regularly. The content of those we saw was detailed and pertinent to the needs of each team member. The sessions recorded the way the staff worked with individuals, covered skills like moving and handling and practice issues were discussed. The values were included in the sessions and staff had the opportunity to talk about any concerns or safeguarding issues. Staff also received appraisal and we met staff who said they felt really well supported to give the best care possible.

The registered manager had ensured that people in the service had 'best interest' reviews to ensure that any decisions that had to be made on peoples behalf were done appropriately. She had also applied for Deprivation of Liberty authorities because people in the home were not at liberty to leave the service. The registered manager had suitable arrangements in place to ensure that the least restrictive application of these deprivations were in place. For example people couldn't leave the home unaccompanied but people were taken out regularly so they did not feel restricted to the house. Measures were in place to help some people to take some measured risks when going out.

The manager and staff said that they had not restrained anyone in the service. They used specific techniques to deal with any potential problems. Care plans were detailed in relation to how to support people when they were having problems managing their behaviour. The organisation had policies and procedures relating to restraint . Staff understood the approach and had received suitable training. We also noted that staff attempted to gain consent when working with people and that care plans gave guidance for staff about gaining consent.

We saw nutritional plans in the service. These were detailed and easy to understand. People were weighed regularly and encouraged to eat healthily. The food in the home was nutritious and fresh. Staff understood people's needs and preferences. Advice was taken from professionals if people had problems maintaining their weight or had problems with swallowing.

People in the home saw their GP when necessary and also went for check-ups with nurses. The staff tried to prevent ill health and used the local health care professionals to support them in this. People went for 'well woman', 'well man' checks. People went to the optician, dentist and chiropodist. When necessary people

also saw the specialist consultant for people with learning disability. The team could also call on psychology services if necessary.

Lindisfarne was a purpose built bungalow that met the needs of people in the service. The garden was secure and we learnt that people enjoyed spending time outside when the weather was good. Bedrooms were personalised and people enjoyed spending time in their own rooms. Special adaptations were in place that supported people in the home. The home was clean, orderly and well maintained. The manager said that they hoped to add a conservatory on to the home so that people would have a little more space.

Is the service caring?

Our findings

We measured this outcome by observation because people in the service found it difficult to articulate their views on this. We saw that staff had a kind and caring approach with people in the home. They were respectful and patient and allowed people to remain as dignified as possible. We observed the body language of people in the home when they were with staff. We saw that they approached staff when they needed support and saw that they expected a response from staff. We also saw that people came to staff for emotional support.

We also noted that staff worked with the care plans and that they could support people to stay within boundaries when they had challenges to their behaviour. Some people in the service found interacting with others a challenge. The staff used specific techniques to help people to manage the way they responded both within the service and when they were out in the community.

We heard staff explaining things to people in the way they preferred. We also saw that staff showed people so that they had a visual point of reference. They used pictures to help people to understand things. People were involved as much as possible. Staff recorded when people didn't enjoy certain experiences and looked for alternatives.

We had evidence to show that people were encouraged to be as independent as possible. They were encouraged to make safe use of their environment and were given personal space where possible. Care plans showed that staff worked with people to become more independent. One file showed a 'walking plan' where someone was being encouraged to make short trips out with minimum supervision.

The home used an advocate service so that an independent person could speak on their behalf. The advocate visited on a regular basis and was also used when 'best interest' meetings were held. This helped with decision making on behalf of people who lacked capacity.

Is the service responsive?

Our findings

We read the care files for everyone who lived at Lindisfarne. We also spent time with people and we judged that the care delivered was effective and met people's needs.

Each person had a care plan file and a person centred file. Care planning included detailed risk assessments completed by the staff. They also contained risk assessments completed by health and social care practitioners. Where people required support in managing their behaviour or their emotions these were risk managed with the support of psychologists, social workers and health care practitioners. The staff also assessed people's emotional, spiritual and cultural needs.

All of these assessments were then used to formulate the care plans and the person centred plans. The care plans gave details of the support people needed in relation to their personal and health care needs. These guided staff on how to deliver the right kind of care and support. The person centred plans also gave guidance on all aspects of individual needs. These were written in the first person. The plans said: "I need you to help me to...I can do ...and I like to...". They were written with individual strengths and preferences in mind. They were detailed and easy to follow. Plans were in 'easy read' formats. The plans explained how people liked things done, what kind of personal care they preferred and how to support people who might sometimes find managing their emotions and behaviour a problem. Some people had specific behavioural plans in place. These had been written with the support of other professionals.

The person centred plans also looked at cultural, spiritual, cultural and social needs. Two people were regular church attenders and the staff made sure that they went weekly to church. Two people also enjoyed going to a local social club and we learned that they were regular and well known customers of this club where they enjoyed a drink and an opportunity to socialise with members of the community. People also attended clubs and entertainments which were specially organised for people with learning disabilities. Some people preferred to go shopping and for walks or out for meals. Each person had a weekly activities planner. Some people enjoyed sport and exercise with one person having learnt to swim. We judged that the activities on offer were suitable and varied and that people in the home were part of the local community.

Lindisfarne had a complaints procedure. There had been no complaints made for a number of years. There was evidence in care plans and daily notes to show that the registered manager and her team were always alert to people being unhappy or dissatisfied with anything in the house.

We had evidence to show that the staff team could support people if they needed to use a different service. We saw that staff gave people suitable levels of support if they needed a hospital in-patient stay.

Is the service well-led?

Our findings

This service was managed by a suitably experienced and qualified manager who was registered with the Care Quality Commission. People in the service did not express themselves verbally but we could see by their body language that they all responded well to the registered manager. People in the home were obviously used to spending time with the registered manager and she was fully aware of each individual's strengths and needs.

We had evidence to show that the registered manager kept her practice up to date by attending training and by reading about current good practice. She was confident that the systems in place in the service supported the needs of the people who used the service. We spoke to staff who told us that the registered manager promoted an open culture in the service where both the people in the home and the staff group were consulted, treated with respect and involved in decision making in the service. People who lived in the home were offered a range of choices and staff monitored their responses so that their wishes were understood.

Staff told us that they were "very happy in this home...it is really nice and is well managed." One member of the team told us that they felt that the manager had really helped with personal development and had "taken an interest in me...worked with me on my good points and let me move forward. She helped me look at my practice. I feel really well supported."

We spoke to staff individually and as a group. They were able to talk at length about the culture promoted by Walsingham and they could tell us how the culture worked within the service. Staff understood concepts like equality and diversity, they spoke about the strengths of people who used the service and they told us how they supported them to have the kind of life experiences they wanted. Staff told us that, no matter the extent of an individual's disability, they strove to ensure that they worked to help them to have inclusive experiences. This might be engaging in sport or local social activities or in working towards independence.

We saw examples of how well the quality of care delivery, support and services was monitored in the service. Walsingham had a bespoke quality monitoring system in place for all of their services throughout England. We noted that the quality monitoring followed the legislation and that one of the purposes of the quality assurance system was to ensure that services remained within the law. We also noted that the organisation had an improvement agenda that used the outcomes of quality monitoring to promote improvement and change. We saw that there had been changes in the menu, the care planning system and in activities for individuals.

The registered manager gave us copies of the most recent quality reports. These were done by a quality officer who did not work in the service. Reports had been completed regularly every month. These were completed on core areas (support plans, finances, medication, and health and safety) and supplemented the Quality Standards audit checks for each month which staff in the home completed. Where possible people who used the service were asked their opinions. The external auditor also consulted with relatives, advocates and other interested parties. There were very few actions to be completed, showing that the

quality of the service was as expected by the organisation. The audit for November 2015 showed 100% achieved in all areas. The audits followed the domains used by CQC and the organisation checked monthly that this service was safe, effective, caring, responsive and well-led.

We saw quality audits in all of the aspects of the operation that we looked at. There were audits of care planning, medicines, people's finances, health and safety and staff development. We saw that the registered manager not only audited her systems in line with the expectations of the organisation but had also added extra routine checks on quality. In this service medicines and finances were checked by care staff twice a day. The registered manager had also introduced her own audit of the goals each person had in their person centred plans. When we checked on individual staff supervision we saw that staff were encouraged to help people pursue their wishes and needs. People in the service had consistently met their person centred goals because the registered manager had put this to the fore in her management of quality.

We also saw that in supervision and in team meetings the registered manager had helped staff to reflect on their own practice and had encouraged the team to question how they approached any barriers to change. We had evidence of positive challenge within the team. Staff told us that they could challenge decisions and make suggestions. We had evidence to show that the manager encouraged this kind of positive team work so that all ideas were taken on board and worked through as a team. The manager did this as she told us that this increased innovative thinking. This had supported people to engage in new activities and to increase their independence.

We visited the service on a Saturday and the registered manager was not at work but there was a duty manager for the area who could have been called on. On this occasion the registered manager came in to participate in the inspection. Staff said that if she had been unavailable the duty manager would have come to the home. Staff told us that managers of other services often visited at the weekend to just check that the service was running smoothly. They said that they could approach any of the managers in the area and that they got good support from the operations managers and other registered managers.

We spoke with the local learning disability team and with representatives of local health care providers. They told us that the service worked well with them and that they had no concerns about the service.