Walsingham Support

Walsingham Support - 19 Beech Avenue

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

This was an unannounced inspection that was carried out by an adult social care inspector on 1 February 2017.
19 Beech Avenue is registered to provide accommodation for up to eight people who have a learning disability.The accommodation is in a bungalow and a small house
linked by a covered walkway. People who live in the bungalow may also have a physical disability. The people who live in the house may display behaviours that challenge. The provider is in the process of closing the accommodation in the house and will reduce the numbers to five people accommodated in the bungalow. The service is operated by Walsingham who run a number of similar services in Cumbria and throughout the country.

When we last visited the service in August 2015 we rated the services as 'Requires improvement'. We judged that the service was in breach of two legal requirements.

The provider was in breach of Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014: Staffing because we judged staffing levels did not meet people's needs. We also judged that the environmental standards of the property needed to be improved. The house needed to be redecorated and furniture replaced. Some furniture and fittings in the bungalow also needed to be replaced. This was a breach of Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2014 Premises and equipment.

We received a suitably detailed action plan from the provider and we had on-going updates from the registered manager and the operations manager. Staffing levels had been improved straight away and good staffing ratios had continued. People had their care needs met by the staffing levels. We had evidence to show that Regulation 18 had been met.

Walsingham had taken a decision, along with local authority and health professionals, to no longer use the house. Only one person remained in the house and there were plans to close this within the next three months. We had received an action plan and we saw that, where possible, redecoration and replacement of furniture had happened in the house. The provider was now compliant with Regulation 15.

The home had a suitably qualified and experienced 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.

The staff team understood how to protect vulnerable adults from harm and abuse. Staff had received suitable training and there had been no safeguarding issues reported in the service. Good risk assessments and risk management plans were in place to support people. Suitable arrangements were in place to ensure that new members of staff had been suitably vetted and were the right kind of people to work with vulnerable adults. There had been no accidents or incidents of note in the service.

The home had increased the staffing levels with a new waking night support worker in place. The registered provider had agreed that this was necessary due to the changing dependency levels of people in the bungalow. Staff were suitably inducted, trained and developed to give the best support possible.

Medicines were appropriately managed in the service with people having reviews of their medicines on a regular basis. People in the home saw their GP and health specialists whenever necessary.

The registered manager was aware of her responsibilities under the Mental Capacity Act 2005 when people were deprived of their liberty for their own safety. This had been done appropriately and consent was always considered for any interaction, where possible.

We saw that the staff team made sure people had proper nutrition and hydration. Staff supported people to eat as healthily as possible.

The bungalow was suitably adapted to meet people's needs and had recent improvements to floor coverings and décor. Minor improvements had been made to the house. Infection control was suitably managed and the home was clean and comfortable when we visited.

We observed kind, patient and suitable care being provided. Staff ensured that people had privacy and their dignity was maintained during any personal care delivery.

Assessments and care plans were up to date and met the meets of people in the service. Staff were very centred on the needs of individuals.

The people in the home were supported to go out into the community and there were activities in the home. We judged that these arrangements met people's needs

The service had a suitable complaints policy in place but no formal complaints had been received.

The service had a suitable quality monitoring system in place and action was taken if improvements were needed.

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 how to keep people free from harm and abuse.

Staffing levels had improved to ensure that there were enough staff by day and night.

Medicines were being managed appropriately.

Is the service effective?

Good

The service was effective.

Staff were suitably inducted, trained and supported in the service.

People were given a healthy diet and suitably supported to eat and drink.

People had good access to health care support.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect.

Staff could call on the support of an advocate if necessary.

Is the service responsive?

Good

The service was responsive.

Assessment and care planning were of a good standard.

Activities and entertainments that met people's needs and abilities were in place.

Staff worked well with other agencies when people had moved out of the service.

Is the service well-led?

Good

The service was well-led.

The service had a suitably qualified and experienced registered manager.

Quality monitoring was in place and changes had been made to allow for on-going improvements.

Records were easy to access and written in a clear way.

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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 1 February 2017 and was unannounced. The inspection was undertaken by an adult social care inspector.

We met six people who make Beech Avenue their home. At this inspection the provider had reduced the numbers of people in the house, with a view to closing the house. The plan was to reduce the number of available beds from eight to five.

We spent time with the five people in the bungalow and we observed how staff interacted with them. We observed moving and handling procedures using equipment. We read five care files. We looked at the arrangements in place for managing medicines.

We met five members of the support staff team and we spent time with the registered manager. We looked at three recruitment files and four staff files which included supervision notes. We reviewed the rosters for the month of January 2017.

We also had access to quality monitoring audits and reports. These were both internal and external audits.

We walked around all areas of the home including the kitchen, laundry and communal areas. We were also invited into bedrooms.

Prior to the inspection we reviewed the Provider Information Return (PIR) which had been sent to the

registered manager for completion. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was completed in some detail and we asked for further updates on this information when we visited the service.

We also spoke with representatives of the adult social care team, the local authority commissioners and with health professionals.

Good

Is the service safe?

Our findings

Most people who lived at Beech Avenue did not use speech to communicate so we judged how safe they felt by observing their body language. People in the home were calm and relaxed and responded well to the staff team.

The provider had suitable policies and procedures in place to safeguard vulnerable adults. We spoke with staff who had a good understanding of what was abusive and how to deal with it. The registered manager and the deputy manager understood how to make safeguarding referrals. We had evidence to show that they had done this appropriately, when necessary. We saw that staff received good levels of training and there were details of local contacts if abuse was suspected. Safeguarding was discussed in supervision and in team meetings. There were no current safeguarding issues in the service.

Staff told us that they were trained in safeguarding and in equality and diversity. Our conversations with them gave us evidence that they understood the rights of the individual and their duty of care. There was evidence to show that the assessment of risk in vulnerable people was on-going and that any risk were lessened by the actions of the registered manager.

We saw suitable written risk assessments and management plans within care files and other documents. The provider had suitable plans in the event of an emergency. There was clear guidance for staff to contact the appropriate services if necessary. Staff told us that there was always a senior member of the organisation on call for back up and advice.

The provider had arrangements in place for staff to contact senior management if they had concerns. The provider had a 'whistle-blowing' procedure. Staff said they trusted the registered manager to deal with any concerns but that they were aware of the option to contact the operations managers if they had to. One staff member said, "I wouldn't hesitate to talk to (the Chief Executive) if I was really concerned".

The registered manager told us that there had been no falls or accidents resulting in harm in the last few years. The senior support worker and the registered manager were aware of how to manage accidents and incidents. They were also aware of how to notify the relevant agencies if there were any incidents of note.

When we last inspected the service in August 2015 we judged the service to be in breach of Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 Staffing. We had judged that staffing was not sufficient to meet people's needs. We had received an action plan telling us that this had been rectified by further recruitment and by some changes to rosters.

The registered manager told us that the home would continue to have one waking night support worker and one person asleep in the building. This change had come about because of the on-going assessment of people's needs. We looked at four weeks worth of rosters and we judged that staffing met the needs of people in the home. At this visit we judged that the breach had been met.

Staff recruitment was done by the registered manager but all checks on background were monitored by Walsingham's human resources department. We looked at recent recruitment files and these were in order. The organisation made sure that suitable references were taken up and that the new worker did not have a criminal record. Walsingham involved people who used their services in recruitment and this was often done at their recruitment open days.

The organisation had suitable policies and procedures in place that covered matters of competency and discipline of staff. The registered manager and the deputy manager had received training on how to deal with these matters if they were to arise. We saw evidence to show that matters of a disciplinary nature had been suitably managed by the service.

We checked on the medicines kept on behalf of people in the home.These were ordered, stored, administered and disposed of appropriately. Staff received training and checks on their competence. The dispensing pharmacy visited annually and audited the management of medicines. People in the home had their medicines reviewed on a regular basis by the GP or by a specialist learning disability consultant psychiatrist. Detailed guidance for giving medicines was in each person's care plan.

The house and the bungalow were clean and orderly when we visited. Staff told us they had suitable personal protective equipment available for their use. The home had supplies of cleaning materials and staff understood how to manage cross infection. The provider had suitable policies and procedures in place. The registered manager told us that there were some areas in the laundry and one of the bathrooms that were due to be upgraded with more impervious materials so that good infection control could be maintained.

Good

Is the service effective?

Our findings

Walsingham had a structured induction package for all new staff. Established staff also completed the training that the provider deemed to be mandatory. We saw that staff had received training in, for example, moving and positioning people and objects, safeguarding and person centred thinking and planning, working with people living with autism and supporting people who may have behaviours that challenge. There was a high level of attendance at training and staff we spoke with were knowledgeable and confident in their practice. We saw written checks on moving and handling observations and spoke to the in-house moving and handling co-ordinator. Almost everyone in the service needed support to move or to change position and the team displayed good skills in this.

We saw records of supervision and appraisal. Staff told us that they had regular supervision, good handovers and regular team meetings. We looked at written evidence of these and saw that staff were given suitable levels of support. Staff wrote their own supervision notes and this allowed them to 'own' their own development needs. The registered manager was supporting people to record their strengths and needs in a little more detail.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. We found that the authorisations were in place for everyone in the home. We also noted that where decisions had to be made on behalf of people this was done using the 'best interest ' principles. The staff were supporting someone who needed some dental work. The dentist, the family, the staff team and a learning disability nurse were working together to supporting this person. This was being done through the 'best interest' process as the person was not compliant with treatment and unable to make the decision for themselves.

We reviewed care files and saw that people who lived in Beech Avenue had complex physical disabilities and some people were living with chronic illnesses. People saw the relevant consultants, tissue viability nurses, physiotherapists, dieticians and the specialists who advised staff about swallowing problems. People saw their GP on a regular basis and also had visits from chiropodists and dentists. Staff were very knowledgeable about conditions like epilepsy and had received good levels of training on tissue viability.

People in the home needed help to eat and drink. Some people only needed encouragement and support to eat independently and to eat a healthy diet. Other people needed support with the consistency of their food and how they took their nutrition. We saw well written, detailed nutritional plans were in place and that staff

also recorded when people appeared to dislike or prefer any type of food. The kitchen was stocked with a wide range of food. Staff said they always made food 'from scratch' using fresh vegetables and proteins. Where people had lost a little weight we saw that staff had encouraged intake of higher calorie foods. Most people had maintained their weight and people looked well nourished.

Beech Avenue consists of a five bedroom bungalow and a small house which accommodated three people. When we inspected the home in August 2015 we found that the environment in the house was unsuitable for the people who lived there. The house needed to be redecorated and furniture replaced. This was a breach of Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2014 Premises and equipment. At this inspection we visited the house briefly and saw that there had been some remedial work done to the environment. We were told by the registered manager (and by the local authority commissioners of care) that the house would be closed and returned to the housing association as soon as possible. Only one person remained in the house. We found that the breach had been met.

Five people lived in the bungalow which had suitable adaptations in place to meet the needs of people who may have problems with mobility. For example, bedrooms and bathrooms had overhead tracking systems. There was an adapted bath and toilets suitable for people who used wheelchairs. People had adapted furniture and specialised flooring in their bedrooms. The home had a sensory room with a water bed and a conservatory with a large trampoline. These things helped immobile people to have some movement in their day.

The bungalow was warm, airy and odour free. There had been improvements made to the environment since our last visit with new flooring in place and evidence of redecoration of bedrooms and shared areas and corridors. The home had bought a wooden gazebo for the garden so that people could sit out on good days but have enough shelter to feel comfortable.

Good

Is the service caring?

Our findings

People who lived in Beech Avenue found it difficult to express themselves verbally. We measured this outcome by observation and by discussion with staff and managers. We also spoke with social work staff who told us they had no issues around the caring nature of staff in the service.

We observed staff treating people with genuine dignity and respect. They spoke to people clearly and at a pace they judged the person to prefer. They did not speak down to people but talked to them in an easy and respectful way. Where people were able to use spoken language they listened to people and helped then to express themselves. We saw that staff were able to pre-empt people's needs but they still asked people what they wanted even when the conversation would be quite limited. They offered people options and looked for positive and negative responses.

We looked at the body language staff employed when they worked with people. We noted that staff crouched, knelt or sat when talking to people who were chair or bed bound. They spoke to people on a level and made eye contact. Staff used touch in a professional but affectionate way. Affection and humour were used appropriately.

Staff were careful when working with people living with autism to follow the directions of the psychologist. They showed their caring approach by acting in accordance with the person's needs and wishes. We saw unobtrusive routines and an approach that would support the person to have stability in their life.

We looked at care plans, health care plans, person centred plans and daily notes. We found that these were written in a respectful way. They showed that staff paid attention to the general well being of people in the service. We saw that people received suitable levels of support and they were well groomed, well cared for and their emotional well being was considered as part of a holistic approach to the delivery of care. People were supported to have a measure of independence where possible.

Everyone in the service had access to independent advocacy. We also noted that, where appropriate, family members were consulted and involved in the home.

The registered manager told us that the team wanted to learn more about end of life care. They had arrangements in place to have the support of local community nurses and had held discussions about resuscitation and end of life care. The team were keen to go into more depth about end of life care so that they could support people to stay in their home at this time.

Good

Is the service responsive?

Our findings

People in the service were unable to discuss care planning or activities with us so we assessed this domain by discussing issues with the registered manager and her team and by looking at evidence in care files.

We read five of the six care files of people in the service. We asked staff about the assessment and care plan of the other person in the service. We discovered that this person had recently had their needs assessed by a multi-disciplinary team which included a social worker, a specialist learning disability nurse, a professor of psychology and the staff team. We had been given information about the care of this person by the local authority. We did not read this file but had enough evidence to show that this person was having their needs responded to appropriately.

We saw that people's on-going needs were reassessed on a regular basis. Where assessed needs were complex and change occurred, the team asked for support from other professionals. They would bring their expertise to the assessment and to the resulting planning. We saw that the team had been assisted in the assessment of one person's needs by the community nurses, the tissue viability nurses and by physiotherapists. They had then updated this person's care plan and were monitoring the outcome of the plan with these professionals.

We read care plans and person centred plans. We also looked at people's health plans. We saw that these were all up to date and detailed. Plans were very specific about care and treatment delivery. We judged that this was of vital importance because people couldn't express their needs to staff. Staff told us, "We make sure we follow behavioural plans or physical care plans to the letter because people have such complex and complicated needs that it can be a disaster if we don't."

We noted that the team have made some changes to the way person centred plans were written. Staff had, we learned, had lengthy discussions about how they ascertained what people with such complex needs and such frailty might need and want. We saw that person centred plans made no assumptions but did allow for people to be given some options for activities and entertainments. Staff had analysed responses and were then able to make some suggestions about activities. For example one person really liked music and rhyme and the staff had supported the person to attend some music therapy and go out to entertainments. We saw that this monitoring of response to activities was the only way staff could plan activities and entertainments for people.

The home had its own tail-lift vehicle and people went out every day. When the weather was good they went for short walks in a wheelchair or went into the garden. Some people went swimming and to concerts and other entertainments. Some people spent most of their time at home. People enjoyed spending evenings together in the lounge listening to music or watching TV or DVDs.The staff took people out for meals and coffee, where appropriate. A music therapist visited the home regularly. A hairdresser visited the home and staff held regular 'pamper' days.

People went out into the local community and the community had been involved in some fund raising that

had helped to buy the gazebo. People were involved as much as possible in the community of people living with learning disability. We also had evidence that networking with community groups and churches was on-going in the service. People had started to go out to a church based group.

Walsingham had a suitable complaints procedure in place. There had been no complaints sent to the provider, CQC, health or the local authority. Management staff had received training on the management of complaints.

Two people had moved from this service to other services operated by Walsingham. We had good evidence to show that the staff team had worked with health and social care practitioners to ensure a smooth transition. We had seen both of these people prior to the inspection and they were well settled in their new homes.

Good

Is the service well-led?

Our findings

The service had a manager who was registered with the Care Quality Commission. The registered manager was suitably qualified and experienced to lead the home. She was supported in this by a deputy manager. Both of these team members were fully aware of the needs of the people in the home and those of the staff team. These two people were undertaking further management training. Staff we met were happy with the leadership in the home.

We spent time with staff and people who lived in the service. The staff could talk about the visions and values of the registered provider and they said that these were also the values of the registered manager. The registered manager had ensured that staff understood their responsibilities and worked within Walsingham's values. Staff told us that they put the people in the service at the heart of everything they did and that they tried to include them as much as possible with the day to day life of the home. They were realistic about the strengths and needs of the people they supported. They told us that they acted as advocates for people and were aware of the vulnerability of the people who used the service. These views and values were in line with those of the registered provider and the registered manager. We found the service to be very person centred.

The provider had a suitable quality monitoring system which allowed for auditing of all aspects of the service. This included external audits where senior managers and the quality officer came to the service to look at how specific aspects of the service were operating. Surveys were sent out routinely to people in services and to any other interested parties. These were analysed along with the reports of the visits. There were reports of the audits readily available and action plans in place. These set out the course of action to be taken if any of the audits showed problems with quality.

We saw evidence in the home to show that the staff team audited different parts of the service. There were routine checks on financial matters, medicines management, care delivery and staff training. We had evidence to show that the monitoring of quality was part of the everyday work of the team. The registered manager took action if there were any issues with the maintenance of quality practices. Changes had been made to the way medication was administered, with new storage and new procedures in place. This had happened because some errors had occurred, a review had been held and action taken which had stopped the problems reoccurring.

The registered manager was aware of her responsibilities in reporting any accidents or incidents to CQC or to the local authority. Staff had access to guidance on this and we found that incidents were always appropriately notified to CQC.

We looked at a wide range of records in the service. These were up to date and kept securely. Staff understood the importance of recording events and updating records. There were a few records that might benefit from a little more detail but these were minor issues which had already been identified through quality monitoring.