

Walsingham Support

Walsingham Support - Brent & Harrow Supported Living

Inspection report

4 Gordon Avenue
Stanmore
Middlesex
HA7 3QD

Tel: 02072696931

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports the Care Quality Commission (CQC) to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

About the service

Walsingham Support- Brent & Harrow is registered to provide personal care. At the time of this inspection, the service was providing personal care to seven people living in a supported living scheme. People who used the service had autism and learning disabilities. The scheme consisted of three separate four bedded flats.

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

The service did not demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right care:

People's human rights were not consistently upheld. They had not been meaningfully engaged so they understood their rights and responsibilities as tenants. Tenancy agreements were unlawfully signed. However, people's care, treatment and support plans reflected their range of needs and this promoted their wellbeing. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had received training on how to recognise and report abuse and they knew how to apply it. However, systems around managing people's finances could be improved.

Right support:

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. There were examples of care that may have amounted to deprivation of liberties because some people were subject to continuous supervision. However, the provider had not requested relevant social workers or care managers to consider making an application to the Court of Protection for oversight. In addition, the model of care was not consistent with a supported living framework. Instead, the provider operated more like a traditional residential care service. The provider did not consistently meet a set of principles that are defined in the Reach Standards, which are based on people having their own homes and having control over who they live with, who supports them and how they are supported.

Right culture:

Staff had received training to meet people's needs. They were aware of good practice in relation to the wide

range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. However, people did not consistently lead inclusive and empowered lives because they were not always meaningfully involved in other aspects of their lives, including decisions around finances and restrictions.

We have made recommendations about unlawful restrictions and accommodation rights.

The provider's quality checks, and audits did not consistently find areas for improvement. Furthermore, where gaps had been found, improvements had not been implemented within reasonable time. For example, we raised concerns with the appointeeship system at our inspection of October in 2021. Whilst we have seen evidence that shows the provider contacted the local authority in August 2022, to arrange the transfer of appointeeship, we were concerned about the length of time taken to address the concerns. This has meant a delay for people's monies to be managed as they should.

Following this inspection, we received an action plan from the provider, which showed they had started to make improvements in a range of areas. However, it was too early to be able to demonstrate that these processes were fully embedded and that these improvements could be sustained over time.

There were adequate systems to assess, monitor and manage risks to people's safety. Comprehensive risk assessments were carried out for people.

There were enough care workers deployed to keep people safe. Pre-employment checks had been carried out.

There were systems in place to ensure proper and safe use of medicines. We observed from records people received their medicines on time.

People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination.

There was a process in place to report, monitor and learn from accidents and incidents. Accidents were documented timely in line with the service's policy and guidance. The system could be improved to facilitate dissemination of learning across the organisation.

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

Rating at last inspection and update

The last rating for this service was good (published on 9 March 2019).

Why we inspected

We received concerns in relation to health and safety, the Mental Capacity Act 2005 and arrangements for managing people's finances. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Walsingham Support - Brent & Harrow Supported Living on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to absence of robust systems to ensure people were protected from financial abuse and lack of an effective quality assurance system.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Walsingham Support - Brent & Harrow Supported Living

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Walsingham Support- Brent & Harrow Supported Living provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service.

Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A service engagement manager from a sister service was managing the service. The provider told us they were in the process of recruiting for the role of a registered manager.

Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because 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. 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 contacted six relatives, but we managed to speak with two about their experience of the care provided. We were not able to speak with people because of their complex needs. However, we observed care. We spoke with seven members of staff, including the acting engagement manager, engagement manager, operations and engagement manager and four care workers. We reviewed a range of records. This included people's care records and medicines records. 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The arrangements for managing people's money were not clear, safe and accountable. Most people required someone else to manage their financial affairs because they did not have mental capacity to do so for themselves. However, we found some of the arrangements for managing people's finances not consistent with good practice. For example, we established from records that the provider was the appointee for financial matters relating to some people. This arrangement was a concern to us because providers should not act as financial appointees, unless there is no other practical alternative. Whilst we have seen evidence that shows the provider contacted the local authority in August 2022, to arrange the transfer of appointeeship, we were concerned about the length of time taken to address the concerns raised at the last inspection of October 2021. This has meant a delay for people's monies to be managed as they should.
- The provider did not have effective controls and procedures in place to minimise risk of financial abuse. For example, there was no contract that clearly outlined how bills, including extra charges, were set. The provider could not assure us how costs, including gardening charges were split proportionately with people receiving care. Due to the size of the property, which included extensive grounds and surplus facilities, there was a risk people were contributing more than their fair share. A relative told us, "I have brought this subject up [splitting of costs], but no one has explained to me how these charges are calculated. It does not look fair."

We found no evidence of significant harm. However, systems were either not in place or robust enough to ensure people were protected from financial abuse. The above is evidence of a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite our above findings, we observed good practice with day to day transactions. A personalised financial support plan was in place for each person. It described what support people needed with their finances. Receipts were kept, including for purchases made and travel. Each entry on the individual account record was countersigned to provide a witness to each transaction.
- The provider had safeguarding policies and procedures and staff were aware of this. Staff had received safeguarding training to ensure they had the skills and ability to recognise when people may be unsafe. They were aware they could contact the local authority safeguarding team and CQC when needed.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The provider did not have authorisation to deprive people of their liberty when this was considered necessary. For example, the support plan of one person confirmed they lacked capacity. Staff were concerned about this person's awareness of safety in the kitchen and the community. Previously the person had tried to leave the scheme without staff support. As a result, it was considered necessary to prevent them from entering the kitchen and leaving the scheme unattended by staff. This meant the person was subject to continuous supervision and was not free to leave. The same was also true of other people receiving care. However, no arrangements had been made to bring relevant people together to consider an application to the Court of Protection to ensure necessary proportional safeguards were put in place and that people were not unlawfully deprived of liberty.

We recommend the provider consider current guidance relating to deprivation of liberty safeguards in supported living settings and take action to update their practice accordingly.

Learning lessons when things go wrong

- There was a process in place to monitor any accidents and incidents. Accidents were documented promptly in line with the service's policy and guidance. A record of the only incident that had occurred showed action had been taken to reduce risks of the incident reoccurring. However, it was not clear how the system was linked to an overarching organisational framework of risk management. For example, it was not clear how learning from other services that the provider managed was transferred across the organisation. It is good practice to establish sound principles in relation to the collection and dissemination of learning. The engagement manager was receptive to our feedback and assured us improvements would be made.

Assessing risk, safety monitoring and management

- Prior to this inspection, we had received concerns about fire safety. At this inspection we found the provider had responded immediately to improve Personal Emergency Evacuation Plans (PEEPS). PEEPS give staff or the emergency services detailed instructions about the level of support a person would require in an emergency situation such as a fire evacuation.
- Risk assessments were carried out for people. Risk assessments contained information for reducing potential risks such as those associated with going out into the community and other medical conditions. People's care records showed risks had been reviewed and updated when people's needs changed to help ensure that staff had up to date information about meeting people's individual needs safely.

Staffing and recruitment

- There were sufficient care workers deployed to keep people safe. The manager, staff and people informed us staffing levels were adequate.

- During the inspection we observed the service had enough staff, including two-to-one support for one person who displayed behaviours that challenged.
- Appropriate recruitment checks had been carried out for all staff so suitable staff were employed. Their personnel records showed pre-employment checks had been carried out.

Using medicines safely

- There were systems in place to ensure proper and safe use of medicines. Medicine administration records (MAR) were completed appropriately and regularly audited. There were PRN (as required) medicine guidelines which were personalised.
- There were procedures that showed the service was working to achieve STOMP principles. STOMP stands for stopping over-medication of people with a learning disability, autism or both. The service engagement manager told us they worked with relevant professionals to ensure medicines were only used when necessary.

Preventing and controlling infection

- People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination.
- Staff were supplied with appropriate personal protective equipment (PPE), including gloves and aprons. They had also completed training in infection control prevention.

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

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

- The provider did not have an effective quality assurance framework. We found shortfalls in the arrangements of managing people's money, unlawful restrictions and people's accommodation rights. A senior manager told us these shortfalls had been inherited from a previous provider. Walsingham merged with the previous provider in 2020. However, we were concerned about the length of time it had taken to address the concerns identified.
- When improvements were identified, the provider failed to ensure action was taken in reasonable time. For example, the maintenance log highlighted some areas that posed health and safety risks. There was an uneven surface outside caused by raised slabs, half of the fencing at the back of the service had fallen, a shower cubicle in one flat was broken, skylights were in a state of disrepair and a shower mix in one bathroom was broken. This work had been outstanding since 2019 and 2020. Although we saw evidence incomplete repairs had been reported to the landlord, the provider had not taken all reasonable means to secure the repairs or replacements that were needed. A system establishing clear oversight of contractual obligations would help to address this type of situation.
- The service has a condition of registration that it must have a registered manager, but there was no one in post at the time of the inspection. The service engagement manager was in post until 1 October 2022. The interim service manager told us that they had given notice and was leaving in October 2022. There was no written contingency plan designed to help the service respond effectively to the imminent changes. The service had not communicated their recruitment plans with us to show they were taking reasonable steps to recruit a manager. We were told the previous registered manager had been made redundant on 24th June 2022 following an organisational restructure. It was not made clear to us how the organisational restructuring meant the registered manager had been made redundant, particularly as the provider told us was recruiting into the role.
- The service was inconsistently managed. The departure of the registered manager was followed by other two management members. At the time of this inspection, the head of operations was on leave. Following the inspection, we were informed the operations and engagement manager had been replaced. The most recent update was that 4 Gordon Ave was being managed by a service engagement manager from a sister service, on a part-time basis. Different senior managers were also taking turns to provide oversight of the service. Whilst we could not measure the impact of these changes, this did not help to create a consistent and predictable environment for people receiving care. A relative told us, "I do not know who is in charge there. They need to appoint someone. Things can go wrong at any time."

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety and quality monitoring were effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Nevertheless, checks had been carried out on people's care records and medicines management. This helped monitor the performance of staff and the quality of the service provided to people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's human rights were not consistently upheld. We found people had not been meaningfully engaged so they understood their rights and responsibilities as tenants. Tenancy agreements were unlawfully signed. Records confirmed six people did not have mental capacity to make relevant decisions and required someone with legal authority to sign tenancy agreements on their behalf. However, their tenancy agreements had been signed by representatives who did not have legal authority to do so, such as lasting power of attorney (LPA). An LPA is a legal document in which someone gives another person (the attorney) the right to help them make decisions or take decisions on their behalf.
- The model of care was not consistent with a supported living framework. The concept of supported living heavily draws from a set of principles that are defined in the Reach Standards. The REACH Standards are recommended by CQC (in 'Registering the Right Support' 2017) and they provide the fundamental principles of supported living. Some of the principles of REACH Standards include, "I have the same rights and responsibilities as other citizens" and "I choose who I live with". We found the service delivery model not to be reliably based on these principles. Firstly, it was not clear people could choose who to live with. The tenancy agreements did not include the process for getting a new tenant and how much say existing tenants (people using the service) had. The provider did not have a person-centred process for supporting people and potential tenants to choose housemates.
- Secondly, people did not have the same rights as ordinary citizens because their tenancy agreements were not legitimate. Besides, people did not experience genuine rights and control in their home. For example, they were not consulted nor were they informed of service charges, that were set and collected by the provider. They were not consulted about paying a business rate for utility bills. The location of Walsingham Support - Brent & Harrow Supported Living, 4 Gordon Avenue was registered as a business. As such, people were paying contributions towards business rate utility costs, which were significantly higher than equivalent consumer rate costs. Whilst we are aware the provider had commenced the initial work with the local authority to have an appropriate registration for 4 Gordon Avenue, it was not clear people were informed about the financial impact of this arrangement so they could be supported to make informed choices.
- The appropriateness of the site for providing supported living was also questioned by a Walsingham director. The director informed us, "There remains the wider discussion as to the suitability of the site for its current use. The extensive grounds and surplus facilities do not really sit well as a supported living property. Those discussions were being moved forward with the appropriate local authorities", and, "As you may be aware, since becoming more familiar with the property, we have looked at having the property reclassified as residential, with minimal success. We are also in the process of getting the council to agree it is not a 'single' residence and assess each 'apartment' on its own, which would then enable us to install individual meters for each of the apartments." Thus, at the time of this inspection these improvements had not been approved.
- The provider was contractually obliged to deliver housing management functions for the landlord. We reviewed the up to date housing management contract between the provider and landlord dated 3 August

2015. This showed the provider was the exclusive agent for the property, to provide housing management services. Some of the services included, having the primary responsibility of taking legal proceedings against people receiving care in coordination with the landlord. The legal proceedings included, seeking permission from the landlord to terminate occupancy agreements. Other key responsibilities of the provider included, setting and collecting service charges in consultation with the landlord. The provider acknowledged as a third party they were entitled to charge an "Intensive Housing Management Fee". Intensive housing management is a term used to describe the services provided by a housing landlord. This arrangement was not consistent with the model of care as reflected in relevant guidance including CQC Housing with care, 2015 and The Real Tenancy Test - tenancy rights in supported accommodation 2015, which state, "The separate providers of accommodation and care do not need to co-ordinate their work and are not accountable to each other." Therefore, there was no clear separation between landlord and care provider. This is one of the fundamentals of the REAL Tenancy test, a nationally recognised best practice tool.

We recommend the provider consider current guidance relating to accommodation rights and take action to update their practice accordingly.

- There were some systems to ensure people had choice. People participated in regular meetings and surveys. Following our inspection of October 2021, the provider had developed a template for a survey questionnaire that was designed to meet people's communications needs. However, the provider needed to do more to promote inclusive communication in order to support people to express themselves in ways they found easiest. For example, tenancy agreements could be written in an easy-to-understand format to make sure people understood their rights and responsibilities as tenants. Following the inspection, the provider advised us they will work with the landlord to ensure people had tenancy agreements in place which were in an accessible format.
- The service had a system for ensuring effective communication among staff. Regular staff meetings had been held. We looked at a sample of staff minutes and saw that they covered numerous topics relevant to the service for discussions and staff were free to express opinions.

Continuous learning and improving care

- We received information which showed improvements had started to be made in relevant areas. This included improvements to fire safety, people's tenancies and housing management functions.
- However, it was too early for the provider to be able to demonstrate improvements and that they could be sustained over time. We need to see a track record of provision at the service that is good, and the provider needs to make sure that it can do this utilising an effective quality and assurance framework.

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

- The provider told us that they were open and transparent with people and their relatives about care. Duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. However, as addressed above, it is not clear people and their relatives were informed about all elements of their care.

Working in partnership with others

- The service worked in partnership with a range of health and social care agencies to provide care to people. These included GPs, psychologists, psychiatrists and opticians.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems were not robust enough to ensure people were protected from financial abuse
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems and processes to consistently identify where quality and/or safety were being compromised and to respond appropriately and without delay.