

## Walsingham Support

# Walsingham Support - 49

# Essex Park

### 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 inspection took place on 9 May 2017 and was unannounced. At our last inspection in November 2015 the service was rated as good.

Walsingham Support - 49 Essex Park is a six bed care home for people with learning disabilities. On the day of our visit there were six people living in the home.

People experienced good care and support. They were supported to live safe, fulfilled and meaningful lives in the way they wanted to.

People were supported with healthy eating and to maintain a healthy weight, with specialist diets when required. People who needed assistance with meal preparation were supported and encouraged to make choices about what they ate and drank. The support staff demonstrated an excellent knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns

Staff told us they really enjoyed working in the home and spoke positively about the culture and management of the service. Staff told us that they were encouraged to openly discuss any issues. They said they enjoyed their jobs and described management as supportive.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The service was safe and there were appropriate safeguards in place to help protect the people who lived there. People were able to make choices about the way in which they were cared for. Staff listened to them and knew their needs well. Staff had the training and support they needed.

Staffing levels were sufficient to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff worked at the home. People's medicines were managed appropriately so they received them safely.

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. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant

professionals. This ensured that decisions were taken in accordance with the Mental Capacity Act 2005, DoLS and associated Codes of Practice.

People participated in a range of different social activities and were supported to access the local community. They also participated in shopping for the home and their own needs. The registered manager and staff ensured everyone was supported to maintain good health. Staff took a very proactive approach to ensuring people's complex health needs were always met, and consistently ensured that when people needed specialist input from health care professionals they got it.

Staff were caring and always ensured they treated people with dignity and respect. They had a good understanding of the care and support needs of every person living in the home. People had developed very positive relationships with staff and there was a friendly and relaxed atmosphere in the home.

Staff were well supported with training, supervision and appraisal which helped them to ensure they provided very effective care for people.

People and those important to them, such as their relatives or professionals were asked for feedback about the quality of the service.

The registered manager and staff knew what they should do if anyone made a complaint.

Person centred care was fundamental to the service and staff made sure people were at the centre of their practice. Care plans focused on the whole person, and assessments and plans were regularly updated.

People's individual preferences, needs and choices were always taken into account by the caring and compassionate staff.

The service was well led. There was a clear set of values in place which all of the staff put into practice. The registered manager and the providers' quality team regularly completed robust quality assurance checks, to make sure the high standards of care were maintained. There was an open culture and staff said they felt well motivated and valued.

The home had recently been refurbished to a high standard; people who lived in the home had been supported to participate in choosing colours and home furnishings.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains well- led.	<b>Good</b> ●

# Walsingham Support - 49 Essex Park

## **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 checked 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.

We inspected Walsingham Support - 49 Essex Park on 9 May 2017. This was an unannounced inspection which meant the staff and the provider did not know we would be visiting. Before our inspection we reviewed the information we held about the service, including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During our inspection we spoke with two people who lived in the service, two relatives, two support workers and the registered manager. We looked at three people's care records, three staff records, the training matrix, daily record logs and staffing rotas. We also looked at information which related to the management of the service such as health and safety records and quality monitoring audits.

## Is the service safe?

### Our findings

People using the service and their relatives told us they felt safe. Staff demonstrated a good level of understanding of safeguarding and could tell us the possible signs of abuse which they looked out for. Staff had received training in safeguarding people. They were able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. One support worker said, "we make sure people are safe, and report any concerns immediately." Staff told us they were careful to observe the people using the service for any changes in temperament which might indicate they had become unhappy.

There were a number of comprehensive risk assessments on each of the care records we looked at. These assessments were specific to the individuals living in the home. Risks to individuals were well managed. Every person had a risk management plan in place. This allowed people to stay safe while their independence was promoted as much as possible. The staff all demonstrated how they helped people to lead a fulfilling life, because they assessed and reduced any identified risks. For example, the service had carried out risk assessments in relation to managing epilepsy, dealing with hot weather, using electrical equipment, medicines administration, financial management, and safety when going out in the community. The risk assessments were detailed and personalised. The content varied depending on the needs of the individuals. The assessments provided information about what people could and could not do on their own as well as their capacity to understand the issues and risks. Strategies were put in place to minimise the risk. For example, if someone was at risk of becoming disorientated when they went out then the assessment noted that the person needed a member of staff to accompany them. The risk assessments were reviewed every six months, or as necessary, to keep them up to date with the most relevant information. Staff knew what they should do to keep people safe when supporting them both in and out of the home.

Most people needed a high level of staff support and there were always enough staff to support people safely and provide one to one attention. Staffing levels were regularly assessed and were flexible enough to meet each person's care needs. Staff said people had the support of one or two support workers and that there was always enough staff on duty. A support worker told us, "There is always enough staff and when we have a challenging time we can ask for more staff and we get it." And another told us, "There is always enough staff so people can do the activities they want to do."

During the course of our inspection, there was a calm atmosphere in the home and those who used the service received staff attention in a timely manner.

Appropriate recruitment practices were in place. All of the relevant checks had been completed before staff began work; including Disclosure and Barring Service checks, previous conduct where staff had been employed in adult social care and a full employment history.

Medicines were managed safely. Staff received training and their competency was assessed to ensure they administered medicines safely. Medicines records viewed were of good standard and regular audits ensured that any discrepancies were dealt with as soon as possible.

The home was very clean and free of offensive odours. Staff told us that they took great pride in having a clean environment.

The service took responsibility for managing finances in cases where the people using the service lacked capacity to understand financial management. In these circumstances, an appropriate financial management risk assessment had been carried out to identify what people could and could not manage on their own.

## Is the service effective?

### Our findings

People received effective care because staff were well supported with induction, training, supervision and appraisal. Staff were motivated and talked in an enthusiastic way about their training and supervision. Staff were supported and encouraged to complete a variety of training including safeguarding, health and safety, moving and handling, medicine administration and food hygiene. We saw that new staff received this training as part of their induction and established staff received annual refreshers. Staff told us that they had received regular supervision, and this was confirmed by supervision records viewed in staff files.

Staff completed specific training so they could effectively meet the individual needs of each person. This included supporting people with epilepsy, dysphagia and behaviour that may challenge. Where specialist training was required to support a person's specific needs then this was delivered by relevant professionals. Some examples of this included epilepsy, breakaway techniques and specific training on visual impairment.

We saw evidence of this additional training on people's training records. It was clear the training had been very effective and staff were able to discuss in detail individuals care and behavioural needs and how to support them properly. We observed staff putting this knowledge into practice while we were in the home. Staff were good at understanding people's needs. People's behavioural triggers were identified and we saw action was taken to prevent any escalation in anxiety. People and staff were relaxed with each other, and staff were very natural and comfortable when they were caring for people. People trusted the staff to support them and we could see people were happy and smiling.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

All of the staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were working within the law to support people who lacked capacity to make their own decisions. Staff understood the importance of assessing whether a person could make a decision and the decision making process if the person lacked capacity. We saw that all of the people living in the home were assessed as having their liberty deprived and standard authorisations had been issued by the supervisory body, the local authority.

People were always asked for their consent by staff. We heard staff using phrases like "what would you like to do" and "would you like a drink now." Staff then gave people the time they needed to make a decision. Staff knew people well and understood people's ways of communication. Staff knew when people were



giving their consent or not, either verbally or by the body language and gestures they were using. All of the staff understood what these body languages and vocalisations meant. A relative told us, "they understand her hand actions and words and really know her ways."

People were well supported to eat and drink enough and maintain a balanced diet. People chose what food they wanted from a menu. Healthy choices were encouraged and people were supported to make their choices either verbally or by using pictures or photographs where appropriate. Mealtimes were person centred and flexible and were eaten together or separately depending on each person's preference. Staff knew about each person's dietary needs including special diets. People were supported with food preparation and staff helped them to be as independent in the kitchen as they wanted or were able to be. People who had special dietary requirements due to a health condition were well supported. A relative told us, "she loves her food and the staff know how to manage her diet, as she has a few health issues." The care plans showed that people were regularly weighed to check they were maintaining a healthy weight. There was one person using the service who did not eat some foods due to the practice of their religion. Staff understood this requirement and described the alternative foods they prepared for this person.

The registered manager took a very proactive approach to helping people maintain good health. They had set up regular screen checks for health issues particular to people with learning disabilities and specific conditions. This helped to identify and treat medical conditions early and promote positive relationships with the GP and other healthcare professionals. Staff told us that they accompanied people to all their health care appointments.

Staff understood some people had complex health needs and knew what they needed to do to make sure every person experienced good healthcare. The service helped people to develop and maintain strong links with healthcare professionals such as the, occupational therapist and speech and language therapist .

Health care plans were detailed and recorded specific needs. There was evidence in the care files we looked at of regular consultation with other professionals where needed, such as dentists, occupational therapists and psychiatrists. Concerns about people's health had been followed up immediately and there was evidence of this in records we inspected.

A number of improvements had been made to the premises since our last inspection. The communal areas had been redecorated to a high standard and all the furniture had been replaced. The registered manager told us that each person's bedroom had also been redecorated in a colour of their choice and the downstairs shower room had been transformed into a wet room "to cater for people we support current and future needs."

## Is the service caring?

### Our findings

People told us they were happy with the approach of staff. A relative described staff as "very kind, attentive and co-operative."

Staff were very clear that treating people well was a fundamental expectation of the service. One member of staff said that treating people with respect and maintaining their independence was "very important." Staff told us that they would involve people in their day to day tasks according to their ability including domestic tasks and laundry.

Staff were motivated and proud of the service. They understood the importance of building positive relationships with people who used the service and spoke about how they appreciated having time to get to know people and understand the things that were important to them.

There was good evidence in the person centred care plans we looked at that staff encouraged those who used the service to be as independent as possible. People's individual care plans also included information about their cultural and religious beliefs.

People were given information in a way which they understood. Staff used photographs, symbols and objects of reference to support communication. Staff told us that they had received training in equality and diversity and that they were enthusiastic about finding ways to positively support people's wellbeing. The registered manager told us that each month the service held a cultural celebration that would "help individuals understand the diversity in where we live."

People's personal histories were well known and understood by staff. Support workers knew people's preferences well, and what they should do to support people who may have behaviour that could cause themselves or others anxiety. Staff were able to identify possible triggers that caused people to become anxious. We observed occasions where workers noticed when people had the potential to become anxious. The staff members were able to use techniques to distract people or support them to manage their anxiety before it escalated. We observed staff interacting with people using the service throughout the day. At all times staff were polite and caring. Staff were able to tell us about people's different moods and feelings, and reacted swiftly when they identified that people needed extra support. They clearly understood how to make people feel valued and relaxed.

Staff told us that they were praised and rewarded by management and the provider for displaying compassionate care and that they felt their caring attitude was appreciated and acknowledged. They were motivated and spoke with enthusiasm to us about how they could improve the experience of care and compassion for people. This included being proactive about understanding when people may feel particularly sad or in need of extra attention.

People were encouraged to be involved in making decisions about their care as much as possible. People's privacy was respected and staff shared with us examples of how they protected people's dignity when

supporting them with personal care. For example, by closing doors and curtains and explaining clearly to people what they were about to do. We saw that staff knocked on people's doors before entering their rooms to respect their privacy.

## Is the service responsive?

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## Is the service well-led?

### Our findings

People who used the service, relatives and staff praised the registered manager and said they were approachable and visible. It was clear from our discussions that he was highly motivated and passionate about his role.

The registered manager had been in post since July 2016. During this time he had made a number of significant improvements. These included an extensive refurbishment programme, and improved support planning documents and daily log books. The registered manager had also recently brought tablet PCs for each person using the service. He told us that the tablets would assist people to communicate more effectively. He told us "We are also looking into how we can use these tablets more effectively by using dictation applications in terms of completing their daily diaries/logs so that they can be read back to people we support, completing pictorial support plans which can also be read back to the person and will include pictures of them completing tasks or how they communicate their needs."

The registered manager also told us about a number of initiatives he used to retain his staff. These included the introduction of 'champions' into the service. These included champions in dignity, health and safety, activities and diversity. He told us that staff responsible for these roles had shown particular interest in the areas identified

Observations and feedback from staff showed us that the manager had an open leadership style and that the home had a positive and open culture. Staff spoke positively about the culture and management of the service. They said they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one-to-one and staff meetings and these were taken seriously and discussed. Staff comments included, "The manager is brilliant" and "He has made a number of improvements, he helps us to us to be on top of things and up to date."

The provider sought the views of people using the service, relatives and staff in different ways. People told us that regular service user and relatives meetings were held. Annual surveys were undertaken of people living in the home and their relatives. The manager also monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. .

Regular visits were made by the provider's head office and we saw monthly quality assurance assessments were undertaken by them and that actions arising from these had been carried out.

There were also regular parent/carer forum meetings that were held at the provider's head office.

The manager told us he regularly attended locality managers meetings and leadership forums and received on-going support from the operations manager; he also worked closely with the local authority. The Registered manager was also undertaking the Qualification and Credit Framework (QSF) level 5 in management, with the support of the provider.

