Walsingham Support

Walsingham Support - 21 Budge Lane

Inspection report

21 Budge Lane
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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

We inspected Walsingham Support - 21 Budge Lane on 23 March 2018. The inspection was unannounced. At the last inspection on 10 February 2016, the service was rated 'Good'. At this inspection we found the service remained 'Good'.

Walsingham Support - 21 Budge Lane is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Walsingham Support - 21 Budge Lane accommodates up to six people with a learning disability in one adapted building. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. There were two people living in the service at the time of our inspection.

Since our last inspection the provider had employed a new manager who was now the 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.

People continued to be safe and received support from staff trained to keep them safe. Staff assessed and managed people's risks. Staff understood the signs to be aware of that might indicate people were at risk of improper treatment and knew what actions to take if they observed it. There were enough staff available to support people safely and robust recruitment practices were used to ensure all staff were suitable to deliver care. People's medicines were stored, administered and recorded appropriately and good hygiene practices were in place.

People had their needs assessed and staff were trained to meet people's assessed needs. Staff were supervised and their performances were appraised by the registered manager. People continued to be treated in line with the principles of the Mental Capacity Act 2005. People had access to healthcare services and were supported to eat well and drink plenty.

People and staff shared positive relationships which had lasted for many years. People were supported with kindness and compassion when other residents passed away. Staff treated people with dignity and respect and supported them to maintain relationships.

Staff delivered personalised care and support. People engaged in a wide range of meaningful activities and their communication needs were supported. A complaints procedure was available in an easy to read format and the registered manager responded to complaints in a timely manner.

The service was well-led. People and staff felt supported by the registered manager and the wider provider organisation. There was an open culture and supportive atmosphere at the service. The quality of the service people received was subject to on-going checks and audits and the manager involved other agencies when required to ensure people's needs were met.

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 remained Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good.	**Good**

Walsingham Support - 21 Budge Lane

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.

This inspection took place on 23 March 2018. It was unannounced and undertaken by one inspector.

Before the inspection we reviewed information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services.

During the inspection we spoke with two people, two staff, the deputy manager and the registered manager. We read two people's care records including their needs assessments, support plans, risk assessments and medicines administration records. We read four staff files which included their recruitment, training and supervision records. We reviewed the provider's quality assurance checks as well as their health and safety, fire safety, food safety and infection control practices. We also carried out general observations. Following the inspection we contacted three health and social care professionals to get their views about the care and support people receive at Walsingham Support - 21 Budge Lane.

Good

Is the service safe?

Our findings

People continued to be safe at Walsingham Support - 21 Budge Lane. Staff were trained to identify signs of potential abuse and to take action to protect people if they suspected it. People had access to information to keep themselves safe. The provider produced an easy read document entitled, "Protect yourself from abuse." This described the types of abuse and advised people about "Who to tell" and "How to get help." Staff we spoke with understood the provider's whistle-blowing policies. They told us they would expect to be protected by the provider if they brought to the attention of an external agency any concerns about people's safety that the provider had not addressed.

People's risk of experiencing avoidable harm was reduced by the plans in place to reduce them. People who presented with risks associated with their health needs had them assessed and plans to support them were in place. For example, where people required medicines and monitoring following a health related incident staff were trained to do this. Clear protocols were in place instructing staff as to when an ambulance should be called following health related incidents. Records showed that staff had taken decisive and timely action to support people in line with these protocols when required. Where people presented with risks around eating and drinking this was assessed and plans were put in place to enhance people's safety. For example, where people were at risk of chest infections due to swallowing drinks unsafely they were supported to have their drinks thickened. People also had risk assessments in place to keep them safe when engaging in activities.

People were supported by suitable and sufficient staff. The provider satisfied itself as to the safety of staff by following robust recruitment methods. Prior to delivering care and support staff had been interviewed and vetted. Their identities and eligibility to work in the UK had been confirmed and checks were made of their details against criminal records and lists of individuals barred from working in adult social care. There were enough staff rostered and deployed to safely meet people's needs throughout the day and overnight.

People's medicines were managed and administered safely. Medicines were stored in a locked medicine cabinet. A thermometer was in place in the medicine cabinet and staff recorded the temperatures at which medicines were stored. A poster displayed in the medicine cabinet provided staff with guidance on the safe storage of medicines in hot weather conditions to ensure they remained safe. Large colour photographs of people were posted on the front of their medicines records. This helped to ensure the right person received the right medicine. We checked people's medicines administration record [MAR] charts and found they were completed correctly with no gaps or omissions. All staff were trained to administer medicines and the registered manager and deputy undertook regular medicines audits.

Staff maintained a readiness to protect people in a fire emergency. People had individual personal emergency evacuation plans (PEEPs) in place. These detailed the specific support people required to exit the building In an emergency. Staff tested fire alarms each week and supported people to rehearse a building evacuation each month. The service had magnetised fire doors which were left open in communal areas to enable people to pass through them easily. These closed automatically when the fire alarm activated to keep people safe. Where specialist testing were required as part of health and safety checks

records were maintained. For example, records were in place to show that portable electrical appliances had been tested and were safe to use and not a potential fire ignition source.

People continued to be protected from the risks associated with unhygienic practices. Foods were prepared safely using different coloured chopping boards for different kinds of produce including cooked and uncooked meats, breads, vegetables and fish. This reduced the risk of cross contaminating food with harmful bacteria which can make people ill. Refrigerated foods were covered and labelled. Staff also protected people from the spread of possibly harmful bacteria by wearing appropriate personal protective equipment when delivering personal care. This included the wearing of single use gloves.

The registered manager and team investigated, reviewed and ensure shared learning took place when things had gone wrong. For example, the team instituted new receipt and auditing processes following an investigation into a medicines stock error. The registered manager ensured that concerns and near misses were shared with the provider organisation, the local authority and the regulator.

Good

Is the service effective?

Our findings

People's care continued to be planned and effectively delivered to meet people's assessed needs. Staff supported people with comprehensive assessments of their needs. Assessments were holistic and reviewed people's needs and preferences in relation to areas including their physical and mental health, mobility, communication, behaviour and social needs. People were supported with reassessments when their needs changed. Where required, assessments were undertaken by health and social care professionals. For example, following concerns about a person's swallow safety a referral was made to a speech and language therapist. Staff followed the guidelines that were developed from the assessment.

The service had a transitional process to support people to move into the service. This included the registered manager and deputy meeting the person and undertaking an assessment and matching the person with a key member of staff. People considering moving into the service were supported to visit the care home, meet people and join in activities. This meant people had the information available to them to make an informed decision about transitioning into the service.

People's care and support was delivered by trained staff. Staff received on-going training that covered areas including moving and handling, medicines awareness, infection prevention and control, first aid and record keeping. Staff also undertook training around people's specific needs including pressure ulcer care, managing behavioural needs, epilepsy awareness and health planning. Following training sessions trainers visited the service to observe staff and confirm their practice was in line with the training they received.

Staff were supported in their roles. The registered manager and her deputy arranged one-to-one supervision meetings for staff. Supervision records we read showed that staff and the registered manager discussed people's changing needs, staff roles, training, policies and organisational updates. We also read that the registered manager and their predecessor reviewed staff performances during annual review meetings. Appraisals reviewed staff performances over the previous year and planned for the year ahead. Staff were also invited to self-evaluate and share their aspirations. This meant people were supported by supervised staff.

People received the support they required to eat well. One person told us the food at the service was, "Very nice." Staff used a bank of photographs of main course meals to help people make menu choices. Where people had poor appetites staff supported them to fortify their diets by increasing the calorie content of their meals. Where people needed their meals pureed or their drinks thickened staff had clear instructions in care records as to consistency. For example, one person's care record stated, "[Person's name] needs to have drinks thickened with one scoop of thickener to 200mls of fluid so that it is at a yoghurt consistency."

People had regular and timely access to healthcare professionals and services. Staff arranged appointments for people when required. People had healthcare passports. These were care records containing important information about people's health to be shared with healthcare professionals in the event of people's hospitalisation. Hospital passports included information about people's communication, mobility and risks.

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).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Where people had DoLS in place the date and time they came into force and the details of the restriction to keep them safe were stated clearly. Where DoLS had not been granted by the local authority following assessment, the reasons why were stated in care records. No unlawful restrictions were in place.

Good

Is the service caring?

Our findings

At our last inspection we found that staff were caring and shared positive relationships with people. At this inspection we found that staff continued to be caring and that bonds between people and staff had strengthened through difficult circumstances.

People were supported sensitively and compassionately following the unrelated deaths of three of their friends and housemates in a short period of time at the beginning of this year. One member of staff said, "It has been heart-breaking to lose people you have seen and supported every day for more than 10 years." Following each of the three deaths people were supported to participate in planning funerals. This included choosing music, poems and flowers and helping to design memorial cards. Staff made referrals to learning disability nurses who provided people with talk therapy. Referrals were also made to drama therapists who supported people to explore and express their feelings. A member of staff told us, "If people start talking about those who died we support them. Some want to reflect on memories and events like holidays and we go and find the relevant photographs from that holiday. It is nice to help people have happy memories even though these are sad times." Staff recognised that the support people required during their grief was unique to them individually and supported people accordingly. For example, one person liked to light a candle and then sit and reflect each morning whilst another person wanted to pray with staff each evening. Both were supported in line with their wishes by staff.

Staff knew people well. As a result of a stable staff team people where supported by a number of staff who had known them for up to 15 years. Photographs on display and in photo albums showed people and staff engaged in activities and enjoying each other's company over many years. Care records contained people's life stories. These included information that people wanted newer staff to know about them. Staff supported people to care for pets which entailed speaking to and feeding two budgerigars in one lounge and two fish in another lounge.

People were supported with accessible communication. Easy read information used large print and short sentences supported by large clear pictures to support people's understanding. We read easy read information enabling people to understand how to make a complaint, protect themselves from abuse and how to give feedback.

People's cultural and spiritual needs were assessed and plans were put in place to meet people's preferences. For example, people who chose to were supported to go to church each week. Staff supported people to play an active role in church life. We saw photographs of events hosted at the service to which members of the church congregation had been invited to participate.

People were supported to make decisions about their care and support. Care records noted how people made decisions. People made decisions about all aspects of their lives. This included, the activities people engaged in, what they wore and how personal care was received. Where people lacked capacity and required support to make important decisions they were supported by an advocate who was independent of both the service and the Local Authority. This meant decisions could be made in people's best interests.

People were treated with respect. The names by which people preferred to be called were stated in care records and we observed staff using them. People were also referred to respectfully in care records. For example, one person was described as having a, "Lovely smile, cheeky laugh and great sense of humour." Another person's records noted they, "Love being in the company of others" and "Like to look smart." Care records noted people's favourite TV shows and people told us they were supported to watch them.

Staff protected people's privacy and dignity. Staff knocked on people's doors before entering their bedrooms and ensured bathroom doors were closed before delivering personal care. Staff had guidance in care records as to how people wanted their dignity maintained. One person's care records contained a section which listed things that were important to them. This included staff, "Being discreet in supporting my continence." We observed staff support the person in line with their preference by bending down and quietly asking the person if they wanted to use the toilet. By asking the person outside of the earshot of other people and staff, the staff member demonstrated respect for the person's wishes and dignity.

Visitors were made to feel welcome at the service. Staff supported people to receive family and friends and to host events including parties. Additionally staff supported people to visit people who were important to them and to attend social events.

Good

Is the service responsive?

Our findings

People's care continued to be designed and delivered around their individual needs and preferences. People participated in the development of the care plans which guided staff in meeting their assessed needs. Staff encouraged people to feel a sense of ownership over their care plans. For example, one person who was a fan of a famous singer, was supported to have a picture of the singer on the cover of their care records. This helped the person to recognise their care plan and encouraged their engagement at care plan reviews. Care plans covered areas including people's health and well-being, communication, mobility, nutrition and behaviour. Care plans were reviewed regularly or when people's needs changed.

The service was responsive to people's changing needs. Since our last inspection of the service staff supporting people living at Walsingham Support - 21 Budge Lane had successfully responded to people's changing needs. For example, when one person's mobility needs increased the service took action. Referrals were made to healthcare specialists for assessments and mobility aids were procured. In another example, when a former resident became terminally ill referrals were made to end of life specialists and the support was obtained to enable the person to die comfortably at the care home in line with their wishes.

People were supported by keyworkers to promote the personalisation of their care. Keyworkers are members of staff who share a particular rapport with people and who have responsibility for coordinating appointments, activities and purchases. Keyworkers enabled people to personalise their bedrooms. Staff supported people to display items of their choice in their rooms. These included family photographs, pictures of themselves, posters and mementos.

People were supported to engage in a range of activities. People were supported to participate in a number of therapeutic activities including dramatherapy, aromatherapy and hydrotherapy. People attended social activities such as clubs and dance groups and enjoyed activities in the local community including bowling, the cinema and dining out. People enjoyed going for long drives and day trips to the seaside and were supported to go on holiday. We saw photographs of people on holiday in domestic locations such as Cornwall and Chichester and international destinations including Tenerife, Belgium and Portugal.

People's communication needs were met. Care records noted where people augmented their speech with non-verbal gestures and expressions. For example, one person was supported to use a picture board to choose activities. Another person was best supported to make choices between no more than three tangible items as care records informed staff that the person became overwhelmed when given more choices than that.

Where concerns or complaints were raised the registered manager investigated the matter and resolved the issue. For example, one person did not like their new curtains and was supported to have their previous curtains rehung. The provider's complaints policy was available in an easy read format and advocacy services were available to support people through the complaint procedure should they require them.

Good

Is the service well-led?

Our findings

The service continued to be well-led. The service had a new registered manager in post who was supported in their role by a deputy manager. People told us they liked the registered manager and staff told us there was an open, encouraging and learning culture within the team.

Staff were happy in their work. One member of staff told us, "I like working with people and our managers are good. Show me a better job than this." Staff told us they felt supported by the registered manager and the provider organisation. One member of staff said, "Senior managers came down to see us after our people died and you know what? They listened to us. They offered us time off. They said 'whatever you need'. I can't overstate how important that was to us." Another staff member told us, "Managers [of other services], directors and the CEO came to see us and offer support. That meant so much to us."

Staff were involved in shaping the service they delivered. The registered manager coordinated team meetings where meeting people's changing needs were discussed. We reviewed minutes of team meetings and read that the team discussed issues including safeguarding, whistle-blowing and organisational updates. A survey of staff was underway at the time of our inspection.

The registered manager analysed accidents and incidents for root causes and any patterns. These investigations were used to update risk assessments and care records in partnership with people and health and social care specialists. Incidents were discussed at team meetings to ensure that all staff were familiar with the issues and the appropriate responses to them.

The quality of care people received was monitored. The registered manager undertook a range of audits. These included reviews and checks of care records, the environment, finances and people's safety. Where shortfalls were identified the registered manager took action. For example, when a medicines audit identified an issue the registered manager increased the auditing frequency so that any recurrence would be detected early.

The service continued to work closely with other agencies to ensure people received good quality care. The registered manager made referrals to healthcare professionals for people's needs to be assessed and met. For example, people had received input from healthcare professionals from the multi-disciplinary team and end of life care advice from a beacon hospice. The service worked with social workers and commissioners and participated in the local authority's provider forum where good practice in care delivery was discussed. The service kept CQC informed about significant events at the care home.