

Walsingham Support Limited

Walsingham Support West Cumbria Domiciliary Care - Unit 20 Moss Bay House

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 

Overall summary

This was an unannounced inspection on 18th of September 2015. We spoke to people who used the service after we completed the site visit.

Summary of findings

Walsingham West Cumbria Domiciliary Care provides packages of care to people with learning disability who live in the community. The service also provides personal care support at home to older people, people living with dementia and people with physical disabilities.

Walsingham provides residential accommodation and community support throughout England. This service is based in an office in Workington.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had received training on ensuring people were kept free from harm and abuse. They were confident in managers dealing with any issues appropriately. Walsingham also had a confidential phone line for staff to report any concerns.

Good risk assessments and emergency planning were in place. Accidents and incidents were monitored and changes put into place that ensured potential risk was minimised.

We saw that staffing levels were suitable to meet the assessed needs of people in the service. Staff recruitment was thorough with all checks completed before new staff had access to vulnerable people. The organisation had robust disciplinary procedures in place.

Medicines were well managed. People in supported living environments had their medicines reviewed by their GP and specialist health care providers on a regular basis.

Staff were trained in infection control and supported people to manage this in their own homes.

Staff were supported to develop appropriately. They were keen to learn and we saw that induction, training and supervision helped them to give good levels of care and support. Good communication systems were in place to ensure that people got consistent care.

People told us that staff asked for consent in any interaction. Staff understood individual rights and their duty of care.

People were happy with the way staff supported them to eat and drink. Staff could assist with nutritional planning if necessary. Staff supported people to get good health care.

The service operated from a modern office which had good IT and telephone systems.

People told us that the staff were friendly yet polite and supported them to maintain their privacy and dignity. We saw evidence to show that staff promoted independence.

Each person had a detailed and up to date care plan.

Complaints were managed correctly to ensure that any concerns or complaints were dealt with swiftly and appropriately.

The home had a suitably qualified and experienced registered manager. Her responsibilities were delegated to two project managers.

The service had a good quality monitoring system that checked on all aspects of the support given. People who used the services said they were involved and their opinions taken into account.

Staff understood and followed the values of Walsingham. Staff and people who received support who we spoke to were satisfied with the way the service was led and with the culture promoted by management.

Summary of findings

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 safe.

Staff were aware of their responsibilities in keeping people safe from harm and abuse.

The service employed enough staff to deliver safe care.

People were appropriately supported with medicines.

Good



Is the service effective?

The service was effective.

Staff were suitably trained and supervised.

Communication within teams was good.

People were supported with meals and with nutritional planning if necessary.

Good



Is the service caring?

The service was caring.

Staff were able to support people to have as much privacy and dignity as possible.

People were encouraged to be independent.

People had access to advocates.

Good



Is the service responsive?

The service was responsive.

Suitable assessments were made so that people got appropriate levels of support.

Care plans were detailed and up to date.

Complaints were managed appropriately.

Good



Is the service well-led?

The service was well led.

The home had a registered manager and project managers who were responsible for the way this service operated.

There was a suitable scheme of delegation in place which staff and service users understood.

There was a good quality monitoring system in place.

Good



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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 19th September 2015 and was unannounced.

The inspection was conducted by the an adult social care inspector.

Before the inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law.

We also asked the local social work team and local health care providers for information about the service. We had contact with staff from health and the local authority who purchase care on behalf of people. We planned the inspection using this information.

After the site visit we met three people who had twenty four hour care packages and we spoke by telephone to eight people who were in receipt of home care services. We also spoke with four relatives of people living with dementia.

We looked at ten care files including two files kept in people's homes. We also checked on medicines kept in these houses. We looked at medication administration records for five other people. We checked on daily notes.

We looked at rosters and the programme for home care visits. We saw the electronic system for monitoring home care visits.

We met with eight support staff and two senior support staff. We also met with one of the project managers and spoke to the other manager after the site visit. We looked at eight staff files and we saw minutes of staff meetings.

We received a copy of the training matrix and the training plan. We saw evidence of training being completed. We also had evidence of recruitment processes.

We looked at quality audits and at risk assessments. We saw both internal and external audits. We looked at a wide range of records related to staffing and care delivery.

Is the service safe?

Our findings

We met some people with learning disabilities and we spoke to older people who were in receipt of personal care support. People told us that they felt safe being cared for by the service.

“The staff are very good...look after me and make sure I am left safe in my house.”

“New staff are always introduced to me and they have been checked before they get here.”

“The same team of staff come to me...they have been the same for years...I think they have enough staff.”

“The staff give me my pills and write it down on the sheet.”

We met with staff in the service who could talk about their responsibilities in relation to safeguarding. They told us that they had ongoing training about this and that they could talk to their line manager in supervision about anything of concern. Walsingham had a whistleblowing phone line that staff could call anonymously if anything worried them. The registered manager of the service understood how to support people and how to prevent abuse. We had evidence to show that the organisation took safeguarding seriously and dealt with any concerns appropriately.

We looked at files for supported living packages and for shorter home care visits. We saw that each of the files we looked at had risk assessments and risk management plans in place. These covered environmental risks, lone working issues and risks related to care and support delivery. These were of a good standard. Accidents and incidents were analysed and changes made to prevent further re-occurrence.

We asked senior support workers who delivered home care about their staffing levels. They told us they only took on new work if they had enough staff to cover the visits. The home care programming showed they had enough staff working in each area to cover the care purchased by the local authority. We looked at rosters for supported living and we saw that these were suitably staffed so that people got safe and appropriate care.

We looked at recruitment in the service and spoke to some members of staff who had only been in the service for a short time. They confirmed that background checks were made prior to them having any contact with vulnerable people. We had evidence to show that Walsingham recruitment was done appropriately to protect people. Walsingham tried to include people who use services in their recruitment of new staff.

We also had evidence to show that disciplinary procedures were managed well by the organisation. Management staff were skilled in managing investigations of disciplinary matters.

Staff confirmed that they had received training and competency checks in relation to the management of medicines. We looked at medicines kept for two people when we visited them in their homes. We saw the Medicines Administration Records for other people cared for by the service. These were in order. People in supported living services had their medicines reviewed by the GP or a consultant.

Staff had received training in managing infection and there were good systems in place to help support people to maintain good infection control within their own environment.

Is the service effective?

Our findings

We spoke to people who received home care support and to three people who had twenty four hour care. We asked people about how effective they judged the service to be. We were told that the staff “know what they are doing...they get trained properly and they understand what I am going through.” “They always ask if it is Ok to do things.” “The staff ask my permission as this is my house and they respect that.” “It seems they are trained as I am comfortable and feel secure when I am in the hoist.” “They can all cook and I know their best dishes!”

We looked at the records of training for staff in the service. We saw that all staff received on-going training that covered all aspects of the work they undertook. Staff said that they not only had training about basic skills but also had training that related specifically to the individual needs of people in the service. Staff had received training on disorders like dementia and autism and they displayed a good knowledge of these. We looked at the training record for one member of staff who had attended 36 different training sessions in 18 months. We saw some workbooks that staff were using. The team told us that they were all studying a different topic in depth and cascading some of their learning to other people in the team.

We saw evidence to show that staff in the service were given regular supervision and appraisal. Home care staff had regular checks on their competency while working with people. Formal one-to-one sessions covered the work they did with individuals, their training and learning and

ensured that each member of staff was supported to develop appropriately. New staff had received induction and within months of their start date they had completed all the training that Walsingham deemed to be mandatory.

Staff could talk about the need to gain consent and we had evidence to show that staff respected the person and their environment. One member of staff said: “This is their own home and we are here to support them to live here.”

Restraint had not been used in any of the services but staff working with people whose behaviours might challenge had received suitable training.

We saw that team meetings for individual projects and areas were held and that good communication records were in place so that staff worked consistently with people.

We asked people about how staff managed food preparation on their behalf. People were satisfied with the support they were given. A senior support worker said they would help staff who didn't feel confident with food preparation as they were aware of the importance of healthy eating. People in supported living services were closely monitored as some of them had problems maintaining weight and eating well. Where appropriate nutritional planning was in place.

People told us that the staff would call the GP or the district nurse if necessary. People with learning disability who needed support were taken to specialist appointments.

The service operated from a secure, modern office that had good telephone and IT connections.

Is the service caring?

Our findings

We spoke to people who used the home care service by telephone and people were extremely positive about the caring approach of staff. “They are good girls and I enjoy having them look after me.” “They are very good...we couldn’t manage without them. My partner has dementia and has got used to them and responds well to them.” “They are great...very polite.” “My dignity is kept all the time...they are very good at that.” “I really appreciate the care they give to me and they treat my [pets] with respect too.”

We also met some people who received twenty four hour support and we saw them with staff and we could see that positive relationships had developed. They told us the staff were “nice” and that they were looked after properly. We saw that staff treated people with respect and worked very hard to help people retain their dignity, independence and privacy. We met one person in the office who was going out with the staff member to shop for themselves and for their pets. The staff member had a respectful and appropriately friendly approach to this person and was encouraging them to make their own choices and be as independent as possible. It was evident that staff understood the complex needs of the two people they cared for.

We met staff individually and in a group and they could discuss the steps they took to ensure individuals were

cared for properly. They understood the need to support people emotionally as well as physically. They were able to talk about how they promoted independence and dignity. The care files we looked followed a person centred pathway. People were encouraged to be involved and, where possible, staff let the individual take the lead in how they received support.

We learned that people who were in receipt of care and support could have access to an advocate if necessary. People with learning disability had ready access to advocates from an external agency. They had been involved with two people who had moved from a residential home to their own homes.

Staff meeting minutes and supervision notes showed that staff were made aware of how important confidentiality was. No one we spoke to had any concerns about breaches in confidentiality.

Care files showed that end of life care was considered. Some files had details of wishes and preferences; other files referred to relatives or professionals who would take the lead. A long term service user had recently died and staff spoke about the support they had given to this person. The management team were aware that this was an area that they wanted to develop and they shared some of their future planning with the inspector.

Is the service responsive?

Our findings

We asked people how responsive the service was. One relative told us that if they needed to change the times of support or cancel the visit this was done “without any fuss...very organised.” Every person we phoned said “Yes I have a care plan that I was involved in and changes are made when the senior staff visit.” No one had any complaints but every one we spoke with said they would not be frightened to complain. One person said: “If I wasn’t suited with a carer I would chase them and then phone the office...they would sort it.”

We read person centred plans and the other documents kept on file for people who had twenty four hour support. The care files contained very detailed assessments of individual need. There were assessments of the support and intervention needed. These were detailed and all aspects of each person's care had been carefully assessed. Assessments were reviewed on a regular basis.

The assessments were then used to develop person centred plans, behavioural plans and support plans. The person centred plans gave details of preferences, interests and aspirations. Behavioural plans had been developed with the support of specialists. Where people had difficulties with managing their behaviour the staff team had developed plans to counteract these issues.

We also looked at the care plans for people who received home care support. These were shorter plans but they also included details of support needs for each person. These too were person centred and also gave plenty of guidance

in relation to practical support. Care plans contained details of how to support people who needed moving and handling assistance. Staff told us that they normally cared for their own ‘clients’ but that if they had to go to a new person the care plans were detailed enough for them to be able to deliver the care with confidence.

People who received full packages of care and support had activities and entertainments written into their plans. We visited one person who was not confident about going out and was gently encouraged to go for walks and to quiet venues for coffee. This person was encouraged to participate in games, crafts and cooking at home. They also had a visiting music therapist and were enjoying the session when we visited.

We met another person who was on their way to the pet shop, they talked about going out to clubs and had a job one day a week. Several people in supported living services were in some form of employment. Other people were encouraged to go to college or adult education classes. Some people went to day centres. All the people received support to attend appointments as necessary.

The service had a suitable complaints procedure and service users had access to this. The procedure was also in an ‘easy read’ format for people with learning disability. There had been no formal complaints that had not been dealt with appropriately.

We had evidence to show that when two people moved from residential care to their own homes the staff had worked with other professionals to make the move as smooth as possible.

Is the service well-led?

Our findings

People told us that the senior support worker “visits from time to time...they phone me and ask if they can come at a certain time and I say the carer will be here and they say yes I am coming to see how they work with you.” People knew the management staff. “I must also tell you that the office staff are very very good and they sort out anything that worries me.” A person who was new to the service and their relative told us: “The senior staff have been around a lot just until we all settled in to the service...very useful.” Another person said: “I have had a quality survey every year...I have been involved in some things to do with the company and I feel my opinion matters.”

This service was managed by a suitably experienced and qualified registered manager who had responsibility for other personal care services in Cumbria. The management of this service had been delegated to two project managers. One had responsibility for support services in the west of the county. The second manager led the day to day management of the home care service. The scheme of delegation was understood by people in receipt of care and by the staff teams.

People told us that they were consulted and they knew how to contact the service manager and the registered manager. They had information about how to contact the company. One person also told us that: “The senior people above the manager would come to see me if I needed to discuss anything...they are really good at talking to service users. They are good with the people with learning disability and try to include all their users.”

We had evidence to show that people in the service were involved in changes to the way Walsingham operated. Two people had been involved in a film that was made rebranding the organisation. People were also involved in recruitment days and were asked their opinions about future planning and development of the service.

The staff we spoke to said that they could contact the registered manager if anything concerned them. They told us that the registered manager visited services in the west of the County for two or three days a week. They were confident that the registered manager was aware of how

well the service was operating. They also told us that they saw the registered manager's line manager on a regular basis. Even very new members of the team understood the scheme of delegation.

Staff spoke about the managers of the projects and said that they were very involved in all aspects of the service. Senior support workers visited regularly and gave staff supervision, checked on care delivery and completed quality monitoring checks. The office staff who managed the home care service had regular telephone contact with people who used the service.

We had evidence of ongoing quality monitoring in the service. Staff in supported living services were expected to record care and support delivery and make frequent checks on things like money and medicines. Senior support workers checked these quality audits and in turn these were monitored by the project manager and the registered manager.

The home care service had electronic monitoring. This meant that the senior staff were aware of where all the staff were at a given time. They were alerted to late calls and put steps in place so that no calls were missed. We asked people about this and they told us it was not an issue. One person said: “sometimes they might be five or ten minutes late...but that is traffic. I understand that...only once had a missed call years and years ago and I had a proper apology.” Another person said: “They are good time-keepers...I admire them for that...never had a missed call in all the years they have come to me.”

We looked at home care rostering and this was logical and based on teams in particular geographical areas. Travel was done in a sensible way with time given between visits. The staff who programmed the care knew the area and the needs of people. The senior staff told us they tried to match people, places, times and travel to give the best quality service.

There was also an external quality monitoring system in place. Financial audits were carried out at least every six months. There were monthly external checks on the operation and an annual audit of quality matters. A report was prepared on how well the service was operating and this went to the chief executive of Walsingham. Senior

Is the service well-led?

officers of the organisation visited Cumbria and spoke with people who received services, professionals and families. We judged that quality monitoring systems were working well in this service.

We were made aware of the vision and values that Walsingham had because each individual member of staff we met spoke openly and naturally about these. There was a focus on training and development which supported staff in their understanding of the values of the organisation. We looked at some of the policies and procedures of the organisation. We saw that staff were expected to read these, understand them and work within them. We judged that this meant that staff teams followed the organisational values.

Before we undertook this inspection we spoke with other professionals who were positive about the way the staff team work in partnership with them.

The staff team kept detailed and comprehensive records of all aspects of the service. We saw records relating to infection control, fire and food safety, care delivery, medicines, transport and staff performance. All of these records gave a good picture of how well the service was operating.