Walsingham

Walsingham

Inspection report

1 Ashley Close
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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was unannounced. When we inspected the service on 24 January 2014 we found that the service satisfied the legal requirements in the areas that we looked at.

Walsingham, 1 Ashley Close provides accommodation and personal care for six people who have a learning disability. The registered manager has been in place since November 2012. A registered manager is a person who

Summary of findings

has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that the service had complied with the requirements of MCA and DoLS.

People were not cared for in a clean, hygienic environment which was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Relatives of people who lived at the home and healthcare professionals who had contact with the home said that people who lived there were safe. People who lived at the home were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who lived at the home. There were enough qualified, skilled and experienced staff to meet people's needs.

People were cared for by staff who were supported to deliver care safely and to an appropriate standard. Staff members had regular supervision meetings with the manager and an annual appraisal meeting at which development goals were set.

Staff members communicated with people effectively and used different ways of enhancing that communication, including touch, body language and facial expressions. Staff members received training in MAKATON, a recognised communication tool for some people who have a learning disability.

People were encouraged to eat a healthy diet. People were also supported to maintain their health. Contact with the GP and other healthcare professionals, such as the dietician and occupational therapist, was made on people's behalf when needed.

Before people moved into the home a full assessment of their needs had been completed. This was to ensure that the provider could meet their assessed needs. Care records included information about what was important to the person, how to support them well and their likes and dislikes.

Care records were personalised and detailed. People and their relatives had been encouraged to contribute to the development and review of their care and support plans. The care records showed that assessments of people's capacity to make decisions about their care and welfare had been completed. Regular reviews of aspects of people's health and well-being had been completed in accordance with their care plans.

Staff members were caring and respectful toward people who lived at the home and protected their dignity and privacy.

The manager was responsive to changes in people's physical abilities and worked with others, such as the deputy manager of a day care centre, to maintain people's independence.

People were supported in promoting their independence and community involvement. Each person had a daily planner that detailed the activities in which they were scheduled to participate.

The service had asked relatives for their opinions on the care and services provided at the home and relatives were given the opportunity to comment on any aspect of the home.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

The registered manager had been in place since November 2012 and operated an 'open door' policy for staff. They were supported by a regional operations manager and worked closely with the local learning disabilities team to ensure that people who lived at the home received the correct support.

The manager held monthly staff meetings at which staff members were able to discuss any matters about the running of the home or concerns about the people who lived there.

The provider had a system to regularly assess and monitor the quality of service that people received. The manager had completed a number of quality 'spot check'

Summary of findings

audits both during the day time and at night. However, these audits had failed to identify the areas in which cleanliness and infection control standards had not been maintained.

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 not safe.

People were not cared for in a clean hygienic environment.

Staff had not received training on the Mental Capacity Act 2005 but the requirements of the Act were being met.

Requires Improvement

Is the service effective?
The service was effective.

People were cared for and supported by staff who had the appropriate skills and training to meet their needs.

Staff were encouraged to undertake additional training that would enhance their ability to care and support people.

People were able to choose their food and drink.

Good

Is the service caring?
The service was caring.

A full assessment of people's needs had been completed before they had moved into the home. This ensured the home could meet people's assessed needs.

Contact with the GP and other healthcare professionals, such as the dietician and occupational therapist, was made on people's behalf when this was needed.

Staff members were caring and respectful toward people who lived at the home and protected their dignity and privacy.

Good

Is the service responsive?
The service was responsive.

Regular reviews of aspects of people's health and well-being had been completed in accordance with their care plans.

Each record included an 'At a Glance' summary of people's needs which was used by staff members to remind themselves of people's care and support needs. This enabled staff members to respond to changes in people's needs by adaption to the delivery of their care and support.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Good

Is the service well-led?
The service was not well-led.

Requires Improvement

Summary of findings

The manager had completed a number of quality 'spot check' audits both during the day and at night but had failed to identify the areas in which cleanliness and infection control standards had not been maintained.

The registered manager had been in place since November 2012 and operated an 'open door' policy for staff.

Walsingham

Detailed findings

Background to this inspection

We carried out an inspection of Walsingham on 01 August 2014. The inspection team was made up of one inspector.

Before we undertook the inspection we gathered and reviewed information that had been provided by members of the public and the people who commissioned the services of the home, such as the local authority and health commissioning groups. We looked at the notifications that the home had sent us. A notification is information about important events which the provider is required to send us by law.

The people who lived at the home had complex needs; they were unable to fully describe their experiences to us. We therefore used our short observation framework for inspection (SOFI) to help us collect evidence about their experiences at the home. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we were not able to speak with the registered manager but we did speak with the team leader and one of the support workers on duty. We looked at the care records of three of the people who lived at the home. We reviewed records, including risk assessments, minutes of meetings and the results of an annual satisfaction survey sent to relatives of people who lived at the home. We also looked at the records of quality audits that had been completed and the provider's complaints system.

We walked around the home to look at the environment. We found that in some areas appropriate levels of cleanliness had not been maintained and therefore decided to look at this more closely during our inspection.

Following the inspection we spoke with a relative of a person who lived at the home, a GP who provided health care for the people and the deputy manager of a day care centre used by people. We also spoke with an occupational therapist who had supported people.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

As we walked around the home we noticed that there were areas in which the appropriate standards of cleanliness and infection control had not been maintained.

Staff members told us that they shared the responsibility for cleaning with staff members on duty at night. There was a system of colour coded cleaning materials for use in different areas of the home. However, the staff we spoke with were unable to identify the areas of the home for which each colour was used. We saw that the floor in the kitchen was dirty around the edges. When we looked at the cleaning schedule for the home we noted that the kitchen floor had been omitted from it.

There was disused and broken radiator, which had not been able to be used for a long time, in the kitchen. One wall had tiles which were broken. The radiator and tiles had not been cleaned. The dust and dirt represented a contamination risk to people as their food and drink were prepared in the kitchen. A staff member told us that the kitchen was due to be refurbished at a future date.

We saw that some of the tiles in one of the bathrooms, and in the laundry room, were missing, whilst others were coming away from the wall. A staff member told us that some tiles had been missing for years but others had more recently come off. The coved flooring in the laundry room was also coming away from the wall and the sluice sink was very dirty. The missing tiles and loose flooring meant that those areas could not be cleaned effectively.

The two staff members we spoke with told us that they had received training in infection control and were able to demonstrate an understanding of infection control procedures, including hand washing and the use of personal protective equipment.

We found that people were not cared for in a clean, hygienic environment which was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were unable to tell us whether they felt safe living at the home. One relative we spoke with told us that they believed their relative was safe living at the home. The relative told us, “They haven’t been able to get out and wander on the road like they did where they were before.” Both the GP and the occupational therapist told us that they believed people were safe at the home.

The two staff members we spoke with told us that they had not received formal training in respect of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) but were, however, aware of these.

Records we looked at showed that the home had made appropriate applications to the local authority for authorisation to deprive one person of their liberty (DoLS). This had been approved by the local authority and the staff at the home followed the guidance. We saw authorised DoLS assessments in respect of a number of areas in which DoLS applied, including the use of window restrictors, the digital electronic alarm at the entrance to the home and the use of restraints on wheelchairs. The staff members told us that the manager was in the process of completing DoLS applications for all people who lived at the home following a recent court judgement as people could not leave the home unless they were accompanied.

People who lived at the home were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We saw that the service had an up to date policy on the safeguarding of vulnerable adults (SoVA). Contact details for the local authority’s safeguarding team were displayed on a noticeboard in the office together with a flowchart reminder for staff of the steps to be taken should they suspect that abuse may have occurred.

We spoke with two staff members who told us that they received updated training on SoVA on an annual basis. They told us that training was mainly delivered by e-learning and the manager monitored the system to ensure that staff members were up to date with it. The staff members were able to demonstrate a good understanding of the types of abuse that might occur and the steps that they would take to report any suspicion of abuse. This showed that people were cared for by staff who had understood the training they had received in relation to SoVA. Our records showed that the home had reported appropriate incidents to the local authority’s safeguarding department and to CQC.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare

Requires Improvement

Is the service safe?

of people who lived at the home. People and their relatives or support teams, including social workers, were involved in determining the risks associated with people's care and support needs. Most of the people who lived at the home were able to communicate their decisions on day to day matters with staff members.

The care records we looked at showed that personalised risks that were associated with the care and support needs of people who lived at the home had been identified. The steps staff should take to reduce the risks were documented. There were risk assessments for every activity that people undertook, including carrying a drink into the garden, swimming and going out into the community. One risk assessment we saw indicated that staff members should assess the person's behaviour and mood to determine the support that they would need for the activity to be successfully completed. The assessment also detailed the circumstances in which the activity should be postponed.

In addition to the personalised risks connected with people's care and support, generic risk assessments in relation to the home had been completed. These included risks, such as safe access in and out of the building, as well as risks to staff members and other people who may visit the home. These risk assessments had been recently reviewed.

There was enough qualified, skilled and experienced staff to meet people's needs. On the day of our inspection we saw that there were four staff members on duty to provide care and support to the six people who lived at the home. People's needs were responded to promptly. Staff members told us that the staffing level was dependent on the needs of each person and the activities that they were undertaking. Some people required two to one support when they went out in the community. At other times some people were at day centres for part of the day and the staffing levels fluctuated to take account of this.

Good

Is the service effective?

Our findings

People were unable to tell us of their experiences at the home. We spoke with a relative of one person who lived at the home who told us, "[Relative] seems to be very happy. They are always clean and have plenty to eat." Another relative had commented on a satisfaction survey that their relative, "…receives fantastic support from all the staff at 1 Ashley Close." We spoke with the deputy manager of one of the day centres who told us that, when people from 1 Ashley Close attended the day centre, they were always clean and appropriately dressed. The GP and occupational therapist we spoke with told us that the staff at the home were supportive and assisted people to attend any healthcare appointments made for them.

We observed the staff members as they interacted with the people who lived at the home. We saw that the staff members communicated with people effectively and used different ways of enhancing that communication, including touch, body language and facial expressions. When people were seated or kneeling on the floor staff members ensured that they were face to face when communicating with them. One of the staff members we spoke with told us that staff received training in MAKATON, a recognised communication tool for some people who have a learning disability. Some of the people who lived at the home used MAKATON for communicating with the staff members.

People were cared for by staff who were supported to deliver care safely and to an appropriate standard. We were unable to look at staff personal files in the absence of the manager. However, we spoke with two staff members who told us that they had completed a period of induction when they had first started to work at the home. They had subsequently completed updated training in key areas, such as SoVA, food hygiene and first aid, on an annual basis. They told us that their training was monitored by the manager who reminded them when any refresher training was due either during supervision meetings or in discussions at team meetings.

The staff members told us that they had supervision meetings with the manager every two months at which they discussed performance, training and development needs, as well as how people's needs were being met. They also had an appraisal meeting with the manager on an annual basis at which the goals that had been agreed for the current year were discussed and goals for the coming year agreed. One staff member told us that they had agreed a goal to complete training to be able to assess staff members to administer medicines for the current year. They had completed the training and work book and were awaiting their results. This indicated that the staff members had the knowledge and skills they needed to carry out their roles and were encouraged to improve these.

People were unable to tell us about the food and drink that they had. The deputy manager of the day care centre we spoke with told us that the people who attended the day centre, "…always have plenty to eat in their packed lunch."

On the day of our inspection we heard people frequently offered drinks and snacks in between their main meals. A staff member we spoke with told us that the staff members prepared the meals at the home. They told us that the menu was decided weekly. People were involved as much as they could be in deciding what was to be included on the menu. One person was able to tell staff members what they liked. Staff members used information from people's support plans which indicated their likes and dislikes and information provided by people's relatives. People were provided with a choice of suitable and nutritious food and drink. The staff members tried to ensure that people were provided with a healthy diet. However, some people chose not to eat healthy options.

People were supported to maintain their health. The GP we spoke with told us that they saw people who lived at 1 Ashley Close regularly. They told us that the staff members were happy to accompany people to appointments at the surgery, although the doctor did attend the home if this was needed. The GP told us that the staff at the home followed any instructions that they had given in connection with people's healthcare. The GP told us that medicines were prescribed on a monthly basis and there was a robust system of recording of all healthcare visits and appointments in people's personal records.

We saw that people's care records included an emergency 'grab sheet' should the person need to go to hospital. This folder also included a health action plan that detailed all people's health related appointments and the outcomes of these. We saw that people were supported to see other healthcare professionals such as podiatrists, psychiatrists and dentists. The GP and the occupational therapist told us that staff at the home always carried out any instructions and followed any recommendations that they made concerning people's care or support.

Good

Is the service caring?

Our findings

We saw that a relative had written in response to a satisfaction survey they had been sent, "[Staff member] should be recognised for the outstanding care [they] give my [relative]. I could not ask for a more caring person." A relative we spoke with told us that the staff were, "Excellent."

The care records showed that assessments of people's capacity to make decisions about their care and welfare had been completed. Where people had been found to be unable to make or understand the consequences of decisions then the decisions that had been made in their best interests had been recorded. For example, in one record we saw that a best interest's decision had been made in respect of the person receiving a flu vaccination. In one record we saw that there was a decision making agreement within the care plan for some decisions to be made on their behalf by a relative following an assessment of their capacity to make decisions for themselves.

The GP and the occupational therapist we spoke with told us that they had found the staff members to be caring and respectful toward the people who lived at the home. We observed the interaction between the staff members and the people for whom they provided care and support. We saw that staff members interacted with people in a caring, responsive and respectful way. It was obvious that they knew the people they cared for well. We saw that the staff members were able to communicate in non-verbal ways with the people who lived at the home. The people who lived at the home appeared to be happy and comfortable in the company of the staff members.

We observed staff members as they involved people in deciding what they should do and when they wanted to do this. One person indicated that they wanted to go to the hairdresser and a staff member arranged for them to go to a local hairdresser later that afternoon. Another person wanted to watch a film whilst a staff member attended to their feet. The staff member told us that the person liked to watch the same film every day. We saw that information for people and their relatives about planned events was displayed on a noticeboard in an easy to read format.

People's privacy, dignity and independence were respected. During our observations we saw that staff members interacted with people in ways which maintained their dignity. Staff members spoke with people in a caring, respectful way. We observed a staff member as they reassured someone who had become upset. They spoke with the person calmly and distracted them by offering a hot drink and a biscuit.

The two staff members we spoke with told us of ways in which the protected people's dignity, such as closing doors and drawing curtains when personal care was delivered. Staff members told us that people's care records detailed the names they preferred to be called. The staff members told us that they always used a person's preferred name and we saw them doing so.

Good

Is the service responsive?

Our findings

We spoke with the relative of one person who lived at the home. They told us that they had, "No concerns." They said that the manager had listened to them when they had discussed matters about their relative, such as how they wished to see their relative dressed, and the manager had written this in their relative's records. Staff members told us that the person chose what clothes they wore from the selection available to them which was provided in accordance with their relative's wishes.

The deputy manager of the day centre told us that the manager at the home had been working with them around one person's mobility which had deteriorated over a number of years. The manager had made suggestions for some adaptations which had improved the person's ability to move around the day centre. The deputy manager of the day centre said that the home's manager was keen to promote people's well-being. This showed that the manager was responsive to changes in people's physical abilities and worked with others to maintain people's independence.

We looked at the care records for three of the people who lived at the home. These showed that a full assessment of people's needs had been completed before they had been accepted to live at the home. This ensured that the provider could fully meet their assessed needs. The care records had usually been completed with the assistance of a relative and included information about what was important to the person, how to support them well and their likes and dislikes.

Each record included an 'At a Glance' summary of people's needs. In one record this summary had been updated in April 2014 and advised staff members that the person was, "eating lots for a couple of days then not much for a couple of days." Daily records on areas such as health, activities, or people's general moods were recorded in daily diaries for each person. Staff members told us that they used the care records and particularly the 'At a Glance' sheets to remind themselves of people's care and support needs. We saw that there was a night folder for the staff members who worked at night which included a copy of each person's 'At a Glance' sheet.

We noted that where regular reviews of some aspects of people's lives were required, such as the monitoring of their weight, these had been completed in accordance with their care plans. Where the results presented concerns we saw that steps had been taken to involve relevant health care specialists, such as the dietetic service, in the person's care.

People were supported in promoting their independence and community involvement. We saw that most people spent some time each week at day care centres. Each person had a daily planner that detailed the hobbies and interests in which they were scheduled to participate. These included going to the local shopping centres, swimming and eating out. People were also encouraged to take part in activities within the home and choose what programmes or films were played on the television in the communal lounge. The home had an especially adapted transport vehicle which enabled people to go on outings and was used when people went to the day centres or health appointments.

People who lived at the home, their representatives and staff were asked for their views about their care and they were acted on. We saw that the service had asked relatives for their opinions of the care and services provided at the home in November 2013. Relatives were given the opportunity to comment on any aspect of the home. There had been only two responses to this survey and both had been very positive about the care and support given to their relatives. Neither response had made any suggestions for improvements to the home.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately. We saw that there was information displayed on a notice board in an easy read format for people advising them of the complaints system. There was also an easy read booklet which gave people further information. In addition details of the complaints system had been provided to people and their relatives on their admission to the home. We saw that complaints were recorded and actioned in accordance with the home's complaints policy. We tracked a recently received complaint and saw that this had been investigated, resolved to the complainant's satisfaction and a full response sent to the complainant.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had been in place since November 2012. They were supported by a regional operations manager who was based in another home on the same site. The two staff members we spoke with told us that the manager operated an 'open door' policy and they would not hesitate to raise matters with them. If the manager was not available, as on the day of our inspection, a team leader was in charge of the home. The regional operations manager was available should they need additional support or guidance. The relative of one person who lived at the home told us that the manager was very approachable and they would not hesitate to contact them should the need arise.

The two staff members we spoke with told us that the manager held monthly staff meetings at which they were able to discuss any matters about the running of the home or concerns about the people who lived there. They told us that the manager also provided them with information on best practice from regional meetings of the provider's organisation. The staff meetings were also used to discuss any changes to documentation or legislation, such as the court case about deprivation of liberty and CQC changes.

We looked at the minutes of recent staff meetings which showed that topics had also included quality issues, such as medication and care plans and people's annual health checks, learning and development, competencies and information about the provider's strategies and achievements.

The provider had a system to regularly assess and monitor the quality of service that people received. We saw that the manager had completed a number of quality 'spot check' audits both during the day time and at night. The audits were followed up with plans to address areas for improvement that had been identified. We saw that during one night time audit a staff member was not wearing their correct identification. Visitors to the home would not therefore have been able to satisfy themselves that the staff member worked at the home. We saw that the manager had taken action following the audit to remind night staff that they needed to wear their identification. The manager had followed this with a further spot check to ensure that this was done. The audits carried out included checks on the security of the building. However, the quality audits had failed to identify the areas of the home in which cleanliness and infection control standards had not been maintained, even though some of these had been of long standing.

We saw that the manager worked closely with the local learning disabilities team to ensure that people who lived at the home received the correct support. There had been no accidents or incidents recorded since our previous inspection in January 2014.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control **The provider failed to maintain appropriate standards of cleanliness and hygiene in relation to the accommodation provided. Regulation 12 (2)**