Walsingham Support

Walsingham Support - 19 Beech Avenue

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

About the service
Walsingham Support - 19 Beech Avenue [Beech Avenue] is a residential care home providing personal care to five people living with a learning disability and/or autism and a physical or sensory loss. There were five people living in the home at the time of the inspection. It is operated by Walsingham Support, a charitable organisation that provides care and support to people living in England with a learning disability or autism. The home is a bungalow situated in a residential estate on the outskirts of Egremont. It can accommodate up to five people who all have single, ensuite rooms and share other communal areas.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.
As part of thematic review, we carried out a survey with a registered manager from another service at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

People's experience of using this service and what we found
People living in the home did not use verbal means of communication so we used observation to judge how people were cared for. People were relaxed in their own home and responded positively to staff. Staff had received suitable training about protecting vulnerable adults. Accidents, incidents, complaints and concerns were responded to appropriately.

We noted there were some vacant hours on the roster and staff said they were working extra shifts until recruitment was complete. Recruitment was suitably managed. New members of staff had been suitably vetted and inducted into the philosophy of care and the individual needs of people in the home.

Staff were appropriately trained and developed to give the best support possible. We met team members who understood people's needs and who had suitable training and experience in their roles. Staff had extensive knowledge of different disorders people were living with and were skilled in working with people in the home. These included complex personal care skills and moving and handling strategies.

People saw their GP and health specialists. The district nursing team visited three times a week to undertake nursing tasks and give advice to staff. The staff team completed assessments of need with health professionals and with the learning disability teams. Medicines were suitably managed with people having reviews of their medicines on a regular basis. We saw some advice had been given to support sensory loss and staff were developing a plan to introduce this.

People were supported to get suitable levels of nourishment. People needed support to manage issues around swallowing and digestion of foods. The team worked closely with specialist nurses and consultants. We saw people getting the right levels of support. We observed staff preparing thickened liquids and pureed foods and helping people to eat and this was done appropriately.

We observed kind and patient support being provided. Staff supported people in a respectful way. Staff were very aware of the non-verbal communication needs of people. They made sure confidentiality, privacy and dignity were maintained when delivering personal care and when assessing and responding to need. People had the support of advocates if necessary.

Risk assessments and care plans were being updated and developed in the service. The plans reflected the person-centred care that was being delivered.

Staff could access specialists if people needed communication tools like Makaton or other sign languages. Staff worked with psychologists and psychiatrists when necessary. They were looking at ways to use objects to help people understand interventions. For example a person was given their swimming towel so they would know they were going to the pool.

Staff were very keen to help people get out into the community and were careful to look at how people responded to these outings. People went out for drives and for walks in their wheelchairs. They participated in their own and the house shopping. They also went to entertainments and activities, like swimming, social clubs and to a local tea dance. This dance was open to the public and was a way to help people meet others in the community.

The management of the service was going through some transition. The service had an acting manager who had been in the service for a little over a week. She was being mentored by an operations manager and another registered manager. All these managers were suitably skilled and experienced to manage the home. The acting manager had started to make relationships with people and the staff. Staff told us they were comfortable with these arrangements.

The provider had both internal and external ways to measure quality. Managers and staff monitored the quality of care delivery, staffing and the environment. The service also had quality inspections completed by senior officers of the organisation to ensure quality care and services continued to be provided. On the day of our visit there was an audit being completed. The operations manager visited regularly and looked at the quality of care delivery.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The staff team were aware of their responsibilities under the Mental Capacity Act 2005.
The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on finding ways to help them have meaningful experiences, whilst always ensuring they had their physical health needs met.

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

Rating at last inspection Good
The last rating for this service was Good (published February 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Walsingham Support - 19 Beech Avenue

Detailed findings

Background to this inspection

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

Inspection team
The inspection was carried out by one inspector.

Service and service type
Walsingham Support - 19 Beech Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We met with the five people who lived in the home and observed them in their home and how they interacted with the staff. We spent time with people in the shared areas of the home. We walked around the building and saw individual bedrooms and the areas shared by the people in the home. We looked at information contained in all five care files and read two care files in depth. We looked at the records related to medicines management and to people's finances.

We spoke with six members of staff including the acting manager, a registered manager from another home who was supporting her, four support workers and a member of the quality monitoring team. We looked at three staff records which confirmed what staff told us about their induction, training and development. After the inspection we spoke with two relatives.

We saw other records including quality audits, menus and charts related to daily tasks.

After the inspection
We received further information after the inspection that included a training plan, records of training completed, rosters and quality monitoring reports.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had maintained robust safeguarding systems and processes. Staff were aware of what might be abusive and they had a very good understanding of their responsibilities in reporting any concerns.
- People in the service could not express their views but we observed how they responded to staff. People were relaxed and responsive when staff interacted with them. Relatives had no concerns about safety and wellbeing.

Assessing risk, safety monitoring and management

- The management team had recently updated risk assessments and risk management plans. These covered risks in the environment and when people went out. Risk was lessened because of the planning. People had complex needs and they had detailed risk management plans for support with moving and handling, health care needs, eating and drinking and communication.

Staffing and recruitment

- The provider followed good recruitment processes, made appropriate checks and ensured references were in place before staff were employed. Staff confirmed that they had been suitably vetted. Recruitment was underway because there were some vacant hours on the roster. These were being covered by staff working extra shifts and by staff from other homes covering when necessary.

- The provider had systems in place to deal with matters of discipline and competence. A full check of staff competencies was underway and suitable training, mentoring and support was in place as this new team was developing.

Using medicines safely

- Medicines were ordered, stored, administered and disposed of appropriately. Staff asked health care professionals to review medicines so people received suitable medicines. No one was given medicines that would sedate them unduly. Antibiotics were given quickly and appropriately when necessary. The management team checked on staff competency and staff received suitable training. Checks were done to prevent errors in the administration of medicines. We observed staff giving medicines in a safe way by varied means.

Preventing and controlling infection

- People were protected from the risks of infection, which was important given the needs of the people in the home. The house was clean and fresh. People's bedrooms were clean, tidy and personalised. Further decoration and replacement of furniture and equipment was being planned.

Learning lessons when things go wrong

● The provider had systems to learn and share lessons learnt when something went wrong. These were included in future planning for the home.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider ensured thorough and ongoing assessment so the care delivery was of a high standard. Staff observed people's reactions to interventions because people could not easily express their wishes. The team had started to use a positive behavioural approach so they could continue to analyse their observations of negative responses and turn these into positives for individuals.They took advice from learning disability, health and social care specialists.
- Staff worked with other professionals in the 'promoting independence' team to ensure they approached interventions in a safe way which was in line with current good practice. For example staff had taken advice from a learning disability nurse and were using a technique where objects were used as a cue so people knew they were going to have a meal or go out to an activity.

Staff support: induction, training, skills and experience

- Staff were suitably inducted, trained and skilled to deliver care and support to people. Many of the staff were very experienced. They, along with newer members of staff, were suitably trained in the skills needed to give people good levels of support. Staff had good understanding of people's needs, preferences and wishes.
- Staff told us they received regular supervision and appraisal despite the changes to the management arrangements. The acting manager had plans in place to give supervision to each member of the team as a way to get to know staff strengths and needs.
- Training and guidance from specialists about caring for people living with extremely complex physical health needs were ongoing. For example, the team had good support from the district nurses and the tissue viability specialists about preventing pressure sores. This had resulted in positive outcomes for people who were largely immobile. Staff were very confident and competent in moving and handling and other skills related to complex personal care delivery.

Supporting people to eat and drink enough to maintain a balanced diet

- People received suitable levels of support through planning and monitoring to ensure they were getting appropriate nutrition and hydration. Some people needed their meals prepared in a specific way and staff were trained in this so that people could take food and drink safely. Other people could not take nutrition orally. All of these people had support from dieticians and other specialists. Care plans were written in detail.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● The provider ensured good working relationships had been built with health and social care professionals. People had good access to social work and health care professionals. This included speech and language therapists, physiotherapists, community nurses and learning disability nurses and consultants. Staff could discuss the details of these specific care needs. Staff had followed advice when physical health, moving and handling, eating and drinking and communication needs were complex.

Adapting service, design, decoration to meet people's needs

● The home was suitably designed, adapted and decorated to meet the people's assessed needs. Beech Avenue is a 5 bedroom bungalow in a residential area, and is near to local amenities. All areas were nicely decorated, tidy and clean. People spent time in their own rooms and these were personalised, comfortable and reflective of their preferences. The home had a special area with sensory lights and music and people enjoyed relaxing there.

● There was special equipment so that people who were immobile could relax without being in their wheelchair or in bed. The home had adapted shower and bathing facilities and moving and handling equipment, including overhead tracking. People had special beds, mattresses, cushions and adapted chairs so that they were comfortable and free from the risk of pressure problems. A relative told us, "It is home from home...my relative is very settled in the bungalow. It is what she was used to when she lived at home".

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

● Staff had assessed people's mental capacity and as a result people in the home were subject to DoLS authorisations. People needed full support in all decision making but staff still asked people's permission and spoke with them about care and support. People were given choices, whenever possible. When people needed complex decisions made the team had done this following the legislation. This had been done through what is known as 'best interest' meetings. Family members, clinicians and social workers were involved in these meetings, when appropriate. Advocates were used when people could not make their own decisions.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

● The provider had systems in place to ensure staff were trained in matters of equality and diversity and they treated people with dignity and respect in practice. Differences were identified in their services and attention paid to matters of culture, gender, age and disability. Staff treated people with dignity, and were non-judgemental and accepting of people's individual difference, backgrounds , culture and personal history. Relatives told us the staff were, "fantastic" and "very nice, very kind". Staff confirmed that they too were treated equitably in matters of diversity.

● We observed affectionate and appropriate interactions between staff and the people they supported. Staff were gentle and sensitive because the people they cared for were extremely vulnerable.

Supporting people to express their views and be involved in making decisions about their care

●The provider had suitable systems to gain people's views and to influence decision making. A relative told us they were kept fully informed and their opinions sought.

People in this home found it difficult to express their views and wishes. Staff analysed responses and tried to interpret what people's non-verbal signs meant. Staff were able to pre-empt needs, respond to non-verbal signs and offer choices. They had recorded people's responses to food, activities and personal care delivery so their preferences were understood.

Respecting and promoting people's privacy, dignity and independence

● People were treated with kindness and respect. Their private needs were respected and were responded to in a dignified manner. We observed affectionate and sensitive interactions where people's dignity and privacy were maintained. A positive behavioural approach was being developed so people could continue to be supported to have dignified and meaningful lives. Staff tried to help people do some small tasks for themselves but they were also aware that most people in the service needed full care and support. This was done quietly and in as dignified a manner as possible.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● The provider ensured person-centred care was provided and people's needs and wishes were met, wherever possible. Risk assessments were completed in detail. Care plans gave good guidance on personal care, health, psychological and emotional needs of the individual. People had complex personal and physical care needs and the plans gave good details of the way people were to be supported. Assessments and care plans were being reviewed to ensure this continued.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs were met by the team closely monitoring responses to interventions and activities. People did not communicate verbally but some people did understand simple communication. No one used sign language. Staff observed and recorded responses and understood people's non-verbal responses. Pictorial information was available and sometimes people could respond to this. Staff continued to talk with people and use simple signs to help with communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People were encouraged and supported to maintain relationships and to go out into the community. They had contact with family members and friends. People went out to clubs, activities and social events. People went to a weekly tea dance that was an open activity and staff told us members of the public were, "It's nice for them to meet different people, hear the music and be part of this". A relative said, "[Our relative] likes to get out and about. The staff manage this well and are trying to get her own transport to make it easier".

Improving care quality in response to complaints or concerns

● The provider managed concerns and complaints appropriately. The provider had made changes and improvements across all services when concerns or incidents had arisen in other services. People and their relatives had access to the complaints procedure. This was available in an easy to read format. No active complaints or concerns for this home were seen during the inspection. A relative told us, "We have never had any major issues. We just talk to staff and it is sorted". Another relative said, "I would speak up straight away...have no issues but could complain if I had to".

End of life care and support

● The provider had end-of -life procedures and training was given to ensure people's needs could be met. People and their families were consulted, where possible, about future wishes, fears and hopes for the last stages of life. Cultural and spiritual needs were considered. The management team was mindful of changes in people due to their age, frailty or health issues. The team worked with the G.P and community nurses if a person was in the last stages of life. The aim in the service was to support people at this time in an effective way so they could die in their own home, where possible.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● The provider ensured people with a learning disability or autism were treated with inclusivity; their care was person centred and people were supported to be empowered. Staff supported people to go out into the community and to have as meaningful life as possible.

● We spoke with staff who impressed us with their caring approach to people. Staff understood all the aspects of people's needs and had worked so closely with them that they had identified the unique aspects of each person's needs and abilities.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

●The provider had policies and procedures in relation to duty of candour. Staff at all levels were open with people who used the service, their relatives, staff and all stakeholders, where appropriate. Staff were aware of the current management arrangements and the reasons behind these.

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

● The provider had a clear structure for how the service was managed and had detailed job descriptions for all staff. These were being reviewed to ensure staff at all levels understood their responsibilities. An acting manager who was suitably skilled, experienced and qualified had just been appointed to lead the service. She was being inducted, mentored and supported in the role. Senior officers of the provider visited regularly and produced quality monitoring reports and action plans when there was a need for change and improvement.

● The provider had recently introduced a new management auditing tool and a further bi-monthly auditing tool based on the Key Lines of Enquiry used by CQC. The acting manager was being inducted into this to ensure that this service maintained expected standards in line with legislation. Record keeping was being streamlined and improved. This included the management of finances because the provider had identified processes and recording needed to be improved on.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

●The provider had an open and equitable approach to all individuals and had strategies for consultation and involvement with service users, staff and other stakeholders. People in this home found this active

participation more difficult, so sometimes relatives were consulted on their behalf. Advocates or relatives, where appropriate, were part of the engagement and consultation processes in the home.

Continuous learning and improving care

●The service ensured that improving service delivery was high on the agenda. The registered manager and staff were supported and encouraged to access up to date training and information. Changes had been made when quality outcomes or potential problems had been identified. The team had adopted a positive behavioural approach and had achieved good outcomes in supporting people with health issues, behavioural challenges and in independence building.

Working in partnership with others

●The staff team worked with other professionals and with families to ensure the best outcomes for people they supported. There were no concerns raised by visiting professionals. People had regular contact with health and social care professionals who supported staff in care planning, behavioural support planning and life skills building.