Walsingham Support Limited

HOME COUNTIES OUTREACH SERVICES

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 26 February 2016 and was announced. The service provides personal care and support for up to 30 people with a learning disability within a supported living scheme. The scheme consists of shared living and flats at various locations within Luton and Bedfordshire.

The service is required to have 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. The manager had recently joined the service and was not yet registered with the commission. They were waiting for their application for registration to be processed.

People felt safe and they were protected against the possible risk of safeguarding concerns or harm. Risks to individuals had been assessed and managed appropriately. There were sufficient numbers of experienced and skilled staff to care for people safely. Medicines were managed safely and people received their medicines regularly and as prescribed.

People received care and support from staff who were competent in their roles. Staff had received relevant training and support from management for the work they performed. They understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. They were aware of how to support people who lacked mental capacity. People's nutritional and health care needs were met. They were supported to maintain their health and wellbeing and had access to and received support from other health care professionals.

The experiences of people who used the service were positive. They were treated with kindness and compassion and they had been involved in the decisions about their care where possible. People were treated with respect and their privacy and dignity was promoted.

People's health care needs were assessed, reviewed and delivered in a way that promoted their wellbeing. They were supported to pursue their leisure activities and access the local community facilities and amenities. An effective complaints procedure was in place.

There was a caring culture and effective systems in operation to seek the views of people and other stakeholders in order to assess and monitor the quality of service provision.

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.

People felt safe and did not have any concerns about their safety.

Risks to people had been assessed and reviewed regularly.

There were sufficient numbers of staff on duty to care for and support people.

People received their medicines safely and as prescribed.

Is the service effective?

Good

The service was effective.

People's consent was sought before any care or support was provided. Staff understood their roles and responsibilities to provide care in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by staff who had been trained to meet their individual needs.

People had access to other health and social care services.

Is the service caring?

Good

The service was caring.

Staff were caring, friendly and passionate about people they supported.

Staff understood people's individual needs and they respected their choices.

Staff protected people's privacy and dignity, and promoted their independence.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

The provider had a system to handle complaints.

Is the service well-led?

Good

The service was well-led.

The manager provided effective support to staff and promoted an open, caring and respectful culture within the service.

Effective quality monitoring audits were in place.

HOME COUNTIES OUTREACH SERVICES

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 26 February 2016 and was carried out by one inspector. We gave 48 hours' notice of the inspection because we needed to be sure that there would be someone in the office.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information available to us, such as notifications and information provided by the public or staff. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with the managers and support workers. We reviewed the care records for four people who used the service, the recruitment records for six staff, and the training records for five members of staff employed by the service. We reviewed information on how medicines and complaints were being managed, and how the provider assessed and monitored the quality of the service.

Between the date of the office visit and 04 March 2016, we visited two of the services and spoke with a further three care staff and four people who used the service.

Good

Is the service safe?

Our findings

People told us that they felt safe and that the care staff supported them well. One person said, "I am safe and I like it here." Another person said, "The staff are good. Staff are here always and I feel safe."

Staff confirmed that they had received training on how to safeguard people from harm and information on how to report concerns about people's safety was available in the houses we visited. One member of staff said, "I recently did my training in safeguarding via e-learning. I know how to report any allegations or concerns." They were also able to explain what they would do, as well as describe the various types of harm that people might be at risk of. Another member of staff said, "If I have any concerns I would report it to my manager or social services." They also said that they had received information about safeguarding during their induction and were confident in their roles to report any allegation of harm to the manager or appropriate authorities. The manager told us that they were aware of reporting any safeguarding concerns to the local authority or the Care Quality Commission (CQC).

We noted from the care records that people's care and support had been planned and delivered in a way that ensured their safety and welfare. The care records showed that personalised risk assessments had been carried out for individuals when supporting them in meeting their needs. For example, the risk assessment for one person stated that when they become verbally aggressive, staff should give them space and to talk to them to de-escalate their behaviour. For another person the risk assessment stated that they were at risk of choking and that their food should be cut up into bite sizes and to encourage them to eat slowly. Risk assessments regarding the premises were also carried out and reviewed regularly to ensure that people lived in a safe and comfortable environment. We saw that people's risk assessments had been reviewed and updated regularly or when their needs changed.

There was an emergency plan to ensure continuity of business would be maintained in an event that might stop the service running safely. Staff were aware of the plan and said that they would contact the manager who was on call. The business plan covered areas such as severe weather conditions that might prevent staff from travelling to and from work; how to protect people from exposure to heat and sunstroke during heatwaves and the actions to take in an event of an outbreak of illnesses. The business plan also provided the contact details of the utility companies and senior members of staff. As part of the emergency plan local hotels would be contacted if required.

There were sufficient numbers of staff to keep people safe and meet their needs. People said that there was always enough staff on duty. One person said, "Staff are always available when I call for help." Staff said that they called staff who were off duty or the agency if they were short on a shift due to sickness or absence. The manager said that they were actively recruiting for vacant posts and that if a person required one to one support they would be provided with this to ensure their wellbeing. For example, when a person was admitted to hospital, the service provided 24 hour staff cover to support the person for the length of stay.

The provider had effective recruitment processes and systems to complete all the relevant pre-employment checks. This involved obtaining references and carrying out employment history checks which provided

assurances that staff were suitable for the role they were employed for, including obtaining Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

There were safe systems in place for the management and administration of medicines. People told us that they received their medicines regularly and as prescribed. One person said, "The staff give my medicines." We noted that one person managed their own medicines. We found that the medicine administration records had been completed appropriately. People had their medicines kept in their own rooms and appropriate facilities for the safe storage had been provided. Staff confirmed that they did not administer medicines until they had received the appropriate training.

Good

Is the service effective?

Our findings

People received care and support from staff who were skilled, experienced and knowledgeable in their roles. One person said, "Staff are very good. They know how to help me. I have a keyworker. She is very good." Another person said, "My mum passed away last year. Staff took me to the grave and that was good for me." The majority of staff had worked at the service for a number of years and knew how to care and support each individual so that their needs were met.

Staff had completed a number of training courses that were relevant to their work. These included training in safeguarding, medicine management and administration, moving and handling, epilepsy and managing behaviour that challenged others. Staff told us that they found this training very helpful in ensuring that people's need were met. For example, they said that they used de-escalation techniques by talking and supporting people to manage their behaviour when they were in distress or upset. They followed the specific protocols developed for the person such as to ask them to calm down and take time out in their room until they were settled.

Staff had completed an induction programme when they first started work within the service. An induction programme welcomed staff to their new roles and provided them with support so that they were aware of what was expected of them. They also worked alongside other experienced members of staff so that they learnt safe procedures and practices. Staff had regular training including yearly updates so that they were aware of current safe practices when supporting people to receive effective care. We noted from staff records that they had received formal supervisions and annual appraisals where they discussed their work and identified other training or support they required for their roles. We looked at the staff training chart and noted that the majority of staff had completed the relevant training, and updates for others had been planned to refresh their knowledge. Some staff had completed nationally recognised qualifications in Health and Social Care.

We noted from the care records that people signed forms to show that they consented to their care and support, including being supported with their medicines. Also, they had given consent for their information being shared with other health or social care professionals. Each person had a mental capacity assessment carried out so that any decisions made to provide support were in the person's best interests. People were able to make decisions about their daily living but in some cases they did not have the mental capacity such as managing their finances. For example, a person's capacity to manage their finances, dental treatment and 'flu' injection had been assessed in line with the requirements of the Mental Capacity Act 2015 (MCA). The 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. Staff had received training on the requirements of the Mental Capacity Act 2005 (MCA). People lived in their own homes and retained a key to their doors.

People did their own shopping and they said that they enjoyed the meals which they cooked with the

assistance of the staff. One person said, "I choose what I like to eat. I go out to eat sometimes." Care records we looked at showed that a nutritional assessment had been carried out for each person and their weight monitored. For example, one person who was on a weight reducing diet, staff showed them pictures of healthy options to choose from." The manager said that if they had any concerns about an individual's weight or lack of appetite, they would seek appropriate medical or dietetic advice.

People had access to other health care professionals. One person said "I see my doctor when I need to and my consultant for my review." People had a care programme approach (CPA) meeting regularly with their consultant psychiatrist as part of the reviews where their mental health was discussed and medicines reviewed if required. CPA is a way that services are assessed, planned, coordinated and reviewed for someone with mental health problems or a range of related complex needs. People said that if they had any concerns about their health, they would talk to their key workers who would make an appointment to see appropriate health care professionals.

Good

Is the service caring?

Our findings

People told us that the staff were kind and caring. One person said, "Staff looked after me, I enjoy living here." Another person said, "I am happy here. Staff are helpful."

People told us that they were involved in making decisions about their care and support needs. Some of them told us that they had been involved in planning their care and that staff took account of their individual choices and preferences. For example, one person would run the bath to indicate to staff that they were ready and would wait for them for their support. People told us that they had regular meetings with their key workers where they discussed their care needs and other support they needed. They also said that they had regular reviews with their social workers and the relatives to discuss any issues they may have regarding their place and monitor their progress in relation to their health and wellbeing.

People we spoke with were complementary about the care and support they received. One person said "The staff are good. They respect my privacy. I look after myself." Another person said, "Staff always knocked on the door before coming in." The staff confirmed that they respected people's privacy and dignity by ensuring that the doors were closed and curtains drawn, and covered people appropriately to protect their dignity when assisting with personal care. Staff members also said that they supported people in maintaining and promoting their independence by attending to their personal health care needs. We saw staff knocked on people's door and waited for a response before entering. One person said, "I am having a rest in my room. I do that sometimes after my lunch."

In order to protect people's privacy and confidentiality, we saw that copies of their care records were held securely in each house. People's care records were also held electronically within a secured server. Staff were able to tell us how they maintained confidentiality by not discussing people outside of work or with agencies not directly involved in their care.

People said that they had received information about the service so that they were able to make an informed decision whether the service was the right home for them. People were provided with a copy of the 'service user guide' which had an easy read version for supported living and outreach services. People maintained contact with their relatives and friends who were supportive and were aware of the care and support provided for them. People's relatives acted as their advocates to ensure that they understood the information given to them and that they received the care they needed. When required, information was also available about an independent advocacy service that people could get support from. For example, one person who did not have capacity to make decisions about their finances and did not have any relatives had an advocate involved on their behalf. An advocate is independent and represents a person's wishes without judging or giving their personal opinion.

Good

Is the service responsive?

Our findings

People had their needs assessed before they received a service. We noted from their care plans that information obtained following the assessment of their needs had been used to develop the care plan. This meant that staff were aware of the care and support each person required when attending to their needs. Care plans were personalised and detailed and provided information on how people would like to be supported by staff to ensure that their individual needs were met.

Information about people's individual preferences, choices and likes and dislikes had been reflected in the care records. We noted that the care plans had been reviewed regularly and any changes in a person's needs had been updated so that staff would know how to support them appropriately. People had signed their care plans as part of their care agreement and contract for their accommodation with external housing association.

People said that they maintained contact with their families and friends who were able to visit them. We noted from the care records that people also visited their friends. One person said, "I go home every weekend."

People were supported to follow their interests and participate in social activities. They said that they were able to access the local community facilities and were involved in the activities of their choosing. One person told us, "I attend the day centre." Another person said, "I enjoy going to the cinema and for a long bus drive." We noted that one person also went to work. People had their individual weekly activity programme planned and this included going out for lunch, shopping and visiting local places of interests. They also went on holidays and cruises. Most people were able to go out on their own and they accessed the local community facilities and amenities. As part of their programme for independent living, people were encouraged to participate in the local community activities. The manager said that they encouraged people to be as independent as possible so that they would be able to live on their own in the future.

The provider had a complaints procedure which was available to people. One person told us that they had raised concerns because they would prefer their key worker to be a male. Another person said, "I have no worries and no concerns." The manager said that they were exploring the possibility of recruiting a male member of staff to support the person. People said that they were satisfied that their complaints had been taken seriously and were being dealt with. Complaints records showed that there had been three complaints received in the past year and that each complaint had been dealt with in accordance with the complaints procedure.

Good

Is the service well-led?

Our findings

The service did not have a registered manager. The last registered manager took up another post within the organisation in August 2014. The current manager had recently joined the service and was waiting for their application for registration to be processed. The manager said that an interview with the registration assessor had been planned in March 2016.

People said that they had met the manager but were more familiar with the deputy manager who was based in one of the houses. The manager told us that they were planning to spend more time with the people who used the service. Staff told us that the manager was helpful and provided stable leadership, guidance and the support they needed to provide good care to people. People were complimentary of the care they received.

The manager said that the challenges were to recruit new members of staff to fill the current vacancies. They felt that their vision was to provide an open and transparent service where people with disabilities were citizens in their right and that they were supported to achieve happiness and their full potential. They said that they listened to people and acted on any concerns they had. We noted that the service worked closely with other agencies such as the local authority and the Community Mental Health Team to support people and seek advice as required.

Staff confirmed that regular staff meetings were held for them to discuss issues relevant to their roles so that they provided care that met people's needs safely and effectively. They also said that there were daily shift handovers to ensure continuity of care was maintained. Staff told us that they found the team meeting informative because it related to people, day to day management of the service and future events.

The deputy manager told us that they learnt from incidents. For example, where there had been issues with medication, they had introduced daily audits and checks of medicine record charts on each shift to prevent similar incidents recurring.

As part of the service quality survey the provider sought the views of people about the delivery of service. People had stated that they were happy with the service and the staff who supported them in meeting their needs. The manager said that people had access to them on a daily basis, and that any concerns they raised would be dealt with on the day. They said that in most cases the concerns people had raised were regarding their health and wellbeing, in which case appropriate help from other health care professionals had been sought.