

Walsingham Support

Walsingham Support North Cumbria Domiciliary Care - Atlantic 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 ●

Summary of findings

Overall summary

The inspection was carried out on 22 & 27 February 2017. We gave the registered manager 48 hours' notice of the inspection in order to ensure people we needed to speak to were available.

At the last inspection in January 2015 the service was rated as Good. At this inspection we found that the service remained Good.

A registered manager was in post. 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 registered manager had systems in place to record safeguarding concerns, accidents and incidents and take appropriate action when required. Recruitment checks were carried out to ensure suitable people were employed to work at the agency. Our observations and discussions with staff and people who worked for the agency confirmed there were sufficient staff to care for and support people, some having complex needs.

Health care needs were met through peoples' GPs and the district nursing service when required. We saw that medicines were administered safely and all the records were up to date and audited regularly. All staff had completed training in the safe handling of medicines.

Observations during our inspection evidenced people were given choices about how they wanted to be supported and live their lives. Opportunities were given to people to go out into the community, visit their families and go on holiday.

The service followed the requirements of the Mental Capacity Act 2005 Code of practice. This helped to protect the rights of people who were not able to make important decisions themselves.

Support staff knew the people they cared for well. They provided a caring environment for people to live in. People were treated in a dignified manner with their privacy upheld at all times.

Personalised care plans were in place in a format that was suitable through pictures and symbols as well as writing. Care plans were person centred and regularly reviewed to ensure they reflected people's current needs and preferences.

People who used the service had a voice through regular visits by the members of the management team to each of the houses. Procedures were in place to investigate and respond to any concerns raised.

There were effective monitoring systems in place to assure quality and identify any potential improvements.

to the service. This meant people benefited from a constantly improving service.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 22&27 February 2017 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of one adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. Before this inspection visit we received a provider information return. A provider information return is a form completed by the registered manager outlining details about the service and the care and support provided.

We visited the offices on the 22 February 2017 to look at records, copies of support plans and staff personnel records. On the first day of the inspection the registered manager was on sick leave so we were assisted by the deputy manager and one of the locality managers. We also spent time with the Quality Projects Manager and discussed the detailed internal quality monitoring processes. On the second day we visited the office to give formal feedback to the registered manager who had returned from sick leave.

As part of our inspection we visited two of the supported living houses and spoke to four support workers, six people supported by the service and one visiting relative.

Is the service safe?

Our findings

People we spoke to told us they felt safe with the care they received from the service. Some people supported by the agency had limited verbal communication but our observations evidenced they were relaxed and at ease with the staff who supported them. Others told us they felt safe with the staff that looked after them.

We spoke to one relative during our inspection who said, "I have no worries about the safety of my [relative] as he is always relaxed when I see him".

The staff we spoke to told us they had completed training in how to identify and report any concerns that a person was at risk of abuse. Where staff had concerns about an individual being at risk of harm they told us they would not hesitate to take the appropriate action to protect the individual and other people who could be at risk.

We found that risks to people's safety had been identified and actions taken to reduce or manage hazards. Risk assessments were recorded in people's care records to guide staff on the actions to take to protect individuals from harm.

People were supported by the same staff team which ensured continuity of care and support. We saw, from the houses we visited there was sufficient staff to provide an appropriate and safe level of care.

We looked at four staff personnel files and found that the provider had a robust recruitment system in place. This helped to ensure only suitable people were employed to care for vulnerable adults with complex needs.

We looked at the medicines records and found medicines were recorded and stored safely and correctly. All staff had completed training in the safe handling of medicines.

Staff were provided with protective clothing and had completed training in infection control.

Is the service effective?

Our findings

Relatives we spoke to told us they thought the staff were well trained. One relative said, "They know how to care for people with complex needs and I put that down to a good staff training programme". The staff we spoke to told us they were given sufficient training to provide appropriate support to people. We saw the annual training plan that outlined all the completed training as well as future planning dates.

People were given choices about how they wanted to spend their days. Some people went out to day centres or colleges. People told us what they liked doing during the day and one person said, "I love going to the shops".

Staff regularly monitored food and drink intake to ensure all people received enough nutritious food. People who lived in the supported living houses went shopping with the staff and were able to choose what they wanted for each meal.

Health care needs were met through people's GP and the district nurses if any treatment was required. Other external health care professionals were accessed for example the dietician and speech and language therapist. People also had access to dental treatment, chiropody and optical services.

The supported living houses we visited were well maintained and nicely decorated. People had chosen the décor, curtains and bedding for their rooms that were personal to the individual with pictures, posters and photographs.

The registered manager and other senior staff of the agency had a very good understanding of their responsibilities under the Mental Capacity Act 2005 (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. All support staff had completed the appropriate and were aware of their responsibilities under the MCA.

Is the service caring?

Our findings

Although some of the people supported by the agency had limited verbal communication we were able to speak to four people and ask them if they were well cared for. Comments we received included, "Yes I am really well cared for. These ladies are lovely". Another person said, "I love it here and we are all looked after very well". We spoke to one family member who told us they were really pleased with the care their relative received. They said, "My relative has recently moved in and I am really happy with the care they receive. They have settled well and get on really well with all the staff".

Staff interacted with people really well and they had obviously worked hard to develop warm, positive and caring relationships with the people they supported. We saw staff assisting people to eat their meal. This was done in an unobtrusive way with staff allowing sufficient time for them to enjoy their meal. Staff treated people with respect but at the same time the atmosphere in both houses was friendly and light hearted.

We looked at the care plans that were held in the office and the copies held in the supported living houses. They evidenced that people were involved in making decisions about their care and treatment. Information was provided, including in accessible formats, to help people understand the care available to them.

We did ask people, during our home visits, if they made choices and if these choices were respected. We were told, "I do choose what to do and if I want to stay in or go out. I like going out to the shops with the staff. The staff respect it when we say what we want to go out or stay in".

Staff supported people to remain as independent as possible. People went out to do the food shopping with the staff and chose what they wanted to buy and eat. Some people went to day care services and others spent time with the staff who encouraged them to 'do their own thing'

People were supported to access advocacy services where needed. Advocates help to ensure that people's views and preferences are heard. The registered manager confirmed that, although they had used a local advocacy service in the past, currently the service was not required.

At the time of our inspection no one was receiving end of life care. The registered manager and staff saw the service as a home for life, and many of the people using it had been supported for a number of years. The management staff and the support workers had all completed end of life training.

Is the service responsive?

Our findings

Before people started using the service their support needs were assessed in a number of areas, including medication, personal care, sleep, communication and nutrition. Where a support need was identified a care plan was put in place based on how people wanted to be assisted. Where there were particular needs other than those associated with learning disabilities the care plans detailed how staff could assist with these needs. These could include nutritional planning and specific medical or mental health needs.

Some care plans included very detailed risk management plans for people who had behaviour that could challenge the service or other people who used the agency. Staff had been trained appropriately so that they could de-escalate and support anyone who found their emotions and behaviour difficult to cope with.

Staff supported people to remain as independent as possible. Some people went to day care services and others spent time with the staff who encouraged them to 'do their own thing'

People were encouraged to set goals for themselves and supported by the staff to achieve them. For example one person told us they wanted to go on holiday and was saving up to go to Blackpool.

The provider had a complaints policy and procedure in place and a copy was available in an appropriate format for the people who were supported by the agency.

The registered manager confirmed the management and staff worked closely with the local authority adult social care to ensure people were supported if ever they had to move to another placement.

Is the service well-led?

Our findings

There was a qualified and experienced registered manager in post. 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.

We found the service had clear lines of responsibility and accountability with a structured management team in place consisting of a deputy manager and two locality managers. The registered manager was supported by a management team that was experienced, knowledgeable and familiar with the needs of the people the agency supported. Discussions with the senior staff and the registered manager confirmed they were clear about their individual roles and between them provided a well-run and consistent service.

Staff spoke positively about the registered manager and the support they provided. Support workers in the supported living houses all said they received regular supervision from their line manager. This consisted of on the job supervision and one to one meetings. These meetings gave staff the opportunity to discuss their personal and professional development, training and any personal issues they may have.

During our inspection we spent time with the Quality Projects Manager who was responsible for monitoring the quality of the service provided by Walsingham Support services in Cumbria and the North East. They explained their role was to monitor the quality of the service provided following the provider's internal quality audit system.

The registered manager and the senior management team also carried out a number of quality assurance checks to monitor and improve standards at the service. These included checks on peoples' personal finances, care plans medicines records, health and safety and infection control.

The deputy manager and the two locality managers undertook weekly visits to the supported living houses to speak to the staff and people who lived there in order to ensure the appropriate level of care and support was in place.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.