

Walsingham Support

Salters Hill Home Care and Support

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

Salters Hill Home Care and Support provides supported living service to people living in a large house with communal and private rooms, and large grounds. At the time of the inspection, six people were in receipt of personal care at this location. Salters Hill Home Care as Support also provides personal care to people living in their own homes, in the community. At the time of the inspection, seven people were receiving personal care in the community.

The service was a large home, bigger than most domestic style properties. The size of the service having a negative impact on people was mitigated by the building design fitting into the residential area. There were deliberately no identifying signs to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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.

People's experience of using this service and what we found

There had been a change of legal entity since our last inspection and changes to the staff managing the service. There was a culture at the service which encouraged people to ask for the assistance they wanted, and staff felt supported to provide good care. The provider was working with people and families to further develop the service, based on best practice, such as registering the right support. An interim manager was in post at the time of our inspection and a new registered manager had recently been appointed.

People were cared for by staff who understood how to promote their safety and recognise abuse. People's risks were regularly assessed, and advice from other health and social care professionals was followed so people would enjoy the best well-being possible. There were sufficient staff to care for people, and to support them to spend time out in the community when people wished. Staff supported people to have the medicines they needed to remain well. People were cared for by staff who used their knowledge and the equipment provided to reduce the likelihood of the spread of infections.

People's and their relatives' views were considered when staff assessed and reviewed their needs. People were cared for by staff who had undertaken training linked to the needs of the people they supported. Staff supported people to ensure they would have the right amount to eat and drink, and people were positive about how this assistance had led to good health outcomes. Where people required care from other health and social care professionals staff supported them. 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.

People were positive about the staff who cared for them and were confident to ask for the care they wanted. Staff used their knowledge of what was important to people when caring for them and involved people in decisions about their day to day care. People were supported to maintain their dignity and their right to independence was promoted by staff.

People's, relative's and staff's views were considered when people's care was planned. 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 them having as many opportunities as possible for them to enjoy spending time as they wished and contributing to their local communities and maintaining their independence.

Systems were in place for managing any complaints and to take learning from these. The provider had begun to explore people's preferences for their care at the end of people's lives, and in the event of people's sudden death, to identify people's wishes.

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

Rating at last inspection

The last rating for this service was Good (published 22 February 2017). Since this rating was awarded the provider has altered its legal entity). We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received 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.

Salters Hill Home Care and Support

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

This inspection was undertaken by one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. Salters Hill Home Care and Support is also a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service did not have a manager registered with the Care Quality Commission at the time of the inspection, however, a new manager was in the process of applying to become registered for the service. This means that they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we wanted to obtain people's consent to a home visit from an inspector and it is a small service and we needed to be sure that the provider's representative would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 used all of this information to plan our inspection.

During the inspection

We spent time with people to see how they were cared for and spoke with five people who received supported living or domiciliary care. We also spoke with five relatives about their experience of the care provided. In addition, we spoke with two provider's representatives, the interim manager of service and the deputy manager, four care staff and a member of agency staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We saw records relating to the management of the home. These included checks undertaken by the provider's representative and provider on the management of the home and the safety and quality of care. We also saw systems used to manage complaints and concerns and any accidents and incidents which may occur, and compliments staff had received in relation to the care they provided.

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 Requires Improvement. This is the first inspection for this new legal entity since registration. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- At our last inspection we found people were placed at risk of being cared for by unsuitable staff because robust recruitment procedures were not always being applied. At this inspection, we found improvements had been made on the checks undertaken to ensure the suitability of staff to care for people.
- People and relatives told us there had been some changes to the staff managing the service and providing care. People said there were enough staff to provide the care they wanted at the times they preferred. One person told us although some staff had left, "I am still getting the help I need, and [staff] know me."
- Staff were confident additional staff would be recruited to meet people's changing needs. One staff member explained staffing levels were reviewed before additional people started to receive care. The staff member told us, "Seniors will consider this properly, and they are always fair about [people's care] hours."
- The provider's representative advised us new staff had been recruited, with additional support provided by one regular agency staff member who knew people well.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who understood how to recognise signs of abuse and knew what action to take if they had any concerns. This included which external agencies would provide support to people, should this be required.
- Staff were confident the senior staff would take immediate action to protect people, should the need arise.
- The manager and provider's representative understood their duty to notify the CQC and other organisations about any safeguarding concerns.

Assessing risk, safety monitoring and management

- People were positive about the way their safety needs were managed and how they were involved in decisions about promoting their independence whilst being supported to stay safe. One person told us they had been provided with the on-call telephone number, so they could contact staff in the event of any concerns. Another person told us they were more confident about living in the community, because staff had worked with them, so they knew what to do to protect themselves and their home in the event of a fire.
- Relatives told us staff worked with their family members, the local community and them to address the wider emerging risks people experienced. One relative explained staff had been instrumental in identifying alternative accommodation for their family member, which had helped them to remain safe and to continue to enjoy their independence.
- Staff understood people's individual risks and took action to promote people's safety. This included

promptly reassuring people when they were anxious and promptly obtaining specialist advice from other health and social care professionals, so risks to people were reduced.

Using medicines safely

- People told us they could rely on staff to support them to have the medicines they needed to remain well. One person said, "If I have a headache, I can ask for extra tablets." The person also told us they required medicinal cream to promote good skin health and said, "Staff always remember to put it on."
- Relatives were positive about the way their family members were supported to have the medicines they needed. One relative told us, "[Staff] always send enough medicines at home visit times, and always check the number of tablets at start and end of visits"
- Staff followed safe protocols for the receipt, storage, administration and disposal of medicines. People's medicines were administered by staff who had been trained to do this, and whose competency was regularly checked.
- The provider's representative, manager and senior staff regularly checked people received their medicines as prescribed.

Preventing and controlling infection

- Staff knew the importance of maintaining good standards of cleanliness throughout the home and when supporting people in the community. This helped to ensure people, visitors and staff were protected from the risk of infections.
- Staff had access to the range of equipment they needed to promote good hygiene to reduce the likelihood of the spread of infections.

Learning lessons when things go wrong

- Systems were in place to take any learning from incidents and accidents, where required.
- Relatives gave us examples of their involvement in reviewing plans with staff to promote their family members safety after incidents .
- Staff had regular opportunities to reflect on people's safety needs and incidents, so lessons would be learnt. One staff member told us, "We always have staff meetings and discuss incidents. We look at what has worked best. You bounce ideas around and get a different perspective. We are listened to."

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. This is the first inspection for this new legal entity since registration. 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

- People's needs and preferences were considered before they began to receive care. People and relatives told us their views were considered through on-going assessments. This helped to ensure staff would know how to support people as their needs changed.
- Staff gave us examples showing how they were encouraged to advise senior staff if people's assessments needed to be reviewed, so people's needs would continue to be met.
- The views of other health and social care professionals were sought when people's needs were assessed, and their advice followed, so their needs would be met.

Staff support: induction, training, skills and experience

- People told us staff knew how to support them. One person told us about the care they received to manage their health and their home and said, "Staff know how to look after me."
- Relatives were positive about the way staff used their skills and knowledge so people would have the support they needed. One relative told us, "I can't fault the staff training and knowledge. They [staff] know how to look after [person's name]."
- Staff gave us an example of the training they had completed which linked to the needs of the people they cared for, such as training to support people's specific health needs, so people would enjoy the best outcomes possible.
- New staff were supported through an induction programme and undertook training before they could support people. New staff also had the opportunity to work alongside more experienced staff. One staff member told us this approach meant, "I feel I can go and ask questions, and I am a real asker. I know I can ask for extra shadow shifts, and it will happen even now."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were encouraged to have enough to eat and drink, so they remained well. One person told us how pleased they were with the support they had received to successfully manage their weight. Staff explained how they had assisted the person through research and working with them to recognise healthy options. The staff member said, "[Person's name] has done so well over Christmas and knows they can still have an occasional treat."
- People were supported to see other health and social care professionals when they needed this. One person told us, "They know what we need. They are thorough and quick and sort out GP appointments for

me." Staff also supported people to see hospital consultants, dentists, mental health specialists and epilepsy nurses, so people's health needs would be met.

- People's health action plans and support plans provided staff with the information they needed to monitor and address people's physical and emotional needs.
- Records showed us people's relatives also attended some meetings with hospital consultants and social work professionals, so they were fully involved in decisions about their family member's care.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People told us staff respected their decisions and understood their rights.
- At the time of the inspection there was no one being supervised through the Court of Protection. The provider had put systems in place to support people and staff appropriately, should this change.

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. This is the first inspection for this new legal entity since registration. 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

- People liked the staff who supported them. One person told us, "I like the staff. We always have a cup of tea and a chat, and staff bring me Christmas and birthday cards." The person smiled as they said, "One of the new staff brought me a plate." Another person told us staff understood and supported them to regularly attend church to express their faith.
- Relatives told us their family members had developed good bonds with both long-serving and new staff. One relative told us, "I am thrilled with [staff member's name]" and explained the staff member recognised their family member needed extra reassurance and came in their own time to support them, when they had a safety concern about the equipment in their home. Another relative told us staff had also shown kindness by spending their day off taking their family member out.
- Staff talked warmly and respectfully about the people they supported and understood what was important to people and how they liked to be reassured. One staff member explained they had spent time chatting with people, more experienced staff and checking people's care plans, to find out about their interests and how they liked to be cared for. Another staff member told us, "We have a new client who is going to start [to receive care]. They came to [a] staff meeting, so we could all meet each other and get to know each other."
- Staff shared a joke with people and gently reassured people when supporting them.

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

- People were involved in decisions about their care. One person explained they were involved in planning their care with their relatives and staff. The person said, "They [staff] write stuff in my care plan about what I want and sort it out for me." Another person told us, "I choose what I want to eat and then staff help me."
- People were encouraged to let staff know what interesting things they might like to do and where they may like to spend their time, and what visitors they wished to meet through regular meetings and discussions with staff.
- Relatives told us their family member's decisions were respected. This included if people chose to decline specific areas of support.
- Staff gave us examples showing how they checked people were making their own decisions about options offered to them, by checking people's reactions, so they could be sure people were making their own choices.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their dignity and to have access to the privacy they wanted. One

relative told us staff understood their family member's need and right to privacy and said, "[Person's name] won't let anyone in their bedroom. They [staff] respect that, and don't blunder in, but always knock first."

- Staff gave us examples showing how they supported people's rights to dignity when spending time in the community, by ensuring they had clothing and equipment in place appropriate to people's needs.
- Staff were respectful to the people they cared for during conversations with people and recognised and promoted independence. We saw this encouraged people to confidently make their own drinks, where appropriate.
- People had been involved in decisions about where they wanted their confidential information to be securely stored.

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. This is the first inspection for this new legal entity since registration. 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

- People were positive about the way their care was planned and the way staff involved them in decisions about their care and support. One person told us they had been supported by staff and their relative to plan a move of home. The person told us this had worked well, and they were very happy in their new home, felt secure and safe and now enjoyed life in their local community.
- Relatives told us their views were considered when their family member's care was planned and reviewed. One relative told us how they had been encouraged to make suggestions about their family member's planned care. The relative told us staff had listened to their suggestions, and plans were put in place, so their family member was able to continue to maintain their independence and safety whilst working in the community.
- Staff gave us examples showing how they worked with people to plan their individual care so people's right to control and independence was maintained. One staff member explained how this had helped one person to develop the confidence and skills to travel safely in the community.
- Staff worked in flexible ways so people's needs and preferences would be met. This included varying their shift patterns, so people would be supported by their preferred staff members during meetings with other health and social care professionals.

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 told us they had the information they wanted to reassure and guide them. One person told us they liked to know which staff were due to provide care to them, and were able to check this on a board showing photographs of staff on shift.
- Staff had assessed people's information and communication needs and identified what action to take to support people.
- Staff used their knowledge of people's preferred methods of communication when caring for them. For example, we saw one person had been empowered by staff to make an informed decision about equipment they might like to purchase, as staff had used pictorially based information, in line with their communication preferences.

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 supported to stay in touch with their relatives, their friends and faith groups.
- Staff also provided people with the support they needed to be part of their local community, through volunteering opportunities, and attending local clubs.
- Relatives gave us examples showing how planned activities were adjusted and altered, as people's preferences and needs changed.
- People told us staff spent time supporting them to do things they enjoyed. One person said how much they appreciated staff helping them with their knitting and told us how much they liked to spend time quietly having a cup of coffee with staff in their garden, looking out for birds of prey.
- Staff knew what interested people and encouraged people to decide what they would like to do each day. For example, staff knew one person owned their own motorbike, and enjoyed going for drives to see motorbikes on the road. We saw staff adapted the care planned for the person, so they were able to go for an impromptu drive, at the person's request.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise any concerns or complaints and were confident these would be addressed.
- Systems were in place to respond to any concerns or complaints, and for staff to use these to drive improvements in the service. One relative told us they had raised a concern about the quality of care provided when no manager had been in post. The relative told us the provider had promptly addressed their concerns.

End of life care and support

- People were not in receipt of end of life care at the time of the inspection. The provider's representative and manager planned to work with people, their relatives and other health and social care professionals on a case by case basis as people's needs changed, so people's preferences for their care at the end of their lives, or in the event of their sudden death, would be responded to.

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. This is the first inspection for this new legal entity since registration. 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

- People told us they found the senior staff approachable and we saw they were comfortable to ask for assistance when they wanted this.
- There had been a change of provider and significant changes in the leadership since our last inspection. However, people were positive about the way their care had been managed in the interim. One person told us, "I am well impressed with [interim manager's name] she is good at organising things."
- One relative told us they had raised concerns with the provider's representative about the lack of a permanent manager at the service and advised us the new provider had taken immediate action to address this. A new manager had recently applied to become registered for the location.
- The provider's representative had met with relatives and staff to discuss these changes and told us they were committed to continuing to build on the improvements made by the interim management team. One relative said, "It has improved. Walsingham have been brilliant since [concerns were raised]." Another relative told us, "I have no complaints what so ever, they are brilliant, the changeover [of provider] was smooth."
- Relatives told us they had opportunities to discuss planned re-modelling of the service with the provider, so people's needs would continue to be met.
- There had been some changes to the staff providing care to people. People and relatives were positive about the approach of new staff, who were supported by staff with longer service. One relative told us, "There have been some changes of staff, but it's settling, and has not affected [person's name]."
- Staff told us they had regular contact with senior staff and found them approachable and open to suggestions they made for improving people's care. One staff member said because of this and the relationships they had developed with the people they supported, "I love working here."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 interim manager was supported to understand their role by the provider's representatives.
- Staff told us they felt supported to know what was expected of them and to provide good care through discussions with senior staff and regular communication about people's changing care needs. One staff member said, "I have monthly one-to-one meetings with [interim manager's name] and we have staff handover and meetings."

- The interim manager and provider's representatives understood their responsibilities to be open and what action to take in the event of something going wrong with people's care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People told us they were encouraged to talk to staff about the care provided and the development of the service. One person told us he had worked with staff on the introduction of new regular gender specific activities, for them to enjoy.
- Relatives told us their views were listened to, and consultation with them was improving. One relative said, "They resolve any tensions and communication is good."
- Relative told us the provider had consulted them as a group about the suitability and location of the supported living environment. The provider's representatives were aware of best practice standards relating to learning disability, such as Registering the Right Support, and told us they were committed to further developing the service to reflect this.
- Staff told us they were encouraged to reflect on the care provided and to make suggestions for improving people's care, and their suggestions were listened to. Staff gave us examples of how this had positively impacted on people's well-being, health, accommodation and finances. One staff member said, "[Interim manager's name] does listen, and we are given free range to do what we need to do for people."
- People, relatives and staff gave us examples of joint working undertaken with other organisations to ensure people had the best outcomes possible. This included work with local employers, church and housing groups and other health and social care professionals.

Continuous learning and improving care

- The interim manager checked how staff worked with people, so they could be assured people were provided with good care. One staff member told us, "[Interim manager's and deputy's name] do come out and check how we are doing. They do work [care] shifts, so they understand the people and what they need."
- The provider had put systems in place to monitor the quality of the care provided. This included reviewing any incidents to see if any patterns were emerging in relation to people's safety support needs, checking people received their medicines as prescribed, and staff training.
- Where any improvements had been identified, action plans had been developed and action taken to drive through improvements for the benefit of people receiving care. Staff gave us examples of improvements made to the way people's medication was administered and recorded, to reduce the likelihood of errors, as a result of the checks undertaken.