

Walsingham Support Limited

Walsingham Support - 21 Budge Lane

Inspection report

21 Budge Lane
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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 10 February 2016 and was unannounced. At our previous inspection in May 2014, we found the provider was meeting the regulations in relation to the outcomes we inspected.

Budge Lane is a six bedded residential care home for adults with learning disabilities, autism and poor mobility. At the time of our inspection, there were five people living at the home. The service had a manager who had been in place for three weeks at the time of this inspection. He told us he was in the process of registering with the Care Quality Commission (CQC). We saw written evidence of his application. 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.

People and their relatives told us that they felt safe living in the home and when they received care and support from staff. Staff were knowledgeable in recognising signs of potential abuse and understood the relevant reporting procedures. Assessments were completed to assess any risks to people and to the staff who supported them. Appropriate guidance was in place for staff to follow to help keep people safe. There were other systems in place to protect people from the risk of possible harm. There were risk assessments in place to do with the environment and equipment to provide guidance to staff on how risks could be managed and minimised where possible.

People's needs had been assessed and care plans included detailed information relating to their individual needs. Care plans were personalised and demonstrated people's preferences, and choices. People's care and support packages were amended as necessary to meet their changing needs.

There were sufficient numbers of staff available to meet people's individual support and care needs. There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work ensuring people were supported by staff that were suitable for their role.

Medicines were managed, stored and administered safely and people were appropriately supported to take their medicines.

There were processes in place to ensure new staff were inducted into the home appropriately and we saw staff received regular training, supervision and annual appraisals. Staff were aware of the importance of gaining consent for the support they offered people. The manager and staff were able to demonstrate their understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards legislation.

People were supported to maintain good health and had access to a range of health and social care professionals when required. People's nutritional needs and preferences were met.

Staff demonstrated a good understanding of the needs of the people they supported and could describe people's preferences as to how they liked to be supported. We observed staff speaking to, and treating people in a respectful and caring manner and interactions between people, their relatives and staff were relaxed and friendly.

People received care and treatment in accordance with their identified needs and wishes. Care plans contained information about people's history, choices and preferences, preferred activities and people's ability to communicate. Staff respected people's privacy and dignity. People and their relatives told us they were made welcome in the home and they enjoyed the social events they were invited to attend.

Assessment and care planning were of a good standard. Where ever possible people were involved in planning their care and where this was not possible people's relatives were engaged in this process. Care files were up to date and person centred. Care was reviewed by the staff team and by other professionals.

People in the house were encouraged and supported to join in with a range of activities in the home and in the community. People went to local clubs where events such as "tea dances" were held. Others went swimming and one person went to church every week.

The provider encouraged people to raise any concerns they had and responded to them in a timely manner. People were aware of the complaints policy.

Walsingham had a detailed quality monitoring system in place. There was also other appropriate auditing monitoring systems in place that helped with quality in the service. The manager and the staff were approachable and fully engaged with providing good quality care for people who used the 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 was safe. Staff were aware of the policies and procedures in place to enable the safeguarding of adults from the risk of abuse. We saw that people were protected from the risk of abuse and the training staff had received also helped protect people.

Risk assessments contained appropriate levels of detail that helped staff support people appropriately and help to ensure their safety. They were up to date and were responsive to people's needs.

Staffing levels were appropriate to meet people's needs. There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work.

We saw that the administration of medicines was managed safely. Medicines were stored as required, appropriately and safely.

Is the service effective?

Good ●

The service was effective. People received care and support from staff who had been trained, were skilled and knowledgeable in meeting their individual needs. Staff now received appropriate support from the new supervision process put in place by the manager and from annual appraisals and team meetings.

People's consent was obtained prior to care or support being provided.

People were supported to eat a healthy balanced diet which met their needs.

People were supported to have their day to day health needs met effectively.

Is the service caring?

Good ●

The service was caring. People were supported by staff who were kind, and caring.

Staff promoted people's dignity and treated them with respect. They understood people's individual needs.

Relatives told us they felt welcomed to visit their family members in the home.

Is the service responsive?

Good ●

The service was responsive. The staff team took a person centred approach in care delivery. Care plans were reviewed regularly with their best interests always taken into account by appropriately involving people's relatives where people were unable to contribute themselves.

People were supported to join in with social activities and entertainments according to their individual needs.

An accessible and appropriate complaints policy and procedure was in place that people knew about. There was a process in place that enabled the service to learn from any complaints made.

Is the service well-led?

Good ●

The service was well led. The service had a suitably qualified and experienced manager who promoted an open culture that encouraged staff in their work with people living in the home. The culture of the home promoted the rights of people with learning disabilities.

The quality monitoring systems in the service were managed well with a focus on improvements in all areas.

Walsingham Support - 21 Budge Lane

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.

The inspection was unannounced and was carried out by one inspector. Prior to the inspection we reviewed the information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law.

During the inspection we spoke with three people using the service, three relatives, three members of staff and the manager. We spent time observing the support provided to people in communal areas, we inspected three people's care records, three staff records and other records relating to the management of the service.

Is the service safe?

Our findings

The three people we spoke with told us they felt safe living at 21, Budge Lane. One person said, "Yes the staff are kind, I like living here." Another person said, "They are nice to me, I like it here." The two other people living in this home were unable to tell us their views because of their complex needs. We did however speak with relatives of people and they told us they were very happy with the care provided for their family members. Among the comments we received, relatives said: "They are so well cared for, the staff are really kind. The people living there are safe and more importantly they all look happy and clean." "They receive good care and they are certainly happy."

As well as speaking with people, we also observed the care provided to people by staff. We saw they were kept safe by staff and spoken to with respect and genuine care.

Staff told us they had received training in safeguarding. We saw training certificates that evidenced staff had completed this training in the last eighteen months. Staff we spoke with were able to describe the different types of abuse, and the procedure they would follow if they witnessed or suspected abuse. Staff told us they would report any concerns immediately to the manager. We reviewed the home's policies and procedures for safeguarding adults, whistleblowing and reporting accidents and incidents. They were all appropriate for the care that was provided in the home. The procedures for safeguarding adults were appropriately linked with those of the local authority. When we spoke with staff about safeguarding procedures they were also aware of the whistle blowing policy and knew how to report issues of poor practice appropriately. There was information regarding safeguarding issues displayed in the hall and in the office for people and staff to access. Contact numbers were available for people to use if they had any concerns. Information was also available upon request in different formats to meet people's needs. People were protected from the risk of abuse because staff had received appropriate support and training which enabled them to identify the signs of abuse and deal with any concerns appropriately.

Relatives of people we spoke with said they felt any risks in providing care for people was well managed by the staff team. One relative said "It's so good to know that the risks for people are as well managed as they are. It would be such as worry if we didn't feel this way." Another relative said, "We are always asked to contribute to the care plan and risk assessment process for [our family member]." Our inspection of people's care records showed they included risk assessments associated with people's care and support. We saw these were reviewed regularly or earlier if there was a change in the person's circumstances. Care plans also contained risk management guidance for staff to follow in providing care. An example of this that we saw was for safe use of the hoist for someone who was unable to walk. Staff told us care plans provided them with good information that helped reduce the likelihood of harm to people by minimising the identified risks.

Records of any accidents or other incidents involving people's safety were recorded and managed appropriately. We inspected these records and saw that where staff had identified concerns they had taken appropriate action to address them so as to minimise the reoccurrence of risks. Where one person who wanted to assist with cooking and risks had been identified with this activity, we saw that a lower kitchen

surface had been installed to reduce the risks. Appropriate guidance for staff was also provided so as to help ensure the safety of the person concerned. Generally we saw that appropriate actions were taken by staff to address any risks identified where an accident and incident had happened previously.

Among the records we inspected we saw there were arrangements in place to deal with foreseeable emergencies such as for fire. People had detailed individual personal evacuation plans in place which detailed the support they required to evacuate the building in the event of a fire. Staff we spoke with knew what to do in the event of a fire and who to contact. We saw from the records that regular fire alarm tests and evacuation drills were conducted.

Together with the registered manager we inspected the premises and we found it was very clean and all the facilities and equipment were properly maintained. All the relatives we spoke with commented on how clean the home was. One relative said, "We visit every week or fortnight and the people always look clean and well cared for, so does the home and their rooms." We saw that other checks were also in place to ensure people's safety in the premises and for equipment they used. Certificated evidence that showed equipment was routinely serviced and maintenance checks were carried out. Hoists, gas appliances, electrical appliances, legionella testing and fire equipment tests and maintenance were routinely maintained and serviced.

We inspected the staff rotas that were in place and our observations during the inspection confirmed that staffing levels were adequate to meet the needs of people living in the home. Relatives and staff told us they felt the staffing levels were good.

Safe and effective recruitment practices were in place that helped to ensure staff deemed as suitable to work with people who used the service by the provider were employed in the home. Appropriate recruitment checks were undertaken and these included criminal records checks, interview notes, completed application forms where gaps in employment were explored, and two references from previous employers. This process helped to assess the person's suitability to work with people who used the service and to ensure people were supported by appropriate staff.

As part of this inspection we looked at the procedures carried out by staff to help to ensure medicines were managed and administered safely to people. We observed a member of staff administering medicines correctly and safely to people. They described appropriately the process to be followed as set out in the home's policies and procedures. Other staff told us they had received training for this and they also said there was a monthly audit of the processes involved with administering medicines to people. We looked at medicine training, competency and supervision records for staff. These confirmed what staff had told us and showed they had received training on a regular basis.

The manager and staff told us they used a new medicines administration system for administering people's medicines safely. We saw this in use when we observed staff administering medicines for people. The use of this system had helped to minimise administration errors as people's medicines including liquids were all pre-measured and stored in individual dosage systems. These were labelled with the date and time that the dose should be given and were colour coded to ease identification. We looked at people's medicines administration records (MAR) which listed their medicines and doses along with space for staff to record when medicines had been given. This had all been completed as required. We also carried out a stock take check and the recorded level of medicines matched the stored stock of medicines. Each person had a medicines profile that included their photograph and known allergies were also recorded on MAR's to ensure safe administration.

Medicines were stored and kept safely in a temperature controlled room. Each person living in the home had their own secure medicines cabinet in this room. Staff told us medicines which needed to be refrigerated were stored appropriately in a medicines refrigerator. We noted all medicines within the refrigerator were in date and stored correctly. We found daily recordings of the room and the refrigerator's temperature had been taken and logged by staff to ensure medicines were fit for use and stored as required.

Is the service effective?

Our findings

At this inspection we saw that people received care that was effective and met their complex needs. One relative we spoke with said, "Most of the staff have been there a few years and they know people really well. In spite of people's difficulties in communicating, staff know what they want and what to do for them." Another relative said, "The staff are amazing they know the people there so well and that's not always easy at all." We observed that staff were confident and clear about their roles and responsibilities. Staff told us they worked as a team to support people and achieve the best possible outcomes for people in their care. We observed that staff asked people about their preferences and obtained their consent before helping to support them. Staff confirmed that they felt it was important to know people well in order to ascertain what they wanted and how they liked things to be done. We could see staff knew people very well and were able to assist them effectively. We also saw that written consent for different things such as consent to administer medicines had been obtained and had been recorded in their care plan. Staff understood their roles and responsibilities in ensuring that people had consented to their care and support.

We saw that all new staff completed an induction programme when they started work at 21 Budge Lane. The manager and staff told us that mandatory training was also provided in a range of subjects designed to help staff perform their roles safely and effectively. This included training in areas such as moving and handling, food hygiene and safeguarding adults. Staff told us they felt the training was appropriate and gave them the skills required to enable them to carry out their roles effectively. We saw computerised records for all staff training that included when refresher updates were due.

We saw that staff had not received regular supervision over the year prior to the new manager taking up their post. The manager told us they had identified this as a priority need and had already started the supervision of staff with a programme in place to ensure all staff were supervised in the next two months. We saw evidence in the form of supervision notes for supervisions carried out in the last three weeks and the new supervision schedule for all staff over the next two months. It was clear that the manager recognised the need for the regular and structured supervision of staff and had addressed the need.

There was evidence that regular team meetings were held and also annual staff appraisals. This provided an opportunity to review and discuss any identified areas for training or anything relevant to their work and personal development. Staff confirmed with us they had supervision with the new manager. They said they could speak with him and the deputy manager whenever they needed support. We saw the annual appraisal meetings were used as an opportunity to evaluate the staff member's performance and to identify any areas where they needed additional support.

When we spoke with the manager they showed they had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 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 it is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. The manager told us that only one of the people living in the home had capacity to make decisions about their own care and treatment. For this reason, all but one of the people had been referred to the local authority under DoLS and authorisations were in place to deprive them of their liberty. We saw the applications that were made to the local authority and their subsequent consent.

Staff told us if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives (if appropriate) and any health professionals such as the GP to ensure appropriate capacity assessments were undertaken. Relatives told us they worked with staff in the way described above.

Staff told us they planned the menus with people who lived at 21, Budge Lane. Staff did the cooking and demonstrated that they were knowledgeable about people's nutritional needs and preferences. Information was available in the kitchen showing the dietary needs and likes and dislikes of people. We saw that all information relating to food was supported by pictorials to help people with making choices and also to support those who had limited verbal communication skills. People were weighed each month. We saw from our inspection of the care records that peoples' weight was regularly monitored. The manager said this was to ensure people maintained a safe and appropriate weight. If anybody's needs changed, for example, if someone experienced significant weight loss, people were referred to relevant professionals for advice and support.

People were supported to access and attend healthcare appointments with professionals such as GP's, dentists and opticians to help maintain good health and wellbeing. We saw each person had their health care records that detailed their health related appointments. These were completed by the person's keyworker and ensured there was a concise and effective record of people`s health history.

Is the service caring?

Our findings

At our inspection of 21, Budge Lane we observed people were supported by staff who were kind and caring to them. One person was able to tell us, "This is my home and I like living here, the staff are kind to me." Relatives we spoke with re-iterated the same message, one relative said, "The staff are very kind and caring to them." Another relative said, "I have no concerns about their care, it is excellent, staff are so caring, it's wonderful to see." We saw that staff interacted positively with people they supported and people looked comfortable with staff. Staff helped and supported people in a way that maintained their dignity and respected their privacy. We saw staff were caring and sensitive in their approach to people and they offered reassurance to people to help them achieve their best with what they were trying to do. We saw that there was a good level of trust between the staff and people. Relatives talked to us about the trust that existed between their family member and staff, commenting on how this had helped their family member do more for themselves because their confidence and self-belief had improved.

From our observations at this inspection we saw that staff knew people well and interacted positively with people living in the home. We noticed how well staff were able to interpret people's non-verbal expressions correctly and clearly to the satisfaction of the people concerned who smiled broadly in response. When we spoke with staff about people's care needs they spoke kindly and compassionately about people. One member of staff told us, "I truly love my job, I have worked here for several years. I know all the people well and they know me." Another member of staff said, "It's like a big happy family here, the people seem to be happy and so are we (the staff)."

All the people living at 21 Budge Lane had lived there for more than five years and staff told us this had helped them to understand people's needs better because there was continuity and consistency of both the staff and resident group. This meant that people had their needs met continuously by staff who knew them well.

Care records contained information about people's backgrounds and staff told us this was important in understanding people's lives and what their care pathway had been before coming to live at the home. Staff told us that this information helped them to understand people better and helped them form positive relationships.

We saw that people's bedrooms were personalised and reflected their individual preferences. For example one person who liked listening to music had their room decorated with a variety of items of memorabilia such as posters of pop musicians. The person was very proud to show us their treasured items and was clearly very happy with the support staff provided them. Generally we saw staff communicated with people in their preferred manner and provided explanations so that where possible people were encouraged and able to express their views. We saw that staff respected the people they were supporting and maintained their dignity. We observed staff respecting people's privacy; they were discreet when offering personal assistance and maintained confidentiality.

Relatives we spoke with told us they were encouraged to visit their family members and spoke to us of

events they all enjoyed such as at Christmas and BBQs in the summer. Relatives told us they observed how staff treated people with dignity and respect and they expressed their gratitude for the peace of mind this gave them about the care of their family members.

Is the service responsive?

Our findings

From our review of people's care files, our discussions with relatives and from our observations of people interacting with staff in the home we judged that the care delivered was responsive to and met people's needs.

Each person had a care file with a person centred care plan. Where people were unable to contribute to their care plan, their relatives were involved. Relatives we spoke with confirmed this. Care planning included detailed risk assessments where people required support in managing identified risks in their daily lives.

We saw that all of this information from the needs and risk assessments was used to formulate the person centred care plans. These plans gave details of the support people needed in relation to their personal and health care needs. Appropriate information provided good guidance for staff on how to deliver the right kind of care and support. The person centred plans also gave guidance on all aspects of individual needs. These were written in the first person and included people's wishes and preferences. They were detailed and easy to follow. Plans were also in 'easy read' formats. The plans explained how people liked things done, what kind of personal care they preferred and how to support people who might sometimes find managing their emotions and behaviour a problem. Some people had specific behavioural plans in place. These had been written with the support of other professionals and their relatives.

We saw that care plans were reviewed monthly with all the relevant people and updated as necessary.

The person centred plans also looked at cultural, spiritual, and social needs. One person went regularly to church and staff told us they made sure that they were supported so they could attend church. Other people enjoyed going swimming and going to "tea dances" at a local social club where they also enjoyed the opportunity to socialise with members of the community. People also attended clubs and entertainments which were specially organised for people with learning disabilities.

Each person had a weekly activities planner. We saw evidence of a variety of different activities that had been provided in the home that included a visiting theatre group and music and movement sessions. On the basis of the evidence we saw we judged the activities on offer were suitable and varied and that people in the home were part of the local community.

We saw evidence of an appropriate complaints procedure that was well advertised in communal places in the home such as in the main entrance hall and in the office. Relatives we spoke with were well aware of how to make a complaint if they needed to do so. None of the people we spoke with said they had needed to make a complaint. The manager told us if any complaints were made they would be reviewed to see what actions were required to prevent further similar occurrences.

Is the service well-led?

Our findings

At this inspection there was a new manager who had been in post for three weeks. From the written evidence we saw that he had applied to the Care Quality Commission to become a registered manager.

Not all the people in the service were able to express themselves verbally but we could see by their body language and their other non-verbal responses that they all responded well to the new manager and to the staff. We observed staff interacting with people in a friendly and relaxed way.

Relatives of people spoke positively about the managers past and present at 21, Budge Lane. One person said, "The new manager seems so enthusiastic about his work with people and developing the service for them." Another person said, "The management have been good at the home and always make us feel welcome as well as fully involving us with the care of [our family member]."

We spoke with staff who told us that the manager was a "breath of fresh air" and a "good listener". We saw that the manager promoted an open culture in the service where both the people in the home and the staff group were consulted and treated with respect. Staff were evidently involved in decision making in the service. People who lived in the home were offered a range of choices and staff monitored their responses so that their wishes were understood.

Staff told us that they enjoyed their jobs and they evidently took pride in their work. One member of staff told us they felt that the manager had brought a new energy to the home and had already started to help them with their personal development by implementing the new supervision format we saw was in place. Other members of staff said the manager was enthusiastic about developing the home so that the best service could be provided for people living there. In our conversations with staff they talked about the strengths of people who used the service and they told us how they supported them so they could both express their wishes and preferences and achieve the kind of life they wanted.

The manager told us about the systems in place used to monitor the quality of care being delivered to people in the home and we saw evidence of these systems in place. We noted there were auditing systems in place. We were told that the audits were carried out by Walsingham's regional managers and we saw evidence that showed they followed the domains used by CQC to ensure the service was safe, effective, caring, responsive and well-led.

Evidence of internal quality audits we saw showed they were completed monthly and covered care plans, finances, medication, and health and safety. All the audit reports that we saw indicated positive results about practices in the home. An example of this was the internal audit to do with the safe administration to people of their medicines. Medicines records were checked for appropriate completion; stocks of medicines were also checked and the competency of staff who gave medicines to people was also assessed so as to ensure people received their medicines safely and appropriately.

We asked the manager if people who used the service, relatives and other professionals were asked for their opinions. We were told that a feedback survey was planned to go out this spring. The last survey had

resulted in very few feedback returns that did not provide sufficient useful information to assist with an analysis of the quality and the development of the service.

We saw minutes of team meetings where the previous registered manager had helped staff to reflect on their own practice and had encouraged the team to question how they approached any barriers to change. Staff told us that they were able to challenge decisions and make suggestions about service developments for people. The effect of this, they said, had increased innovative thinking about how they could support people to engage in new activities and increase their independence.