

Walsingham Support

Walsingham Support - North Yorkshire

Inspection report

Falsgrave Community Resource Centre Unit 2 & 3
Seamer Road
Scarborough
YO12 4DJ

Website: www.walsingham.com

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Walsingham Support - North Yorkshire provides personal care to people living in their own home.

Not everyone using Walsingham Support - North Yorkshire receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection there were twelve people receiving a service, two of whom were supported with personal care.

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service did support this practice.

The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider had ensured they were applied.

People's experience of using this service: The outcomes for people using the service reflected the principles and values of Registering the Right Support. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People and their relatives told us they were happy with the service provided. Staff understood the importance of providing person-centred care and had developed positive relationships with people.

People received support where this was required, and staff encouraged their independence to live fulfilled lives free from unnecessary restriction.

Staff had received training and clear guidance was followed to keep people safe from avoidable abuse.

Where people had been assessed as at risk from any activity, support plans provided guidance for staff to provide safe care and support.

Medicines were managed and administered safely. People told us, and records confirmed people had received their medicines as prescribed.

People's records were detailed, person centred and evaluated consistently. Where agreed outcomes were not achieved, amendments were made with people's input.

Records confirmed people's input and where they were unable to consent the provider followed appropriate legislation to make sure any decisions were in the persons best interest.

Staff received appropriate induction, training, and support and applied learning effectively in line with best practice. This led to good outcomes for people and supported a good quality of life.

The registered manager and their deputy were passionate and creative about providing a service that was based around the needs of the individual person. Responsive to any concerns we raised during the inspection.

People and their relatives told us they were confident if they had any complaints the registered manager would address them appropriately.

The provider completed oversight of the service to ensure quality assurance remained a priority and was effective in maintaining standards and driving improvements.

Rating at last inspection: This service was registered with us on 20/05/2018 and this is the first inspection.

Why we inspected: This was a planned inspection based on the date of registration.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Walsingham Support - North Yorkshire

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 planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector.

Service and service type: This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. The service had a manager registered with the Care Quality Commission. This means that they and the provider are 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 visit because it is small, and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did: We reviewed information we had received about the service from the provider since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We visited and spoke with one person and a relative who used the service in their own home. We spoke with one relative and two staff members over the phone and with the head of operations and development, the registered manager, and the assistant manager when we visited the office. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service,

including policies and procedures, were reviewed.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People told us the service was safe. Comments included, "Staff help me to stay safe. They are good at supporting me. I have a care plan with information about any risks they need to know about."
- Staff had completed training in safeguarding adults and had a good understanding the types of abuse to look out for and how to escalate any concerns for further investigation.
- The provider had a safeguarding policy in place. Where safeguarding concerns had been raised, detailed records confirmed thorough investigations had been completed. One staff member told us, "If we have any concerns we report them, they are investigated, actions are implemented, and we discuss outcomes as part of staff learning."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- The registered manager had a robust process in place to monitor and respond to risks including those associated with people's physical health needs and risks present in their home environment.
- People's care plans contained individual risk assessments that provided staff with clear guidance about how to reduce and manage risks to people. One relative told us that the initial risk assessments were 'not great' so they had worked with the provider to ensure information was updated and available to support a safe service.
- Each person's care plan contained information about how to support them to leave their home safely. For example, in case of a fire.
- Staff were provided with torches and small first aid packs and were encouraged to participate in self-defence classes in support of their lone working.
- Accidents and incidents were recorded and dealt with appropriately. There were systems for analysing incidents and identifying any trends to help the provider prevent them from happening again.

Staffing and recruitment.

- Appropriate recruitment procedure was followed and recorded to mitigate potential risks of employing unsuitable staff.
- We observed enough numbers of staff on duty to support people safely. Staff said there were enough staff to meet people's needs safely and they did not feel rushed or under pressure.
- Staffing and calls were adjusted to fit in with people's requirements. For example, to support people to attend events, appointments and activities.

Using medicines safely.

- Medicines systems were organised, and records confirmed people were receiving their medicines when they should. People told us they received their medicines on time and as prescribed.

- Staff who administered medicines had undertaken appropriate training and had access to information about medicines at the point of administration.
- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines in people's own homes.

Preventing and controlling infection.

- The provider had policies and procedures in place to control and prevent the spread of infections.
- Staff had access to gloves and aprons and had completed training in infection control.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

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 with appropriate legal authority. Where people are deprived of their liberty in their own homes' applications must be made directly to the Court of Protection.

- We checked and found the provider was working within the principles of the MCA.
- Staff had a working knowledge of the MCA and understood where people had been assessed as having a lack of capacity to make larger decisions, the importance of supporting them to make other day to day decisions and choices.
- The provider was improving record keeping ensuring where any decisions had to be made in people's best interest they were clearly recorded, with signed input from those with the associated knowledge and expertise.
- Staff told us people did not pose challenging behaviour and they did not use any form of restraint or restrictive practices.
- People's assessments were detailed. Information was regularly reviewed which ensured it remained up to date.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported them to have a good quality of life.
- The staff team were committed to ensuring people's diverse needs were met. Staff had received training to ensure their knowledge in supporting people with regards to equality and diversity remained up to date.

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

- Where assessed, people received support to maintain a healthy diet and fluid intake.
- People at risk of poor nutrition and dehydration were monitored regularly to ensure their needs continued to be met.
- Staff were knowledgeable about people's individual dietary needs and preferences.

Staff support: induction, training, skills and experience.

- New staff completed a thorough and in-depth induction programme. Additional, ongoing training was provided to equip staff with the necessary skills and experience to be effective in their roles.
- Staff received regular supervision and annual appraisals. They told us they felt well supported by the management team who were responsive to their feedback.

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

- Where people required support from other health professionals this was actioned without delay. Staff arranged for one person to have a visit to a dentist and to meet with dental staff. This reduced their anxiety prior to receiving treatment.
- Staff followed the recommendations of healthcare professionals to provide effective care. A relative told us, "The service works well with social services and include other health professionals where reviews are required."
- Staff communicated changes in people's needs effectively and worked together to provide consistent care and treatment.

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.

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; Respecting and promoting people's privacy, dignity and independence.

- People received a service from staff who were friendly and polite. It was clear there were positive interactions between staff and people which showed positive relationships had been developed.
- People and their relatives told us staff were caring. A relative told us, "[Person's name] has been very well supported to socialise and enjoy the community they live in. The staff are very good at what they do, and nothing is too much trouble. I can't fault it."
- People had been consulted with and their wishes and preferences had been recorded. Staff used this information to care and support people the way they liked.
- Staff were polite and showed empathy to people's needs.
- Our discussions confirmed staff understood the importance of treating people with dignity. One person said, "Staff help me to put cream on my skin but only on my back; staff encourage me to do what I can; they are respectful."
- People were encouraged to retain their independence and staff confirmed they only assisted people where this was required.

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

- Staff communicated clearly with people and respected people's individuals' views, choices and decisions.
- People and relatives told us, and care records confirmed they were involved in writing and reviewing care plans.
- People had access to advocates where this was required. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.
- People had choice and were encouraged to be involved in the selection of their care worker.
- Staff completed a personal profile which recorded information about their personalities and interests. People's compatibility with staff had helped to improve their lives.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care plans recorded people's input and provided staff with information to support them with their choices and preferences.
- The provider checked people's goals were being met with corrective actions and amendments implemented where this was not apparent.
- Life histories were recorded in detail to support staff to provide non-discriminatory care and support to people.
- Where people had any religious preferences, the provider told us they were supported to follow their faith.
- People were supported to enjoy their interests, hobbies and attend a variety of events and activities in their local communities. One person had been supported to fulfil a dream by writing a production including choreography which was due to be performed at a local theatre.
- Where people had been assessed they were free to go out unsupervised. One person told us, "I have a bus pass; I use it to go into town."
- People were encouraged and supported to maintain meaningful relationships. The service included input from, and referrals to other health professionals to further support this.
- The service identified people's information and communication needs by assessing them and this was recorded for staff to follow in care plans. Staff understood the Accessible Information Standard.

Improving care quality in response to complaints or concerns.

- A policy and procedure was available with guidance on making a complaint.
- Staff understood the importance of supporting people to raise any concerns and these were taken seriously. A staff member said, "Feedback of any kind is important, so we can improve the service we provide."
- People and relatives knew how to give feedback about their care and felt confident their concerns would be taken seriously. One person said, "I would go into the office if I wasn't happy or [Relative's name] will ring up. We have the number and there is always someone we can speak with."

End of life care and support

- People's end of life care preferences were discussed. Where people agreed, information was recorded. This helped to ensure people would receive dignified, comfortable and pain free care to support and maintain their cultural and spiritual requirements.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- Management of the service was open, honest, caring and focused on delivering a high standard of care and support. Staff spoke passionately about delivering individualised care and provided people with flexible support to help achieve this.
- The registered manager empowered staff at all levels to take responsibility and work together to achieve good outcomes for people.
- People, relatives and staff told us the management team were approachable and open to feedback. Comments included, "I often go into the office; I can use a computer there or talk to the staff" and "We receive calls from the office to ask us how things are going. Communication and support is very good."

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

- The registered manager continuously sought to expand their knowledge of best practise and put this into action. External service reviews had been completed to help maintain compliance with regulation and to drive forward improvements.
- The roles and responsibilities of management and staff were clearly defined and understood by people who used the service.
- There were auditing systems in place to support continuous improvements within the service. Where any performance issues or risks were identified, they were investigated, and actions taken to ensure issues were addressed and resolved.
- Systems and process were in place to oversee the service and governance systems drove improvements. This enabled the provider to collate information to show how the service was performing.
- Staff took their roles seriously and raised any concerns they had with the registered manager

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

- The provider had an 'Inclusive Communication Policy'. Staff were encouraged to contribute their feedback and input to the content to ensure it provided good guidance; following best practice to ensure people's communications needs were met.
- The provider was clear about making any adaptations necessary to ensure everybody was supported equally regardless of their needs or preferences. This was inclusive of everybody including staff. For example, care records were provided in green 'comic sans' text; which was a preferred accessible format for staff with dyslexia.

- Staff worked closely with other health professionals where people required expert advice and intervention. Examples included, GP's, district nurses and psychiatrists.
- The service had developed strong links with the local community. An example included staff from the service providing support to a local theatre to create a service for over 25's which would include people working together to create a new inclusive theatre group.
- The provider sought the views of staff, people and their relatives to continuously improve the service.