Walsingham

Walsingham - Supported Living and Community and Home Support Services

Inspection report

34 Maldon Rd
Wallington, SM6 8BX
Tel: 020 8669 5080
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

Overall summary

This unannounced inspection took place on 28 April 2015. Although this service has been in existence for many years it has been re-registered on 13 August 2014 to the current provider, Walsingham Supported Living and Community and Home Support Service. This is the first inspection under the new registration.

Walsingham- Supported Living and Community and Home Support Services provide personal care, support and assistance to people with a physical and learning disability living in their own flats and homes. 34 Maldon Road is a supported living scheme where people have tenancy agreements for their accommodation. There were three people living at Maldon Road, which is divided

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into four self-contained flats, based on two floors, with lift and stair access. There is a shared garden and office space at the house. In addition, the service also provides care and support to two people living in their own homes within the community.

The service had a registered manager at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 at the supported living accommodation were not always able to verbally communicate their needs. Staff used assistive technology such as telecare and fall mats to alert them when a person may have fallen or had a seizure. All these measures helped to ensure that people were kept safe. Healthcare professionals we spoke with were happy with the systems that had been put in place at Maldon Road to keep people safe.

Staff had received training to ensure the safety of the people they supported. Staff were able to describe what abuse and keeping people safe meant to them and the people they worked with. The registered manager told us that concerns or safeguarding incidents were reported and we saw documented evidence to confirm this.

People had individual risk assessments and risk management plans in their care files. Action plans were in place to help minimise the risks faced by people. These measures helped to ensure that people were kept safe while giving them the freedom to do what they liked doing.

The provider had arrangements for health and safety checks on the flats people lived in. These checks ensured people using the service were living in a safe and maintained environment. The provider had systems in place for the investigation and monitoring of incidents and accidents. Staff would monitor any actions implemented to reduce the risk of the incident or accident reoccurring.

We saw that safe recruitment processes had been carried out before staff started to work with people. There were enough staff employed to meet people's needs. People's medicines and medicines administration records (MAR) were kept securely and monthly monitoring checks helped to ensure the safe administration of medicines to people in their homes.

People were cared for by staff who had appropriate support and training to do their job. The provider had identified a range of mandatory training courses for staff including safeguarding adults, awareness of the Mental Capacity Act 2005 (MCA), the safe administration of medicines, health and safety and food hygiene. Staff had supervision sessions with the registered manager every six to eight weeks and felt supported by the registered manager.

Although many of the people using the service were unable to verbalise their consent, it was clear from speaking with staff that people were actively involved in making decisions about their care and support needs whenever they could. Staff had a good understanding of how and why consent must be sought and what to do if they felt people were not able to make decisions. The provider had policies and procedures which provided staff with clear guidance about their duties in relation to the MCA and consent.

We saw the dietary requirements for each person using the service were detailed and staff responded to people's individual dietary needs. Staff had developed menus which were based on people's favourite meals. People were encouraged to help with the preparation of meals and tidying up afterwards.

People had access to healthcare professionals when they required this. Records showed that people could visit their GP at any time, and that other healthcare professionals were available when required. People had annual health checks and staff understood the importance for people to maintain good health and supported people with this.

Not all people were able to tell us if they were happy with the care they were receiving but we could see from our observations that they appeared happy and were comfortable with staff. We saw staff treated people with kindness and compassion and were enthusiastic in delivering the support people needed.

We saw that people's support plans were comprehensive and focussed on who the person was, this helped staff to have a better understanding of the people they were

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caring for. People using the service had regular reviews of their care and support plan. Whenever possible people were encouraged to make decisions. If a person needed additional support to make decisions they had access to advocacy services and social workers who could help them.

We saw that people privacy and dignity was maintained by staff.

The provider carried out an initial assessment of peoples support needs to check the person's care and support needs could be provided by the service. People lived in individual self-contained flats. Staff said this could make people isolated and could have an effect on their behaviour. The registered manager in response to people's changing needs has appointed an activities co-ordinator to find out what activities were available in the community, so that if people wanted to they could be supported to join in with events.

Support plans and risk assessments were reviewed annually or sooner if needed. Additional information from other people involved in people's care was also included.

There was a day to day breakdown of how a person liked to spend their time and how staff could help the person achieve this. This helped to ensure that people's needs were met and changes made when necessary.

The provider had a complaints policy and procedure. The forms used by people wishing to make a complaint were in an easy to read format to help people understand the process.

The service was well-managed. The service had a registered manager in place who was aware of all aspects of the service including the support needs of all the people using the service. The registered manager encouraged a positive and open culture by being supportive to staff and by making themselves approachable.

Systems were in place to monitor and improve the quality of the service, such as annual satisfaction surveys. The manager attended local and national forums to ensure they kept up to date with any changes that may affect the support they offered to people.

Summary of findings

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. Safeguarding procedures were appropriate and staff understood these and how to safeguard the people they supported.

Risks to people were assessed and well managed. Peoples care plans provided clear information for staff about how to manage identified risks.

The service had suitable systems in place for the investigation and monitoring of incidents and accidents. These helped to keep people safe.

Recruitment practice was safe and thorough. The registered manager ensured there were appropriate staffing levels to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective. Staff had the skills and knowledge to meet people's needs and they received regular training to undertake their roles and responsibilities.

Staff received regular supervision and annual appraisals to ensure they were providing appropriate and effective support to people using the service.

Staff were aware of the requirements of the Mental Capacity Act 2005, and how restrictions could impact on the people they worked with.

People were supported to consider healthy options in food and drink and staff explained the reasons why this would help them maintain a healthy life style. Staff supported people to attend their regular healthcare appointments to help them stay well.

Is the service caring?

Good

The service was caring. Staff were caring in delivering the support people needed. Staff put people first when planning the care they received.

We saw that staff treated people with respect and dignity and were respectful of their privacy.

People were encouraged to be involved in making decisions about their care and the support they received.

Is the service responsive?

Good

The service was responsive. The support plans and risk assessments outlining people's care and support needs were detailed and reviewed annually or earlier if required which meant that information in them was sufficient in guiding staff to support them appropriately.

People had opportunities to share their views about how the service was run.

The service had a complaints policy and procedure which were provided in an easy read format. People were encouraged to speak up about any concerns by speaking to their key worker or through an advocate.

Summary of findings

Is the service well-led?

Good

The service was well-led. Staff were supported by the registered manager in fulfilling their roles and responsibilities.

There was open communication within the staff team and staff were encouraged to discuss any concerns with their manager.

Systems were in place to monitor the quality of the service such as annual satisfaction surveys and monthly audits by the provider.

Walsingham - Supported Living and Community and Home Support Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 April 2015 and was unannounced. We visited the house at Maldon Road, where three people lived and the main office was based. It was carried out by one inspector. Before the inspection, we reviewed information we had about the service such as notifications the service were required to send to the Care Quality Commission (CQC).

During this inspection we spoke with three people living at the supported living scheme, two care staff, the registered manager and the area quality assurance manager. After the inspection we communicated via e-mail with people's care managers and healthcare professionals who also help to support them, to ask their opinions of the care people receive. We also spoke to one relative.

We looked at the care and medicines records for three people. We reviewed the training and staff supervision records for all staff and the personnel files for three staff employed by the service. We also looked at other records that related to how the service was managed.

Good

Is the service safe?

Our findings

People at the supported living scheme were not always able to verbally communicate with us, but we could see that people and staff got on well together and when asked if they liked living at Maldon Road and felt safe there, they smiled and indicated that they did. A family member for a person said, “My relative feels safe with the staff and loves them calling in.

Staff told us they had received all the training they needed to ensure the safety of the people who they supported. Staff were able to describe what abuse and keeping people safe meant to them and the people they worked with. They explain how they would respond to any concerns and who they would report any concerns to. There were policies and procedures available for staff to refer to, which set out how they should do this. Records showed that staff completed a safeguarding adults course every three years and had a shorter refresher course every year.

The registered manager told us that any concerns or safeguarding incidents were reported to the Care Quality Commission (CQC) and to the local authority safeguarding teams as part of keeping people safe. We saw documented evidence that showed the concerns had been reported as stated and that concerns had been followed up via local authority safeguarding meetings.

We saw people had individual risk assessments and risk management plans in their care files. These had been developed with staff and where possible with the individual person. The local authority care managers and healthcare professionals involved in the person’s care and well-being were also involved. An example of this was where a person did not have an awareness of danger when out in the community, such as traffic or crossing roads. Care plans showed what the dangers were, who they could affect, the measures to put in place to avoid accidents, such as visiting parks and enclosed open spaces and the reactive strategies to take should an accident occur. Risk assessments also covered a range of daily activities and other risks to individuals. Action plans were in place for staff to follow to help minimise the risks faced by people. These measures helped to ensure that people were kept safe while giving them the freedom to do what they liked doing.

As part of peoples risk management plans the behaviour specialist was currently working with staff to create a communication profile that will help facilitate clearer understanding of peoples behaviours to enable the staff to respond appropriately to people’s needs.

A professional told us about the assistive technology in use in people’s flats such as telecare, this alerts staff that the person may have fallen or had a seizure. All these measures helped to ensure that people were kept safe. The provider carried out health and safety risk assessments on the flats people live in in terms of the environment where care and support were provided. These checks ensured people using the service and staff supporting them were living and working in a safe and maintained environment.

The service had systems in place for the investigation and monitoring of incidents and accidents. Staff would inform the registered manager and complete a record with the details of the accident or incident, and the form was added to a person’s file. Where necessary the manager would investigate and an action plan would be developed . Staff would continue to monitor any actions implemented to reduce the risk of the incident or accident reoccurring and ensure the person’s support needs were appropriately met.

We looked at three staff files and saw appropriate recruitment processes had been carried out. Files contained a range of checks including a completed application form, two references and a copy of a criminal records check. This showed that the provider had taken appropriate steps to protect people from the risks of being cared for by unfit or unsuitable staff.

People’s medicines and medicines administration records (MAR) were kept securely in their own flats. Staff told us they received training in order to assist people to take their medicines safely and had an annual medicines competency test. We looked at three MAR charts and saw these had been completed correctly. The register manager told us they undertook a monthly audit of MAR charts held in people’s flats to check staff administered medicines as prescribed, and we saw evidence of this. The training of staff and the monitoring checks help to ensure the safe administration of medicines to people in their homes.

Good

Is the service effective?

Our findings

People were cared for by staff who had appropriate support and training to do their job. Staff told us they felt supported by the registered manager and had received appropriate training to carry out their roles.

The provider had identified a range of mandatory training courses for staff and systems were in place to identify when staff required training updates. Additional training specific to a person's individual health needs was also available to provide staff with the necessary knowledge to support them. Staff said the recent training in manual handling and first aid had helped them to do their work effectively with people who needed their support.

Staff had supervision sessions with the registered manager every six to eight weeks. The registered manager said if the need arose then this could be provided earlier and as required. We saw minutes of staff supervision sessions and staff told us they received notes of their supervision sessions signed and dated so they were aware of any actions they had to take.

The service had been registered for less than a year but dates were in place for all staff to receive an annual appraisal and we could see that these had been on-going during April 2015. We saw copies of the appraisal process which included any identified training needs and discussions about staff support needs. This meant that appraisal processes were effective in supporting staff. We saw copies of the team meeting minutes, held in April 2015. This showed that staff were supported in a variety of ways.

Staff we spoke with encouraged people's full involvement in their day to day living decisions. Staff asked people for their consent, taking the time to explain issues and to wait for a reply. It was clear from speaking with people and the staff that they were actively involved in making decisions about their care and support needs where ever they could.

Staff had a good understanding of what to do if they felt people were not able to make decisions about specific aspects of their care and support. Where this was the case, staff, relatives, local authority care managers or appointees and healthcare professionals had discussed the issues and recorded the decisions where these had been made in people's best interests.

The registered manager said that people's capacity to decide on important decisions was discussed at a person's care planning meeting so everybody was aware of the person's ability to decide on what was in their best interests. The service had up to date policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and consent. Training records showed staff had attended training on the MCA.

We saw the dietary requirements for each person using the service were detailed in their support plans. We spoke with staff about how they responded to people's individual dietary needs. One staff member told us they had developed menus which were based on people's favourite meals. Staff said they balanced this with providing a healthy and nutritious diet but ultimately the choice of what to eat was the person's. Staff were able to contact appropriate healthcare professionals when they felt that a review of a person nutrition needs was required. People were encouraged to help with the preparation of meals and tidying up afterwards which meant that they could be fully involved in meeting their nutrition needs.

People had access to healthcare professionals when they required this. Records showed that staff supported people to access the GP, speech and language team who supported staff and people with better communication strategies, such as pictorial references to enable a person to communicate their choices.

Also the behavioural therapist, occupational therapists, physiotherapist and dysphasia specialists (Dysphasia is a language problem caused by damage to the communication centres of the brain) when required.

Staff were aware and proactive in any changes in a person's health and would report these to the GP for treatment or take a person to hospital should they feel the need for urgent medical attention that could not be met by a visit to the GP. These actions helped to keep people healthy.

Good

Is the service caring?

Our findings

In a recent survey one comment from a person using the service was “You do look after me and support me to do what I want.” But not all people were able to tell us if they were happy with the care they were receiving or with the staff who supported them. But we could see from our observations when we visited people in their flats that they appeared happy and were comfortable with staff. We saw staff treated people with kindness and compassion and were enthusiastic in delivering the support people needed. One staff member said, “It’s good to help and care about people, everyone needs a good life.”

We saw that people's support plans included information about their backgrounds. This helped staff to have a better understanding of the people they were caring for. People using the service had regular reviews of their care and support plans which helped to ensure they were receiving the care that met their current needs. Staff confirmed this and we saw evidence of this on people’s care files.

Whenever possible people were encouraged to make decisions about the care and support they received, and their daily lives. Staff used a variety of communications methods such as visual time tables, picture choice boards, the iPad, or using objects of reference to support people with making their own decisions. An example of this would be to show a person a pair of shoes to indicate going out. We saw that staff did use pictures and visual timetables and were exploring other methods of communication with people is order to keep them safe and mitigate risk to them while enabling them to have choices about how they were cared for.

Staff kept comprehensive daily notes about each person, including an overnight report, waking time, personal care, choosing their own clothes, activities and appointments and food and drink consumed. These daily notes gave staff a good insight into a person’s day and helped staff to deliver a person centred service.

We saw that people’s privacy and dignity was maintained by staff knocking at a person’s flat before entering. We heard staff calling out as they entered the flat so that the person would know who was coming in. People’s care plans detailed what staff should do if a person indicated they wanted private time to themselves and how staff could help them to do this and maintain their dignity.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

We saw and heard from staff that people's care needs were changing and these changes were sometimes difficult to manage in the current setting people lived in. People lived in individual self-contained flats and were supported by staff to be as sociable as possible. But people did not have the opportunity to independently socialise with other people. Staff and healthcare professional said this could lead to people being isolated and could have a detrimental effect on people's behaviour and lives. The manager told us where this was the case discussions had taken place between themselves and the commissioning authorities, so the placements of the people concerned were reviewed to find out whether the level of service was still suitable for their needs.

The registered manager in response to people's changing needs had appointed one member of staff to discover activities in the community suitable for people with learning and additional physical disabilities and to share this information with all staff. Staff could then discuss this with people individually and support a person to join in with events if they want to. This would help to improve people's quality of life and help to prevent isolation.

The registered manager told us the support plans and risk assessments were reviewed annually or sooner if any changes in the person's support were needed. The person using the service where possible was involved in the development and review of their support plan. Additional information from other people involved in the person's care was also included in the support plan for example relatives and social workers so these appropriately reflected people's needs and how these should be met..

We saw the support plans included information on the person's likes and dislikes, what a good and a bad day looked like, as well as comprehensive guidelines for providing care to them in an individual way. Information on what was important to them, such as their religious and cultural needs as well as their communication needs were included. There was a separate finance support plan, explaining the person's understanding of money and how to help a person manage their finances. There was also a day to day breakdown of how a person liked to spend their time and how staff could help the person achieve this; this included an individualised activity programme according to their preferences. This meant that staff had access to current information about a person so they could meet people's needs appropriately.

The manager showed us the provider's complaints policy and procedure. The forms used by people wishing to make a complaint were in an easy to read format to help people understand the process to complain. The registered manager told us they reviewed any complaints or concerns made and this information has provided them with the opportunity to improve the service appropriately.

Good

Is the service well-led?

Our findings

The service had a registered manager in place. During our inspection visit we saw that the registered manager was aware of all aspects of the service including the support needs of all the people using the service. Staff we spoke with told us they felt the service was well-managed. They said, “The manager is very approachable, they listen to you and rectify things that have gone wrong” and, “The manager has made a lot of difference here and all for the good.” The registered manager told us they encouraged a positive and open culture by being supportive to staff and by making themselves approachable with a clear sense of direction for the service. Staff we spoke with and healthcare professionals we emailed confirmed this.

Staff said the registered manager supported the team to consider ways they could provide people with better standards of care and support by encouraging them to discuss openly any issues that worried them or that may improve the service. This could be done at team meetings or during one to one supervision. We saw minutes of team meetings that confirmed this. The registered manager also had an information sharing file for staff to read, this contained information of interest, new methods of care, local updates or minutes of meetings. This meant that staff were kept up to date on any changes that may affect the service.

Systems were in place to monitor and improve the quality of the service. The provider Walsingham, conducted monthly reviews of the service, this included care plans, key worker records and reports medicines monitoring and accuracy and finance and petty cash records. The provider was looking for both positive and negative aspects of the service and these were reported back as an action plan. The actions would be looked at by the manager and staff team and signed off by the provider when actions had been completed..

Records showed the registered manager carried out an annual satisfaction survey sent to families and people who used the service. A new survey has recently been sent out but no returns had been received on the day of our visit.

The provider also carried out a staff survey and we saw the results which covered all staff in multiple registered locations, results were not broken down for this location alone. Nevertheless results we saw were generally positive for the support that staff received.

The registered manager told us of a number of other ways used to improve the service people received. For example they told us they attended a regular forum of other local providers, to gain an insight into local developments. They also attended a managers’ meeting organised by the provider, which offered an opportunity to share good practice and learn from others. The provider also had a management training programme and conferences were arranged to update managers on any national changes, such as the new CQC standards and regulations. All the above helped to ensure the manager was up to date with local and national changes that could benefit staff and people.