Walsingham Support

Walsingham Support - Lindisfarne

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection that took place on 19 January 2018 and we returned on 22 January to see two people who had not been in the home on 19 January 2018 and to give feedback. The service was rated as good at the last inspection in November 2015 and was not in breach of legislation.

Lindisfarne is a six bedroom bungalow situated in a residential area in the village of Frizington. It is within easy walking distance to village amenities. It can accommodate up to 6 people with a learning disability in single rooms. The home has suitable shared areas and an enclosed garden. People benefit from the home having its own transport. The home is operated by Walsingham who have other care homes in the area and throughout England.

Lindisfarne is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home accommodates 6 people in one specially designed and adapted building.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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

The home had a suitably experienced and qualified registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was aware of current good practice and deployed and managed staff and resources to the satisfaction of the registered provider.

People in the home were protected from potential harm and abuse because staff understood their responsibilities and had received suitable training in safeguarding matters. The house was safe and secure and the registered manager had ensured that maintenance and improvement were on-going and that there was a suitable emergency plan in place.

Everyone in the home had a risk assessment that covered their care needs and risks around activities. There were suitable risk assessments in place regarding the building and the grounds. Accidents and incidents were minimal and suitable risk management was in place to lessen or prevent any accidents.

Staffing levels met the assessed needs of people in the service. The registered manager kept people's care and support needs reviewed and changed staffing levels when necessary.

Staff were appropriately recruited and Walsingham had suitable human resources policies and procedures in place. The organisation had grievance procedures and a confidential 'whistleblowing' line that staff could use if necessary.

Medicines were suitably managed with staff receiving training and checks on competence. People had regular reviews of medication so that they received optimum medicines support.

Staff were trained in prevention of infection. They understood how to use personal protective equipment. Improvements had been made to the environment which would help prevent cross infection. The house was warm, comfortable, clean and fresh on both days we inspected. We noted that improvements had been made to bathrooms and toilets and that decoration and replacement of furniture and fittings was on-going.

Staff received good levels of support through supervision, appraisal and checks on their competence. We saw that new staff had a thorough induction and then received both formal and informal supervision. The registered manager and the deputy manager worked with staff and helped them to deliver good levels of care and support. Records showed that the staff team discussed best practice issues in supervision and in team meetings as well as informally during their shifts.

The registered manager had a good understanding of the Mental Capacity Act 2005 and staff had received training on these matters. We saw good evidence that appropriate steps were taken to help people who found decision making problematic. There had been no incidents where restraint had been used but staff had received suitable training on behaviours that challenge and how to manage them.

People received good quality food that was home cooked in the service. People also went out for meals. Staff were able to support people who had difficulties managing a normal diet and could contact dieticians and other health care professionals if necessary. Regular checks were done to ensure people were well hydrated.

Staff gave people support and guidance; pre-empted the needs of people and helped people to feel calm and relaxed in the house. This was done with patience, humour and sensitivity and at the pace people needed.

Each person in the home had a care plan and a health care plan. These were of a high standard with suitable details in place for staff to deliver all aspects of care and support. They had all been rewritten in a simple format that was easy to use and were accessible for people. Easy read formats were also in use.

We saw that these plans had helped people to meet some of their personal goals and that this meant that people went out and were involved in the community. We also saw that one person had been supported to develop their speech by using some new technology and by staff working with them. We also learned of a person who had been supported to manage their own personal care. We saw that health care needs had been addressed through care planning and 'best interest' reviews. We also noted that the team were aware of people's changing levels of needs and dependency and that plans were in place to support people as they grew older.

Staff encouraged people to be part of the day to day life of the house and, where possible, people were involved in shopping and cooking, tidying and cleaning the house. People went out to village clubs, church

and events. They also went further afield in the house (or their own) transport. People went on holiday and followed their own activities and hobbies.

We saw that in care planning and in the planning of activities the staff had thought deeply about the needs of people. This in itself posed challenges due to the complex needs that people were facing in their day to day life. We saw a number of examples where people had been supported to make considerable achievements. We also saw that the staff had wanted people to have experiences that they had never had before. We saw evidence of how much people had enjoyed the 'summer ball' and that this special event was to be repeated. Together these things we judged the service to be outstanding in responsive.

There had been no concerns or complaints about the service and people or their families had the right level of support and information to raise these if necessary.

We had evidence to show that good planning was in place if people had to go into hospital, were at end-of-life or if they had to move to a different service.

The registered provider had a suitable quality monitoring system and we saw evidence to show that this was in place. Senior officers of the organisation visited regularly to ensure that good standards were being met. We saw that improvements had been made due to the results of audits and questionnaires.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains good.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Outstanding ☆

The service was extremely responsive.

We judged that very detailed and creative assessment and care planning had allowed people to achieve more independent living skills.

People were helped to access health care support by challenging any discriminatory approaches they might face in the wider health and social care community.

People were supported to have meaningful activities that allowed them to have new and exciting opportunities.

Is the service well-led?

Good

The service remains good.

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Detailed findings

Background to this inspection

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

This inspection took place on 19 January 2018 and was unannounced. We returned on 22 January as an announced visit so that we could meet all five people in the home and to give feedback. The inspection was conducted by an adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service, such as statutory notifications we had received from the registered provider. A statutory notification is information about important events which the service is required to send us by law. We also gained information from social workers, health care practitioners and commissioners of care at a regular meeting we have with them. We planned the inspection using this information. We used a planning tool to collate all this evidence prior to visiting the home.

Over two days we met all five people who lived in Lindisfarne. We observed them in their own home and we engaged with them by spending time with them and by talking to them. People in the service were living with profound learning disabilities and not everyone used speech as their main form of communication. Everyone was still able to make their wishes known and most people responded to questions. After the visits we spoke with two relatives who visit the home on a regular basis.

We read all five care files. These included risk assessments, care and support plans, hospital passports, moving and handling plans and nutritional planning. We looked at daily notes and communication records

related to care delivery. We looked at records of food taken, nutritional planning and other charts that help staff record care delivery. We checked on the management of medicines.

Over the two days we met with the registered manager, her deputy, five support workers and the housekeeper. We read four staff files. These included information about recruitment, induction, training and development. We received information related to training delivered and to future training plans

We saw rosters, records relating to maintenance and to health and safety. We checked on food and fire safety records and we looked at some of the registered provider's policies and procedures. We saw records related to quality monitoring.

We walked around all areas of the home and checked on infection control measures, health and safety, catering and housekeeping arrangements.

Good

Is the service safe?

Our findings

When we last inspected the home in November 2015 we judged that the rating for 'safe' was good. We again judged at this visit that the home was rated as good for safe.

We spoke with a relative who said, "I feel [my relative] is really safe and well cared for. I have no worries about the treatment...staff treat people properly."

We met with staff on duty who understood their responsibilities in relation to safeguarding. They told us that they had training in safeguarding and that this was also discussed in supervision and in team meetings. This had been the focus for the last team away day. Staff were aware of how to contact senior management and outside agencies if necessary.

There were suitable risk assessments and risk management plans in place for every person. These documents referenced individual human rights and supported independence building after good risk assessment. There had been no notifiable accidents or incidents in the home.

We walked around the building and found it to be safe and secure. Good infection control measures were in place. We saw that bathrooms and toilets had been upgraded with wooden fixings being replaced with sheet vinyl to prevent the ingress of liquids. We also learned that everyone had all their bed linens changed daily as the team though this made the home fresh and helped people feel comfortable. We saw equipment being used appropriately. Staff had received suitable training in infection control, moving and handling and the use of equipment. The environment was as safe as possible.

This home has never had a call bell system. Instead some twenty years ago a 'listening system' had been installed. This had not been used for a long time because the team judged that listening to people in the privacy of their own room was a breach of their rights. The system was not operational. The registered manager was in discussion with the provider about ways to introduce new technology as necessary if people were becoming more dependent.

The service had a good contingency plan in place for any eventual emergency. The team had a good relationship with a local hotel where they went for meals out and this would be their place of safety. We saw evidence to show that fire instruction and drills were in place. The registered manager cited an improvement to fire evacuation as one of her 'lessons learnt'. After a drill and evacuation she realised that access to the car park needed to be changed and a new evacuation route was created.

We looked at rosters for the previous four weeks and we saw that there were always a minimum of two staff on duty by day and often more so that people could go out to activities. One member of staff slept in the home at night and this was kept under review to ensure people had suitable levels of support. Staff confirmed that people went to bed and stayed in bed. We had evidence to show that if people were unwell extra staff would be on duty by night or day.

We looked at recent recruitments and spoke to staff who confirmed that background checks were made prior to them having any contact with vulnerable people. Personnel records were stored securely on computer and we also saw some paper records remaining in the service. The registered provider had suitable disciplinary procedures in place and the registered manager had received training in managing disciplinary and competence issues with staff.

We checked on medicines kept in the service. These were stored securely and ordering, administration and disposal were managed appropriately. Staff ensured that they kept medicines under review and we saw records of medicine changes. Suitable monitoring of administration was in place with staff training and competence checks being undertaken. We saw people being given their medicines at a time and pace suited to their needs. The staff did not rely on sedative medicines and only used them on the advice of specialist consultants.

Good

Is the service effective?

Our findings

When we last inspected the home in November 2015 we judged that the rating for 'effective ' was good. We again judged at this visit that the home was rated as good for this outcome.

People were comfortable in the home and told us they liked "dinner" and "a nice cup of coffee".

We saw that the team looked at all aspects of a person's needs and preferences, without discriminating against them and without dismissing their potential for growth or change. A member of staff said, "We can all be supported to learn and to do new things...some of us take longer or manage less but everyone has potential." The team was not risk adverse but continually moved forward in terms of what was possible with individuals. Staff took advice from health and social care professionals and paid attention to any relevant legislation.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found that the authorisations were in place and that renewals were waiting approval by the local authority. Staff supported people in the least restrictive way possible to comply with the authorisations.

We observed staff asking people and giving them options about their lives. When people lacked capacity to make major decisions the team had consulted in 'best interest' reviews with social workers, other specialists and, where appropriate, family members. We saw a very good example of this where the staff and other professionals were supporting a person to have a surgical procedure.

We had evidence to show that staff had effective induction, supervision, appraisal and training. We saw this in records and in discussions with staff. We noted that this met people's needs by covering things like understanding learning disability, managing behaviours that challenge, safeguarding, moving and handling and health and safety. Staff also had specialist training when necessary. Staff said they preferred face to face training but also completed e-learning. They said that they enjoyed team meetings and away days. Some staff also attended 'best practice' groups where they could learn more about the topics (such as nutrition or medicines management) they were 'champion' for.

We looked at menus, nutritional plans, risk assessments and weight records for people in the home. We also went into the kitchen and saw that the team had been improving the way they cooked with almost all meals

now being made 'from scratch'. People ate well at lunchtime and enjoyed the food given. The advice of dieticians and other professionals was followed appropriately. We saw that some people needed support because of swallowing difficulties and the guidance for this was clearly written and followed appropriately. The staff team kept a running record of liquids taken every day so that no one became dehydrated.

The local GP surgery was very near to the home and the staff had good support from the doctors and nurses there. People visited the doctor or had home visits. Some people had support from learning disability nurses and psychiatrists. Other people had been discharged from their care as it was not felt necessary for further specialist intervention. This showed how well the team met people's needs. People saw chiropodists, dentist and other specialists. One person had been helped to use distance glasses and this had improved their mobility and ability to watch TV or enjoy distant views.

Good

Is the service caring?

Our findings

We measured this by observing interactions, looking at responses to these and by talking with the staff and with relatives.

We saw a survey reply from a relative that stated. "I am very satisfied with the care [my relative] receives. [They] are clearly very happy and I haven't seen [them] so relaxed for quite a long time. The staff are friendly and approachable..."

We spoke with a relative by phone who said, "They are a fantastic group of staff...friendly and caring."

We spent time just being with people and observing them as they moved around the home. People were very relaxed in their own environment and approached staff for various reasons. Almost everyone needed help with personal care and grooming. We saw that staff made sure that everyone's appearance was maintained and people were supported to make the best of their appearance. This was done with discretion and respect. People's dignity was maintained throughout the time we spent in the home.

People were treated with kindness and politeness. Humour and affection were used appropriately and people responded warmly. We spoke with staff who could discuss people they cared for in a compassionate way. We observed a lot of affectionate interventions with staff giving and receiving appropriate hugs or subtle touches that reassured and helped people to stay calm and settled. There was guidance on this in care plans so that people were helped with the physical interaction boundaries that were socially acceptable.

We also noted that some people had already been helped to develop these boundaries and we saw that staff respected individuals own personal space. We observed one person with the housekeeper and we saw that the boundaries were very respectful but that both the staff and the person had mutual regard. This person was being supported to do small tasks around the home because they had indicated they wanted to do things for themselves. We saw from notes and talking to staff that this person had also not managed their own personal care on admission but now did this with very little supervision. Independence was promoted within all care delivery.

Staff gave people information in a way that met their needs and at a pace appropriate to their needs. We saw a lot of very patient support being given and we also saw that staff could pre-empt needs because they had noted what happened when people had needs but couldn't verbalise what they were. Everyone on the team responded to these cues and we saw the whole team approach really worked in keeping people safe and maintaining their dignity and right to privacy.

Records were written in a respectful way and showed that the team did not use discriminatory language. Speaking with staff confirmed that this non discriminatory approach was part of their daily work. One team member said, "We don't like anyone using that kind of language...anything offensive would be picked up and dealt with. We respect people and we respect each other in the team." Staff also said that they were very

aware of maintaining confidentiality. They said that all of their training supported good practice, equality, diversity and anti- discriminatory practice.

The registered manager told us that the service had access to independent advocacy services and that relatives, where appropriate, also acted as advocates.

Outstanding ☆

Is the service responsive?

Our findings

The people who made Lindisfarne their home lived with complex and often profound learning disabilities. Some people also had physical disabilities that impacted on their mobility. People were not always able to verbalise their views and opinions but they could convey their satisfaction with the way the team responded to their needs and wishes. We saw staff pre-empting need, giving people support and responding promptly and appropriately.

We spoke with a relative who said, "I am fully involved as next of kin. The staff keep me up to date and I am involved in 'best interest' meetings. I like to be fully involved as my relative can't make decisions for themselves."

We read all of the care and support plans and the assessments of need. We noted that these had all been updated and changed into a new narrative format that was easy to follow yet gave all the necessary details for the staff team. People in the service could not always express need or preference but the care plans gave staff in-depth and detailed guidance for how each person preferred their personal, psychological and social care to be delivered. We noted that, where appropriate, people had moving and handling plans, guidance on how to support them with medicines and how to aid and assist people with swallowing problems and with nutritional needs. Care plans also gave structure and guidance to the activities people might enjoy, the social aspect to this and how to manage any risks.

There were care plan details that showed how the staff team encouraged, supported and assisted people to be, as one team member said, "The best they can be...we can gently guide them to learn new things or to accept the support they need." When we last inspected we judged the care planning to be of a good standard but we saw that people might benefit from care planning that looked at things like independence and skill's building. We saw that this had happened and also that the team had looked at the fact that some people, due to age or ill health, needed care planning that supported increases in dependency.

We met someone who had been helped because the staff had not accepted previous opinions in other services that this person could not get used to glasses for distance. The care plans and notes showed that with perseverance they had arranged for an optician visit, had helped the person to become used to glasses and this person was happily wearing them and using them to look at distant objects and to watch TV. We also saw that this person had been unable to dress themselves or do other personal care tasks when they had been admitted to the home. We noted that they now did this with minimal supervision.

Another plan described how to support someone to learn to swim. They had gone to the pool for a long time but the person's key workers had devised a plan to help this person learn the basic strokes and progressing in becoming more water confident. This person had also been helped to understand a bereavement and had been taken to an event they had previously attended with the people they had lost. Staff had also downloaded music that reminded this person of the people they had lost and was also a reminder of the family's cultural background. This person had their own I-pad with music and games and rhymes and the care planning reviews showed that this person's vocabulary had increased and we noted they had started to

use short sentences. Both of these achievements have had an extremely positive impact on the person's behaviour, health and well-being because it had helped them to communicate their needs and wishes. It had also helped them express emotions through music and reminiscence.

We saw that the team, led by the registered manager, were aware that as one team member said, "Our residents are getting older...we need to make sure we do all we can to give them the support with the changes." One person with some challenges to mobility had been reassessed by health care professionals and by the home's moving and handling 'champion'. A mobile hoist had been acquired so that the team would be ready if the challenges became overwhelming.

We also saw 'best interest' reviews and plans to support one person. This person had encountered some discriminatory responses in relation to a surgical intervention. The registered manager and her team had refused to believe that they could not give the kind of in-patient and rehabilitation support necessary. The plans were in place and there had been discussions with family and health and social care professionals. The plans were extremely detailed and showed how all risk would be dealt with. This had persuaded all interested parties to agree the procedure would go ahead. The person themselves indicated they wanted to walk better and staff said they had consulted them as much as possible. We spoke with a family member who felt that this would have a huge impact on their relative's quality of life. We judged this would have an impact on their general well-being in terms of their physical, emotional and psychological states.

The registered manager and some team members had completed end-of life training in the past and had previously supported someone who remained in the home during their last days. A new training course was being developed that would look at the ageing process and would help staff to support people at the end of life.

We spoke with staff who were realistic about changes to needs that were making some people more vulnerable and more dependent but we also heard staff talk about giving people choice and chances to develop. The team told us they wanted people to have as many experiences as possible and were trying to help people have these as one team member said, "Outside the learning disability environment". We saw that people did attend discos and 'walk and talk' groups and day centres with other people living with a learning disability but that they also had other experiences. Two people in the home were honorary members of the village veterans group and they attended their social activities. One person also went to support the village crown green bowlers.

We saw photographs of people going out and about, enjoying things. We heard about theatre and cinema trips, holidays and meals and drinks out. One person with a swallowing problem had been helped to continue to enjoy a drink. A staff member told us, " Beer and thickening powder don't mix so we experimented and found a new drink...and they can take this in the pub without it looking weird."

We saw photographs of people in the home wearing evening dress. We had already heard that the registered manager and her team never let people's grooming be anything less than impeccable. We saw that these photographs were of people going to a special event. One of the two support workers who had organised this 'do' told us, "We realised that our residents never had a 'prom' or a graduation ball or a wedding or went to a nice night out...so we arranged one. We had a summer ball. The men had nice suits and the ladies had proper evening dresses. We sold tickets and we had a great night at a local venue. We are going to do it again. So nice to see them all dressed up."

The team were keen to find things that people enjoyed. Not everyone wanted 'special events' and found change difficult and too challenging. Small step planning was in place for these people. This ran alongside

capacity assessments and assessment of need. The team did not want to force things on people but they were proud that one person who really liked cake and tea had a special time where they went to one place for afternoon tea. This was a huge achievement for this person and we saw in notes and by talking to staff that this routine had helped create a subtle change in some behavioural challenges.

We judged that all these elements of risk management, assessment, care planning and person centred goal setting were done in an individual way and at the pace appropriate to each person. We also saw that the careful approach to how people presented themselves in what the team called, "the non learning disability environment" helped them to overcome any potential discrimination. Staff believed people had a right to enjoy themselves, to have the best health care and to be part of the community around them. Staff were creative and innovative in their approach. We judged these made this service outstanding in their responsiveness.

We saw that there had been no complaints received by the home or by the local authority. Walsingham had a good policy on complaints and gave people opportunities to complain or compliment them. The registered manager wrote to families twice a year to give them an update on achievements and gave them the opportunity to make comments, complaints or suggestions.

Good

Is the service well-led?

Our findings

When we last inspected the home in November 2015 we judged that the rating for 'Well-led ' was good. We again judged at this visit that the home was rated as good for this outcome. We also judged that there had been on-going improvements made to the service and that the registered manager had continued to strive for improvement to all aspects of the service.

The registered manager had been in post for six years and had previously been the deputy manager in the service. This meant that she had extensive knowledge of the service and of the people who made it their home. She had attended various training courses over the years and had a qualification in care management. When we had discussions with the registered manager we had evidence to show that she kept up to date with good practice and that she was encouraged to reflect on her own practice because she had regular supervision with the operations manager for the area. She was highly motivated and displayed an eagerness to improve the lives of people in her care.

We found that the registered manager had ensured that CQC had been notified of the all the accidents and injuries that had occurred in the home as they were required to under the regulations.

The provider had a quality monitoring system that used their policies and procedures as a benchmark. Regular audits were completed by the quality officer for Cumbria. We noted that this service had scored 100% in the audits completed in the last year. The operations manager, the registered manager and the staff team were all involved in regular audits of the service. We saw checks on care delivery, fire and food safety, maintenance, health and safeguarding and medicines management.

The provider also sent out surveys to relatives and interested parties. Senior officers of the organisation visited services from time to time and some people who used the services were involved in recruitment and in future planning. Analysis of quality monitoring was done on a regular basis and the provider had a business and improvement plan based on this analysis. This service also had a plan that fitted in with the overall plans for the provider.

The registered manager enhanced the routine surveys by including a very personal touch to the way she sought the views of each person's family. We had evidence to show that twice a year the manager wrote to the next of kin outlining the progress and achievements of the person. At this time the registered manager also invited the relatives to comment on how they thought the person had progressed and how the staff team had worked with them. Responses were positive and one we saw said, "Thank you all for taking such good care of my [relative]."

We saw a range of easily accessible yet secure records. These were in both electronic and paper formats. We judged that good record keeping helped the service to run well and we noted that the records were written in an objective and non-judgmental way, followed the aims and values of the provider and were non-discriminatory in tone.

We spoke with the local health and social care team for learning disabilities. A team manager said, "We find the service to be good...responsive and helpful." We saw examples of how the team worked with health and social care professionals to enhance the delivery of care and support. The service called on specialist nurses and on occupational therapists to help support changing needs of people whose levels of dependency had become greater.