Walsingham Support Limited

Walsingham Support - Supported Living and Community and Home Support Services

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
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 24 February 2016 and was unannounced. At our previous inspection in April 2015, we found the provider was meeting the regulations in relation to the outcomes we inspected.

Maldon Road is a four bedded supported living service for adults with a learning disability, including autism and poor mobility. At the time of our inspection there were three people using the service. They all had their own tenancies with the housing association which owns the property and received personal care from Walsingham.
The service had a registered manager who was not available at the inspection. A senior member of staff was acting manager for this service at the time of this inspection. After the inspection we spoke with the registered manager who said he was in the process of de-registering with the Care Quality Commission (CQC) and recruitment of a new manager was in process. This new manager would then be registered with CQC. 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.

Staff were aware of the importance of gaining consent for the support they offered people. The manager and staff had some understanding of the Mental Capacity Act 2005 and Deprivation of Liberty legislation. We also found that proper consideration had not been given to whether restrictions on people could have amounted to a deprivation of liberty and if so whether the provider had applied for authorisations to deprive people of their liberty lawfully. The acting manager took action to address these matters when we pointed this out. We have made a recommendation in relation to following national guidance on this issue.

Relatives told us they thought their family members were safe living at the service and that they received safe care and support from staff. Staff were able to describe to us the 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, although we found these were now due for review. 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 service appropriately and we saw staff received regular training. Staff told us they felt well supported through their supervision, team meetings and annual appraisals.

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 were caring and compassionate in the way they met the needs of the people they supported and could describe peoples' preferences as to how they liked to be supported. We observed staff speaking to and treating people in a respectful and caring manner. Interactions between people 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 and people's ability to communicate. Staff respected people's privacy and dignity. Staff told us that people's relatives were not always able to visit regularly. Relatives told us they were made welcome to the service when they did visit and they kept in touch with their family members in other ways such as with greetings cards or telephone calls.

Inspection of people's files indicated they had in place an assessment of their needs and any risks and care planning was of a good standard and person centred. Relatives told us they were engaged by the registered manager and staff in planning their family members care. Where possible people were also engaged in contributing to their own care plan this was often achieved by staff through the use of pictorial representations and understanding their non-verbal communications and body language. This process was assisted by the staff's good knowledge of people's needs and the trusting relationship staff had developed with people.

People in the house were encouraged and supported to join in with a range of activities in the home and in the community that met their needs.

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 Support Limited had a detailed quality monitoring system in place. There were also other appropriate auditing and monitoring systems in place that helped with assessing and improving quality in the service. The process of storing records needed review to help to ensure they were effective and up to date. 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. There were policies and procedures in place for the safeguarding of adults from the risk of abuse that staff were aware of. Staff understood the risks associated with people's care, and plans were in place to minimise risks identified. We saw that people were also protected from the risk of abuse because staff had received appropriate support and training.

Risk assessments contained appropriate levels of detail that helped staff support people appropriately and help to ensure their safety.

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?

Requires Improvement

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 received appropriate support from the supervision process and from annual appraisals and team meetings.

Relatives of people were consulted appropriately about how care and support was provided for people. Staff used their knowledge of people's likes and preferences as well as people's non-verbal communications in the provision of care for people. The provider could not demonstrate that where people might have been deprived of their liberty, the appropriate assessments and authorisations were in place in line with. the Mental Capacity Act 2005.

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 were welcome to visit their family members at the service.

Is the service responsive?

Good

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

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

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 an acting 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.

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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 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.

We were unable to speak with people due to their complex needs; however we spoke with two relatives, two members of staff and the acting manager. We observed care and support in communal areas in an informal manner. We also used the Short Observational Framework for Inspection (SOFI) as people were not able to express their views with us. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We inspected all three people's care records, three staff records and other records relating to the management of the service. After the inspection we spoke with the London

Borough of Sutton's team manager for supporting people with their accommodation. They commissioned the placements for the people living at Maldon Road and have responsibility for the review of these placements. We also spoke with Walsingham's operations manager who oversees the management of this service.

Good

Our findings

Relatives of people said they thought people were well looked after and safe living at Maldon Road. Staff said people received good quality and safe care. We observed care being provided for all the people and we saw staff caring for people in a caring, safe and friendly way.

During the inspection we observed people using the environment and interacting with staff in a relaxed and friendly way. Staff were attentive and aware of risks to individuals. They were careful to maintain a safe environment at all times while allowing people to be as independent as possible.

We asked staff about how they protected people from harm and abuse. Staff had a good understanding of their responsibilities in keeping people free from harm and abuse. They were able to describe the likely signs and symptoms of abuse. They were clear they would report any concerns directly to the manager or to a more senior manager if the home's manager was implicated. Staff told us they received regular training on safeguarding and they said issues to do with this were a topic in each supervision meeting and in team meetings. Staff told us that they could talk about any concerns freely with the manager.

Staff were aware of Walsingham Support's whistle blowing policy and procedure. Staff said they were trained in anti-discriminatory practice and they understood the concepts of individual rights. They could discuss the human rights of each individual and weigh these up with the risks that might be posed. Each care file had detailed risk assessments for each person in relation to their daily lives both inside and outside of the home. Good risk management plans were in place that allowed people to have as much freedom as possible. We did however note that for some people a review of their risk assessment was now needed in order to ensure they were up to date and appropriate to their needs. The acting manager said the reviews of every person's risk assessment would be carried out in the next month.

There were risk management plans in place in relation to the environment. These included fire risk assessments and building evacuation plans; risks when delivering care and any other environmental threats. The service had an emergency evacuation plan that was easy to access and to follow. Staff we spoke with were confident that they could deal with any emergency.

Accident reporting systems were in place and there had been no incidents of note in the service. Staff understood how to report accidents and incidents.

On the day of our visit there were three staff on duty in the morning and in the afternoon. We looked at four

weeks of staff rotas and we saw that usually there were three staff on duty and one sleep in night staff member. We judged that this level of staffing provided good support for the three people living in the home to meet their needs. We saw that the staff rotas had one member of "floating staff" who could be rostered according to the needs of the people and their weekly activities. One member of staff told us: "There seems to be enough staff support for people. At night time staff get people ready for bed. If anyone needs support at night the call system comes straight through to us and we are there within minutes."

We saw there were safe and effective recruitment practices 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 record 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.

We checked on the medicines in the home. These were ordered, stored and administered appropriately. We 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 the medicines administration record (MAR) to ensure safe administration. Any risks to do with their medicines were highlighted in individual risk assessments and this helped staff to minimise those risks for people. People had regular medicines reviews from their GP or from the specialist nurses and consultants for learning disability. Medicines were stored safely and disposed of correctly.

Requires Improvement

Our findings

Staff told us that the training provided by Walsingham Support Ltd was good and that access to the training was positive. Staff said they had received training to help meet people's needs and we saw certificated evidence of the training courses staff had undertaken. Staff told us they had received induction training when they first started working in the home. They said this was useful in helping them prepare to undertake their new roles and responsibilities. We saw that staff also received additional training for moving and handling people; infection control; safeguarding adults; the safe administration of medicines and first aid.

A member of staff told us they were able to request other training if they thought it might be useful for their work. Staff said an example of this was for epilepsy training and for non-abusive psychological and physical interventions. Staff we spoke with said this training had helped them work with people much more effectively. The acting manager told us that training was offered to staff in a variety of different ways such as e-learning and class room based learning. All staff indicated they gained most from the class room based training in terms of developing their skills and ability to help people more effectively. The acting manager showed us a training record for the staff group that indicated what training staff had received with the date so that timely refresher training could be provided. This helped to ensure staff remained skilled appropriately.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision and an annual appraisal. The acting manager told us they had carried out supervision with all the staff group. We saw documented evidence on the staff files we inspected that supported this. We noted that although staff had received supervision recently there were gaps in the frequency of supervision that staff received. The acting manager reassured us that this was addressed and the evidence we saw supported this.

When we spoke with the acting manager they showed they had an understanding of the Mental Capacity Act 2005 (MCA) and what might constitute a deprivation of liberty. 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.

Staff were aware of the importance of gaining consent wherever possible for the support they offered

people. The acting manager and staff told us that where people did not have the capacity to make decisions they worked with the person's relatives and any health professionals such as the GP to ensure appropriate best interests decisions were made about the care and treatment of people. We saw documented evidence of this for all three people living in the home.

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 acting manager and staff told us that none of the people living in the home had capacity to make decisions about their own care and treatment. We saw evidence that people were not free to leave the service independently and there were some restrictions on their freedom which could have amounted to a deprivation of liberty. There was no evidence of assessments for all people living at the service that their liberty might have been restricted or deprived and that appropriate applications had been made to the Court of Protection for authorisations to deprive people of their liberty. This meant there were risks that people might have been deprived of their liberty unlawfully and their rights were not being upheld. The operations manager for Walsingham told us that Court of Protection authorisations to deprive people of their liberty would be sought for people as a matter of priority. The manager we spoke with at the London Borough of Sutton confirmed that the acting manager had contacted them to initiate this process.

People were supported to have enough to eat and drink. Care plans gave detailed information about people's likes and dislikes with food and drinks as well as any specific dietary requirements. For example, one person had been assessed by a speech and language therapist as requiring thickeners in their drink and pureed food because they were at risk of choking. Staff monitored if people were eating and drinking well or whether they needed to be concerned about their intake or take action. People were weighed weekly and all drinks and food consumed were recorded in their individual diaries. This demonstrated their individual needs were catered for. We looked at records and found there were no concerns in relation to people's weight or food intake.

We saw staff listened to people's choices and provided food which the person liked and wanted. We heard staff ask one person what they would like to eat for dinner and this was prepared for them as they had requested.

People were supported to maintain good health and we saw from the records kept on people's files they had access to healthcare services as they needed them. We saw that all people had recently undertaken an annual health check at their GP surgery, and the chiropodist had been to the home.

We recommend that the provider review their practices in line with national guidance to ensure that where people were being deprived of their liberty this was being done in a lawful manner with the necessary authorisations in place.

Good

Our findings

From our observations made during the course of this inspection we saw people were treated gently and with kindness by staff. On our tour of the premises with a member of staff, one person held out their hand inviting us to take it. The member of staff told us that this was the person's way of welcoming us into the home. The person concerned smiled broadly when we took their hand and said thank you.

People living at the home had lived with each other for several years. They were supported by staff who had also been working at the home for a long time. As a result staff and people knew each other very well. The feel in the home was similar to that of a large family where people lived and worked together in a caring environment.

All three of the people we met were unable to undertake any personal care for themselves, however they all looked clean and well presented at the time of our inspection. Staff ensured people had a complete wash or a shower each morning before they started the day and they told us they made sure each person stayed clean during the day.

Care records were very detailed and informed staff of people's life histories, their likes and dislikes and how the person liked their care to be delivered. They recorded what people could do for themselves, and when they required support. A member of staff told us, "We do our best to support the people here as if they were our family. If we can make their day a bit better then it makes us happy too."

Staff understood the importance of treating people with dignity and respect. During our visit we saw staff being attentive to people's needs. People were showered and changed behind closed doors. When we inspected people's care records we saw pictorial representations that illustrated the care plan objective. As an example for showering and other personal care, representative pictures were part of the care plan and this helped the person understand what was intended.

We saw that staff respected people's nonverbal communication. For example, one member of staff tried to encourage a person to have a little more of their lunch. The person made it clear they had finished and did not want any more and the staff member respected their decision.

Staff told us they maintained contact via telephone calls and emails with people's relatives where they were unable to visit family members as often as they might like. The acting manager told us that family and friends were welcome any time. The relatives we spoke with said they sent their family member cards for

their birthdays and at Christmas. Staff confirmed this with us.

Good

Our findings

We read all the care files for the people who lived in this home. We also observed care being given to people by staff and from these observations and the other evidence we gathered, such as that gained from our review of the care files, we judged that people's needs were being met.
Each person had a care plan file and a person centred file. Care planning included detailed risk assessments and where people required support in managing their behaviour or their emotions these were risk managed with the support of psychologists, social workers and health care practitioners. The staff also assessed people's emotional, spiritual and cultural needs. All of these assessments were then used to formulate the care plans and the person centred plans.

The care plans we saw gave details of the support people needed in relation to their personal and health care needs. This information helped staff deliver the right kind of care and support. The person centred plans also provided information for staff on all aspects of people's individual needs. These were written in the first person and this helped to emphasise to staff that this was their plan. As an example the plans said: "I need you to help me to...I can do this...and I like to." They were written with individual strengths and preferences in mind. 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. People's cultural, spiritual, and social needs were also detailed in the care plans.

During the day of this inspection staff took people out in their wheelchairs shopping and out to the park. There was an air of excitement with people before the trip. Staff told us they tried to maintain people's activities that they enjoyed although by the nature of their needs this was limited.

There was a complaints policy and procedure that we inspected. This was displayed clearly in the main areas of the home. The acting manager told us that any complaints were taken seriously and investigated and analysed. This was so that lessons could be learnt in order to prevent wherever possible any re-occurrence of the issues complained about. We inspected the complaints log for this home. Where complaints had been made, all had been investigated according to the policy and procedure and all resolved to the satisfaction of the complainants. Relatives of people we spoke with told us they knew about the complaints process and had confidence that any complaints made were taken seriously and acted upon.

Good

Our findings

At the time of this inspection this service was being managed by a senior member of staff. We spoke with the operations manager who told us the post of manager had been advertised and Walsingham Support Ltd were hoping to recruit to the post in the near future. We were told the new manager once appointed would be registered with the Care Quality Commission.

People using the service were unable to express themselves verbally but from their non-verbal expressions and body language we saw they all responded well to the staff group and to the acting manager. People in the home were obviously used to spending time with staff and the acting manager was well aware of each individual person's strengths and needs.

We were shown evidence that the acting manager kept their practice up to date by attending a wide variety of training courses. Staff told us the acting manager promoted an open culture in the service where both the people in the home and the staff group were consulted, treated with respect and 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 working in the home and their length of stay working in their current jobs was evidence of this. One member of staff said, "It is a nice place to work and a good team to work with." Another member of staff said, "I am confident that I can raise an issue with the manager and I will be listened to." Someone else said, "I feel really well supported."

We spoke with staff and they talked about the positive culture promoted by Walsingham Support Ltd. Staff understood concepts like equality and diversity, they spoke about the strengths of people who used the service and they told us how they supported them to have the kind of life experiences people wanted.

The acting manager told us about the systems in place used to monitor the quality of care being delivered to people living at the service and we saw evidence of these 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.

As we have already indicated, part of the inspection involved reviewing the home's records both in terms of people's care files and for more general matters to do with the home. We found that some records were very hard to access because there was so much information in the files that had not been sorted or filed chronologically into logical sections. We found much of the old information could be archived but had been

stored in files in a random way. Eventually we found most of the necessary information was in the files but clearly access to it was difficult. We discussed this with the acting manager and they agreed that a review of all the files together with a sorting process would help to ensure information was easier to access.
We saw minutes of team meetings where the 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.