Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Walsingham - 19 Beech Avenue

Walsingham, Smithfield, Egremont, CA22 2QA

Tel: 01946824885

Date of Inspection: 12 January 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Walsingham
Registered Manager	Mrs. Samantha Short
Overview of the service	19 Beech Avenue provides accommodation for up to eight people who have a learning disability. The accommodation is in a bungalow and a small house linked by a covered walkway. People who live in the bungalow may also have a physical disability. The three people who live in the house may display challenging behaviour. The service is operated by Walsingham who run a number of similar services in Cumbria and throughout the country.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 January 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and talked with stakeholders.

What people told us and what we found

People in this service were treated with dignity, respect and sensitivity and were consulted and involved as much as possible.

They received good standards of care to meet their complex physical, emotional and psychological needs. Care planning was detailed and up to date and guided staff in how to deliver personal care and help people with behavioural issues.

Medicines were managed appropriately and the use of sedative medicines was monitored carefully.

Staff were trained and supported correctly so that the teams could understand and work with the complex needs of people with learning disability.

Walsingham ensured that they monitored the quality of care and services in the home. The manager had systems in place to monitor all aspects of the service.

Records were kept confidentially and securely. Both paper and electronic records were kept and these evidenced that the home ran effectively and for the benefit of people in the home.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We measured this primarily by observing interactions between staff and people who use the service. Most people who live in this service find it difficult to express themselves verbally and may also have some difficulty with understanding what is said to them and in understanding the concepts involved in this outcome. People were able to demonstrate their preferences by other means.

We arrived before 9am and we were around in the bungalow while people were being assisted to get up. We saw careful and sensitive interactions between staff and the people who lived in the service. We spent some time later in the morning in the house where people were more active. Again we saw respectful and dignified care and support being given.

We saw that people were happy to receive care from staff and in some cases they were able to express their needs and preferences. Staff responded well to any requests and understood each person's communication methods. One member of staff said to us:

"We know the residents really well and we understand what they need and we know their personalities. I think people are treated well and we are all genuinely fond of our residents."

We could see from our observations that the staff were sensitive and caring and that they maintained people's privacy and dignity while also supporting people with very complex physical, emotional and psychological needs.

We saw in the detailed files for each individual that their care needs were recorded in a dignified and appropriate way. We saw that the staff tried to offer people different experiences and included them, where possible, in making their own choices and decisions. Service user meetings were not held in this service but the manager and the staff teams tried to involve people as much as they could through working with them as individuals.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We observed people in both parts of the service. No one expressed details of their experience of the care provided. We were however able to engage with people and we observed the outcomes of care. We looked at the written files that were kept and we checked on the guidance for staff held within the written plans of care.

We met people who were relaxed in their environment. Not all of the people in the service spent a lot of time in the shared areas. A lot of people preferred to spend time in their own rooms and a lot of these rooms had sensory equipment including lights and music. We saw people who were relaxed in these rooms.

We noted that people were taken out in the home's transport where possible so that they had a changing environment. Some people had very set routines that they preferred. Some people went swimming and out to clubs and activities. The staff made good efforts to find different experiences and activities for people who lived in the service.

We saw that the staff encouraged relatives to visit and some people went out with their families on a regular basis. Some people go on holidays with their families. Everyone in the service had the opportunity to go on holiday with the staff.

We noted that there were different kinds of equipment available so that immobile people were helped to move and change their position. No one had any problems with skin integrity because staff used the right kind of pressure mattresses and cushions and made sure that people did not sit in the same position all day. We saw in notes and by observation that people were taken from their chairs and given time on their beds or on a specialised piece of equipment intended to help people have freedom of movement. We also saw that the home had suitable hoists, chairs and bathing equipment. There were some parts of the home with soft flooring so that people could move around unaided.

Staff displayed a good understanding of physical needs and told us they had good support from GPs and community nurses. We heard about the support the staff received from specialist nurses and consultants. We saw in files and by observation that some people had complex needs in managing their food intake. Specialist nurses had visited the home and staff had taken advice from them. We looked at a recent piece of work done with the

dietician and we learned about the efforts staff had made to help one individual.

People in the service saw their doctor on a regular basis and community nurses came into the home to help staff deliver good physical care. The records showed that people received suitable treatment when they were unwell and that the staff tried to ensure people had support to prevent any potential health problems. Sometimes the staff had to get the views of health and social work professionals to determine whether any intervention was in the best interest of the person. This was done appropriately with 'best interest' reviews being held so that the person was not having their rights taken from them by any action of professionals. We saw evidence that these actions followed the requirements of the Mental Capacity Act.

Some people in the service had problems managing their emotions and their behaviours. We observed that staff worked in a calm and purposeful way with these individuals. We saw that for these people there had been improvements and that they were settled in the service. Staff were careful to protect other people from any risks involved where there were potential challenges. There had been no recent major incidents reported to us that were related to challenging behaviour.

We read all of the care plans in the service. We read some in depth and observed and spoke with the individuals involved. The people in the home had what were called 'person centred plans'. These gave details of the person's individual needs and preferences. We also saw plans that were set out to give staff step by step directions on how to give personal and health care and how to manage psychological and emotional needs.These plans were of a good standard and we noted that the staff involved the consultant psychiatrist for people with learning disabilities and a specialist in managing behavioural issues.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We measured this outcome by looking at the medicines for people in both the house and the bungalow. We checked on the ordering, storage, administration and disposal of medicines. We also looked for evidence of medicines management and monitoring.

We saw that medicines were stored appropriately in locked metal cabinets and that these were kept in locked rooms. We looked at the records of ordering and found that this was done 'on-line' and completed in time so that medication did not run out. Unused medicines were returned to the pharmacy. We noted that the service had a good way of monitoring unused or refused liquid medicines.

We saw staff giving people medicines. Some people had liquid medicines and where that was not possible the staff crushed tablets. One or two people did not like taking medicines and this had been discussed as part of a best interest review. Some people were given medicines in a covert way but this had been agreed with other professionals because the person needed to take these drugs to stay well. We noted that staff signed the Medication Administration Records [MARs] as soon as drugs were taken.

The manager had good systems in place to monitor the way medication was managed. There were daily, fortnightly and monthly checks on the systems. The manager recorded any missed medicines or any errors and dealt with these appropriately. There had been no errors noted in the files that we saw. Staff kept a good eye on any adverse reactions of medicines and the local GP practice came to the service and reviewed everyone's medicine at least annually.

We saw that one or two people had some sedative medicines that helped with their agitation and anxiety. Most of these had been prescribed by a psychiatrist for people with learning disability. We noted that medicines had been reviewed so that the most up to date drugs were used. We saw that some people had a plan to reduce medicines as the staff team felt they were no longer necessary and they had sought the help of a psychiatrist in preparing these plans.

Some people had 'as required medicines' to take if they were agitated or upset. There was good guidance in place so that staff knew when to give these. We noted that these drugs

had not been used recently. This showed that the staff team were helping people to manage their behaviours by good behavioural planning and management. We also noted that some people had the need for 'as required' medicines for epilepsy. Again people had been well and the use of emergency medicines for seizures had not been needed for some time because epilepsy was well managed in the service.

We checked on the management of strong medicines. These 'controlled drugs' need special storage and administration systems. Staff had received training and updates for all types of medicines and they were aware of how to deal with controlled drugs. Storage arrangements were suitable.There were no controlled drugs in the service and the controlled drugs book showed that these drugs had never been in the home.The manager said there had been in the past but that these had been administered by the community nurses for pain relief at the end of life.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke to four members of staff and to the manager on the day of the visit. We asked them about training, support and professional development. We had positive responses from them about the support they were given in their roles. We also saw the rosters for the service and we were sent some training records. We checked on some staff files.

Staff said that:

"We are quite well staffed...there is enough of us to do the work...we get supervision and plenty of training."

We saw from rosters that there were normally three or four people in the bungalow by day and two people in the house. Each building had a member of staff sleeping in the building at night. They were alerted to any needs of people at night by the use of suitable alarms that alert staff when people move and may need attention.

We learned from the manager that there was a specific training plan that the company prepared and that the staff group would be given training that was part of this overall plan. Staff said they had basic training on a regular basis. They said they had things like manual handling, health and safety, fire safety and food hygiene training on a regular basis.
One person said:

"Training is quite good really...we are doing a bit of e-learning which is fine as a refresher...and we still have some group training."

They also said that they had updates on person centred planning, restraint and on safeguarding vulnerable adults because the company recognised the importance of these for the work they did. We also saw that there was ongoing training for the care needed for some individuals. The manager said she continued to use the expertise of community nurses and mental health and learning disability professionals for these specialised needs.

We looked at records of supervision and appraisal and we saw that these were suitable. We spoke to staff about this and they said they were given formal supervision but that they could go to their manager or to the senior support workers when an issue arose. We asked

staff to find a way to record these 'ad hoc' supervisions. Staff said that because they worked in small teams the informal approach was as important as the formal supervisions.

One person said:

"Sometimes I don't have much to talk about when I have formal supervision as the manager has dealt with anything as we go along. I can go to the other staff, the seniors and the manager when I need support."

Another person said:

"I think we work really well as a team...we have away days once a year, we get formal support and we support each other. I learn all the time in this job."

We found that staff we spoke with understood individual needs and had good skills and knowledge for the job they did. Staff had relevant qualifications in care and spoke about their own professional development. We learned that suitable arrangements were in place so that individual staff members were able to ask for the kind of support that was appropriate to their learning needs and allowed them to have a good work/life balance.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.
The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

Walsingham had a quality audit system in place to ensure that the quality standards they expected were in place in all of their services. On the day of our visit we saw examples of this being applied in this service. We looked at documents about care and welfare, medication and staffing. We judged that quality matters were high on the agenda in this service.

We were sent a copy of a recent full audit completed by the regional operations managers for the service and we had also received another report from senior management that looked at quality matters. The full audit completed in October 2012 highlighted some areas for further work but concluded that:

"The service is well managed and people accessing service are benefitting from the support they receive".

We saw that the manager kept checklists for all the operational functions for the service. For example we noted that care planning and medication records were audited regularly. We also saw that where any issues were seen then a plan was put into place. We saw good systems that allowed her to ensure that staff had suitable induction, training and support.

When we looked at records we could see that these were in accordance with the policies and procedures set out by the company and that they met the requirements of legislation. Risk assessments and risk management plans were in place. We noted that any issues that might impact on service delivery were dealt with appropriately by the manager.

We looked around the building and we could see that suitable furniture and equipment was being used. This met the complex needs of the people in the service. The manager discussed future planning to improve some floor coverings and the bathroom. She said that these were to be included in her next business plan.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

This service used the recording systems set up by the company. The manager also used some recording tools that she had devised for tasks in the home. The records were kept mainly in paper form but we also looked at some electronic records. Records were stored securely and were easy for staff to access.

Each person had a care file that contained risk assessments, needs assessments, care plans and person centred plans. We looked at the records relating to medication. All of these were in order. The staff also kept up to date check lists to record things like doctor's visits, weight monitoring and food and liquid intake. All of these were kept to a good standard.

We looked at financial records for two people living in the service. These showed how the individual's needs and preferences were being met. We looked at the financial records for someone who enjoyed going out for coffee, going to social events and buying clothes, toiletries and cosmetics. There were receipts for purchases and clear accounting for each item or activity. We also looked at the financial records in place for someone who did not spend so much. Arrangements were in place to help this person use some of their money and to save some of it. We saw that Cumbria County Council had some input into personal monies and that some people had their money looked after by family members. Those records we checked were in order. We also had evidence that the company did ongoing financial audits of personal monies and of the home's budget.

We checked on staff records and we could see that there were good systems in place to record recruitment, induction, training and support. These were stored appropriately with only the manager and some senior staff being able to access these. The records contained all the relevant information necessary for the home to be well managed. The company also stored some personnel records at central and regional locations. We had checked samples of personnel records in the past and these were kept appropriately.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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