Care Quality Commission

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: 14 August 2013

Date of Publication: September 2013

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

Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Safety, availability and suitability of equipment	✓ Met this standard
Staffing	✓ 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 14 August 2013, observed how people were being cared for and talked with people who use the service. We talked with staff, reviewed information sent to us by commissioners of services and talked with commissioners of services.

What people told us and what we found

People who lived in the service were given suitable levels of care. They were helped with all aspects of personal care and they were supported to access health care. Each person saw the specialist consultant for learning disability, social workers and specialist nurses for learning disability.

People received suitable and nutritious food and were helped and supported to eat as well as possible.

Staff understood their responsibilities under safeguarding. We spent time with people and checked on notes and did not see anything of concern but we did speak to Cumbria County Council about some issues related to personal finances.

We judged that the house and the bungalow were generally suitable environments for the people who lived there.

We looked at equipment in the home and this met the needs of all the individuals.

The home had suitable staffing levels.

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

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

The people who lived in both the bungalow and the house needed complex levels of support so that they could be provided with suitable levels of personal care. Some people needed full personal support and needed help to move and to eat. We spent time with all of the people in the home and we observed people who were neat, smartly dressed and comfortable. People were dressed in styles that met their physical health needs but were also suitable for their age and culture.

Some people had to be moved using hoists and over head tracking. Staff were trained and their competence checked. We saw people being helped to move using this equipment. Staff did this with confidence and competence. People appeared to be comfortable when being moved. We noted that people were moved during the day so that their skin integrity and their comfort was maintained. For example one person went from bed to a wheel chair and out for a walk. Then they went into a specialised chair. At some point every day this person went onto the home's specialist water bed or the trampoline. This meant they could lie flat and have some movement from the equipment which would help with muscle tone and pressure issues. Everyone in the home went out every day and their position was changed. We judged that this approach was very worthwhile for people with limited physical mobility.

The people who lived in the house were all quite mobile but had been assessed as being very vulnerable and they needed help and support in all aspects of their lives. They needed help with personal care and with outings and activities. We had evidence to show that these three people had lots of opportunities for suitable activities and outings. One person had been out for a drive and to swim on the day of our visit. Another person was doing some drawing.

Each person had a set activities programme in both parts of the home. These were appropriate to their age, ability and to the restrictions their learning or physical disability had placed on them. We noted that the staff did their best to find suitable things for people to engage in and they tried to balance risk with the person's right to try new experiences.

Even when a lot of planning was needed people went to varied activities. These included meals and drinks out, horseriding, clubs, walking groups and swimming.

The holistic approach to the care of everyone in the home was captured in the person centred plans that looked at every aspect of the person's life. The staff also had specific care plans for the strategies they needed to follow to keep people safe and well. These documents were extremely detailed and together they gave information about needs and about new experiences. Many of the people in the home could not express their wishes and aspirations. Staff held regular review meetings where health and social care professionals were involved along with family members where possible. Together they tried to look at all the things needed or wanted by the individual.

We also saw some behavioural plans in place that were very complex and detailed. These were formulated by a specialist in this kind of psychological work. Staff went to annual review days for each of the three people who needed this kind of support. We observed staff following these plans in the precise way needed. We read one plan in depth and the assessed need had been done by a psychologist and a psychiatrist. Their guidance said "this person would benefit from a highly structured routine." The plan had been written by a professor of psychology after consultation with staff, an advocate and family members. We judged that this plan was benefitting this individual and that further planning was being made on their behalf. We noted that some work being done with social workers and health professionals was being done very well and was starting the process of helping people to be more independent.

People in the home saw their GP, the specialist consultant for learning disability, specialist and community nurses, chiropodists and dentists as necessary. Staff could also access physiotherapists, occupational therapists and other specialists. We did not look at medication in depth but we saw that people's medication was regularly reviewed, sedative medicines were only given under the direction of the consultant and that people were helped to take their medicine appropriately.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We were in the home when people were being helped to eat breakfast and lunch. We saw people being given suitable levels of support to eat when they needed both prompting and physical assistance. Staff were patient and helped people to eat at their own pace. Some people needed support to pace themselves with eating and drinking and we saw that there were very detailed care and behavioural plans that covered all of these support needs.

We also saw that staff had managed to assess, by trial and error, the food preferences of people in this service. Almost everyone in the service did not communicate by the spoken word. Staff had asked families about their relative's food preferences and had tempted and tested people with different flavours to ascertain what people liked. Good plans were in place to show preferences.

We saw that some people with challenging behaviour were offered decaffeinated drinks. We suggested that the staff team might also want to think about other things that might be stimulants and try to find acceptable alternatives. We also noted that the staff team were trying to help people to eat balanced meals when their preference might have been for less healthy options.

We looked at the menus and we judged them to be quite well balanced. The staff shopped at local shops and bought food much like any family would. A member of staff told us they often bought things she saw during the weekly shop because they knew individual preferences. They said:

"I might see something new and think about one or another of the residents and I buy it to let them have something different to try."

Staff try to take people shopping with them.

We saw a varied diet and we also noted that people went out, where possible, for meals. Sometimes people had 'take-aways' just like people do in family settings.

We saw that there were good balanced meals prepared and staff tried their best to encourage some people to eat as healthily as possible. Some people were assessed as being at risk of weight loss and the team tried to give high calorie diets. We spoke to them about ways to get good nutritional content to the high calorie foods. This was quite a

difficult task with some people but staff put a lot of effort into looking at options that would give people vitamins, high fibre and protein.

The team had completed good assessments using the tools provided by the company. We suggested that they might use one of the malnourishment assessments, weigh people in killogrammes and calculate the body mass index for people so that this would be in line with the way health care professionals monitor nutrition. The manager agreed to look into this with her line manager. The provider may wish to note that nutritional assessment and planning needs to be updated to be in line with current good practice.

Currently people were weighed regularly, had ongoing assessments and they had suitable plans in place. Staff also spent a lot of time delivering personal care and were alerted to weight loss because they had to give almost everyone full personal care support and they told us they would know if people had lost weight.

Some people had been seen by the dietician and the specialist for swallowing problems. A number of people needed soft or pureed diets. These people had their own menus which were adaptations of the food other people had. We saw people being supported with pureed foods and thickened fluids and this was done correctly. All these needs and the support given were in the person centred plans, the care plans and in the daily notes.

Some people did not get their nutrition orally and the specialist nurse for this type of nutritional intake visited at least twice a year and more often if there were problems. The staff had all received training and competence checks about this way of giving nutrition. They also said they would talk to the GP or the community nurses if they had problems. They had consulted the GP and the pharmacist about the right kind of medication to be given. We saw staff supporting people with food, liquids and medication and this was done correctly.

Staff said they had not had training in nutrition for a while and there were a number of very complex nutritional matters that staff had to deal with. The provider may wish to note that updated nutritional training for the staff team would be of benefit for the people in the service.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We looked at the policies and procedures for this company prior to our visit to this service. These were suitable and gave staff guidance. We were aware of the steps taken by the company to ensure people were safe in their care. We had evidence to show that Walsingham were responsive to any problems and that they were able to review and update any procedures that needed updating. We were also aware that their policy was to suspend staff without prejudice if an allegation was made. This was to protect both the staff and the alleged victim. We had evidence to show that this company worked in an open way with other professionals who might be involved in any safeguarding matters.

The manager told us that she had local procedures and was aware of how to contact the local authority. She also said she understood when to contact the Care Quality Commission. She also had a good understanding of the policies of the company and would take advice from her operations manager if any allegation was made against a staff member.

We spoke to staff and they said they had received training on safeguarding. We spoke to some long standing members of staff and to a new member of the team. They had all received training on safeguarding and understood who they could contact. They also had access to the company's senior officers and understood that they could report any concerns and get protection from the company. People had details of the whistleblowing procedures.

Two long standing staff members told us that they had no issues about reporting concerns. They said that they wouldn't hesitate to speak up and that they had discussed their duty of care in recent team meetings. Staff also told us that they were asked about this in their formal supervision sessions.

We asked a new member of staff if they had received appropriate checks before they were appointed. They confirmed that references and other checks had been made. We had evidence prior to this visit that showed that Walsingham had very strict policies on recruitment and no one was taken on unless they had references and checks from the vetting and barring service. We had evidence to show that where staff were unsuitable

disciplinary or competence procedures were used to good effect.

We did not see anything of concern in the home in terms of the care and welfare of people who lived in the service. We did however talk to the local authority about a matter related to purchasing equipment. The local authority were already strengthening the way people's financial matters were dealt with. We want the provider to note that more robust systems should be in place about items bought on a person's behalf where that person lacked capacity.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

This service consisted of a bungalow for up to five people and a small house for three people. The service cared for people with learning disabilities. They also supported people with complex health problems and with physical disabilities. The two properties were next door to each other and staff did support each other but worked as two teams because of the different functions of each part of the service.

The bungalow was specially designed for people with complex needs including physical disabilities. Only one person in the bungalow walked and this person needed assistance. The other four people all needed special equipment and furniture. This was provided although some people had paid for some extra equipment.

The bungalow had wide corridors and door ways, special bathrooms and toilets, spacious bedrooms and shared areas. The design ensured that people with physical disabilities were able to use all areas of the bungalow. The five people who lived there all had single rooms with ensuite shower and toilet. They shared a large dining room and kitchen. The dining room had patio doors leading out to the garden. There was a large lounge area and a conservatory on the front of the property. There was also a smaller sensory room. This meant the bungalow was suitable for the needs of the people who lived there.

The house had three bedrooms upstairs and a large dining room and lounge. There was also a small kitchen and suitable bathrooms and toilets. The house was not specially designed or adapted and would not be suitable for people with physical problems.

Both parts of the home were clean and reasonably orderly. The service employs a domestic but support workers also undertake cleaning tasks. Furniture and fittings were of a good standard. There were suitable risk assessments in place for the building. This included fire and food safety. The fire risk assessment was up to date but the manager said she was going to include more individual risk assessments for each person in the service.

Bedrooms in the property were decorated and furnished in styles that suited the person's age and cultural tastes. We saw that staff made sure that the decor suited the person and, for example, someone with poor vision had a room with bright, bold colours. Another

person who liked spending time on the floor had interesting things to look at at this level. Several bedrooms had been redecorated in the bungalow.

The rooms in the house were being utilised in specific ways that related to the needs of individuals. People used different rooms in specific ways and the three people in the house did not socialise together. We learned that social workers were helping staff with people's needs and that some people might be ready to move to a tenancy. This might benefit some people in the home because their condition did not necessarily mean they enjoyed sharing their home with others.

The environment was largely suitable to the needs of the individuals involved and where the manager judged that the environment was no longer suitable they had asked social workers for assistance. We noted that people in both sides of the service went out every day. This helped to give people space in their environment. There was garden space for each property and this was used so that people could have some private time. The bungalow provided plenty of options for choices of area to spend time in. People in the house had specific times when they went out and this helped to ease tensions within what was quite a small property.

Safety, availability and suitability of equipment ✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

Both buildings had suitable domestic equipment like washing machines and cookers. Some of these were of a domestic standard but, for example, the washing machine in the bungalow was of a higher commercial standard. This was the pattern with all of the equipment available and household equipment had been purchased in relation to the needs of people in the service. On the day of our visit the water systems were being checked for legionella. The properties had a normal domestic feel but equipment and systems were maintained appropriately because a number of people lived and worked there.

Things like fire equipment and security measures were standard in both properties. There was suitably maintained fire fighting equipment and doors had self closing devices. There was a fire detection system that was checked regularly. There was both a call bell system and an electronic monitoring system so staff could be alerted when people were unable to pull their call bell.

The bungalow had a lot of equipment because the people in the home had complex physical care needs. These included a suction machine for one person and things like nebulisers for people who had breathing problems. These pieces of equipment were for the use of individuals and were regularly maintained.

Each bedroom had an overhead tracking system to help people in and out of bed.There was also a hoist for helping people move out of their rooms.The home had a specialised weighing machine so even people who were always in a chair could be weighed accurately. Each person had their own wheelchair and some people needed specialised chairs to use during the day. Most people had rise and fall beds and some people had special mattresses and seat cushions. The need for this equipment had been properly assessed and the specific pieces of equipment were repaired and maintained on a routine basis.

The bungalow also had sensory equipment, a waterbed and a trampoline. The sensory equipment was used to calm or entertain people depending on their needs. The waterbed and the trampoline gave people with very restricted mobility a chance to stretch out and have whole body movements. These pieces of equipment were checked as part of the quality monitoring systems. These too were maintained and repaired as necessary.

There were risk assessments for equipment and each person had guidance in their care plan so that staff knew how to use equipment safely and appropriately. Each individual used the equipment slightly differently and this was clearly set out in the plans.

We judged that Walsingham invested in maintaining and improving this equipment. For example the overhead tracking system had been replaced recently and the monitoring equipment had been updated so that people had the most appropriate support.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

At night both parts of the property had one person who slept in the buildings. Staff said that this was acceptable and that people were quite settled at night. The electronic monitoring systems alerted staff to any problems. They also told us that they could usually hear if anyone was in distress. The staff in one building could use the call bell system to alert the other team member in an emergency. They said that senior staff including the manager were on a rostered on-call system and they could easily reach someone if there were problems.

By day there were three support workers in the bungalow and two people in the house. We looked at dependency levels and we judged that these ratios were acceptable for the needs of people in the service. The manager said that she looked on a weekly basis and could vary the rosters slightly if there was something unusual that needed extra staff. She said she monitored dependency levels and would talk to the company if any changes were needed.

She also used a risk based system to ensure that the right numbers of people worked with people with challenging behaviour. No one worked in the house until they had completed suitable training and had received competence checks. We saw that the skills mix of the rosters was carefully considered with new staff working with more experienced people.

We looked at the training records and we could see that staff had suitable levels of training. Some staff needed updates but the manager said this was monitored by Walsingham and that she had training booked for the team. New staff had completed mandatory training and were working on their induction programme. Staff also had specific training for individuals' care programmes.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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