Walsingham Support Limited

Walsingham Support - 39 Adeyfield Road

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 15 December 2015 and was unannounced. At our last inspection on 27 September 2013, the service was found to be meeting the required standards in the areas we looked at. Walsingham Support 39 Adeyfield Road is registered to provide accommodation and personal care for up to 6 people who may have a learning disability, sensory impairment or autistic spectrum disorder At the time of our inspection there were 6 people living at the home.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider worked within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection we found that DoLS applications had been submitted in line with MCA requirements for everybody who lived at the home in order to keep them safe from harm.

People confirmed they felt safe, happy and well looked after at the home. Staff had received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally. Safe and effective recruitment practices were followed to ensure that all staff were suitably qualified and experienced. Arrangements were in place to ensure there were sufficient numbers of suitable staff available at all times to meet people's individual needs.

Plans and guidance had been drawn up to help staff deal with unforeseen events and emergencies. The environment and equipment used were regularly checked and well maintained to keep people safe. Trained staff helped people to take their medicines safely and at the right time. Identified and potential risks to people's health and well-being were reviewed and managed effectively.

Relatives were positive about the skills, experience and abilities of staff who worked at the home. They received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People were supported to maintain good health and had access to health and social care professionals when necessary. They were provided with a healthy balanced diet that met their individual needs.

Staff made considerable efforts to ascertain people's wishes and obtain their consent before providing personal care and support, which they did in a kind and compassionate way. Information about local advocacy services was available to help people and their family's access independent advice or guidance.

Staff had developed positive and caring relationships with the people they cared for and clearly knew them very well. People were involved in the planning, delivery and reviews of their care and support.. Confidentiality of information held about their medical and personal histories was securely maintained throughout the home.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences. Staff were knowledgeable about people's background histories, preferences, routines and personal circumstances.

People were supported to pursue social interests and take part in meaningful activities relevant to their needs, both at the home and in the wider community. Staff listened and responded to any concerns they had in a positive way. Complaints were recorded and investigated thoroughly with learning outcomes used to make improvements where necessary.

Relatives and staff very were complimentary about the manager and how the home was run and operated. Appropriate steps were taken to monitor the quality of services provided, reduce potential risks and drive improvement.

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.

People were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to ensure that all staff were fit, able and qualified to do their jobs.

Sufficient numbers of staff were available to meet people's individual needs at all times.

People were supported to take their medicines safely by trained staff.

Potential risks to people's health and well-being were identified and managed effectively in a way that promoted their independence.

Is the service effective?

Good

The service was effective.

Staff established people's wishes and obtained their consent before care and support was provided.

Capacity assessments and best interest met the requirements of the MCA 2005.

Staff were well trained and supported to help meet people's needs effectively.

People were provided with a healthy balanced diet which met their needs.

People had their day to day health needs met with access to health and social care professionals when necessary.

Is the service caring?

Good

The service was caring.

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People and their relatives were involved in the planning, delivery and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy.

People had access to independent advocacy services and confidentiality of personal information had been maintained.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal circumstances.

Detailed guidance made available to staff enabled them to provide person centred care and support.

Opportunities were provided to help people pursue social interests and take part in meaningful activities relevant to their needs.

People and their relatives were confident to raise concerns which were dealt with promptly.

Is the service well-led?

Good

The service was well led.

Effective systems were in place to assure the quality of services provided, manage risks and drive improvement.

People, staff and healthcare professionals were all very positive about the managers and how the home operated.

Staff understood their roles and responsibilities and felt well supported by the manager.

Walsingham Support - 39 Adeyfield Road

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, 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 carried out on 15 December 2015 by one Inspector and was unannounced. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with three people who lived at the home, three relatives, four staff members and the manager. We also reviewed the commissioner's report of their most recent inspection. We looked at care plans relating to three people and two staff files. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who cannot fully express their views by talking with us.

Good

Is the service safe?

Our findings

Although not all people who lived at the home could communicate verbally, people we spoke with told us they felt safe. One relative said, "[Name] is safe here, I have no concerns." Another relative said, "I feel staff have the skills to look after [Name] they are completely safe here. [Name] lives in a safe secure environment."

We saw information and guidance about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers, were prominently displayed throughout the home. Information was also made available in an 'easy read' format that used appropriate words and pictures. One staff member told us, "If I had any concerns I would report them to the manager." All staff we spoke with were able to demonstrate their knowledge around keeping people safe, recognising signs of potential abuse and who to report abuse to. Staff knew who to contact outside of the organisation if required, for example, the local authority and the Care Quality Commission.

Safe and effective recruitment practices were followed to make sure that all staff were of good character, physically and mentally fit for the roles they performed. Staff records confirmed checks had been completed to ensure they were safe to work with vulnerable adults. People who lived at the home were consulted about and involved with the recruitment of staff. For example, one person who liked to show people around the home, used equipment that assisted them with their communication. People also took part in the interview process. The manager commented not everyone wants to be involved in this process but the opportunity is there for all.

There were enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively in a calm and patient way. One relative said, "There are always enough staff." Staff we spoke with told us they felt there were enough staff to meet people's needs. The manager used agency staff to manage short notice staff shortages. The manager said, "We always try to have the same agency staff to promote better care for people." Staff we spoke with confirmed there were regular agency staff who worked in the home. We were also informed the home was actively trying to recruit staff.

There were suitable arrangements for the safe storage, management and disposal of medicines. People were helped take their medicines by staff who were properly trained and had their competencies checked and assessed in the workplace. Staff had access to detailed guidance about how to support people with their medicines in a safe, person centred way. We observed each person had a lockable medicine cabinet in their own room. People were supported to take their medicine privately and in a supportive and encouraging way by two staff. Staff said they always work in pairs when supporting someone with their medication; this is to promote safe administration of medicines.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included areas such as nutrition, medicines, mobility, health and welfare. This meant that staff were able to provide care and support safely but also in a way that promoted people's independence and lifestyle choices wherever

possible. For example, one person who found it difficult to take their medicine in tablet form had been re-assessed by the GP and the medicine was changed from tablets to a liquid. The manager told us that even after the person had drank water to take their tablet they were not always able to swallow it. They were now confident that the person received their medicine.

Information from accident, injury and incident reports were used to monitor and review both new and developing risks. For example, one person had experienced a number of falls. Their mobility needs were assessed and steps were implemented to reduce their falls, these included the introduction of braces and different type of shoe to enable them to move safely. The amount of falls the person has had since the assessments had been reduced. The manager had attended a falls prevention course and supports other homes in the prevention of falls.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training in first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe, for example fire alarms were tested weekly and staff we spoke with knew what to do in the event of a fire. The manager used "Purple folders" these contain all relevant details of the person's medical and personal information. In the event a person was taken to hospital, the purple folder would be taken to provide relevant details and information.

Good

Is the service effective?

Our findings

Throughout our inspection we saw that, wherever possible, staff sought to establish people's wishes and obtain their consent before providing care and support. For example, we asked to see people's rooms and staff asked people's permission. Staff asked if the person wanted to show us their rooms. We saw staff knocking on people's doors and asking for their consent when providing care. One staff member said, "I always tell people what I am doing and if they say no I will always respect their decision." People we spoke with were happy living at the home.

Some people who lived at the home were either unable to communicate verbally or had limited means of communication available. Staff worked closely with them and their relatives to learn and understand how to communicate effectively in a way that best suited their individual needs. We saw that staff used a variety of effective techniques; both verbal and non-verbal to communicate with people , for example about what they wanted to eat or how they wanted to spend their time. A relative told us, "Staff are fantastic they know [Name] really well and [Name] relates to them and has a good relationship with staff"

The Mental Capacity Act (MCA) 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff received training about DoLS and how to obtain consent in line with the MCA. They were knowledgeable about how these principals applied in practice together with the reasons why, and the extent to which, people's freedoms could be restricted to keep them safe.

We checked whether the provider worked within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection the registered manager had submitted DoLS applications to the appropriate local authority. This was because security arrangements used to keep people safe also had the effect of restricting certain aspects of their liberty. The applications satisfied the requirements of the MCA 2005 and were proportionate to people's individual needs and personal circumstances.

Staff were required to complete a structured induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed. One staff member told us, "I have had competency checks for medicines and using a hoist." Staff received mandatory training and regular updates in a range of subjects designed to help them perform their roles effectively. This included areas such as: epilepsy, moving and handling, food safety, medicines, first aid, nutrition and hydration and infection control. A staff member confirmed that they had completed their induction and they said, "I am happy with the training." A relative said, "I feel they [Staff] are well trained and they meet [Name] needs." Staff were also encouraged and supported to obtain nationally recognised vocational qualifications and

take part in additional training to aid both their personal and professional development.

Staff felt supported by the manager and were actively encouraged to have their say about any concerns they had and how the service operated. They had the opportunity to attend regular meetings and discuss issues that were important to them. Staff had regular supervisions with the manager where their performance and development was reviewed. A staff member commented, "Yes I have regular supervisions and they always ask me what they can do to support me. The manager said, "It's only a small home and my door is always open, people can discuss any concerns or needs they have when they want to." Staff confirmed the manager's open door policy.

Staff were knowledgeable about people's nutritional needs. Menus were planned to ensure a healthy balanced diet which took full account of people's preferences and individual dietary requirements. People chose the food they wanted to eat and where necessary, pictures were used to promote peoples choices. Staff said each person chose the meal for a particular day. However there were always alternatives if people changed their minds. People we asked told us the food was nice.

On the day of our inspection people who lived at the home were having a Christmas party with friends and family. We saw people had access to food and drink throughout the day and were involved with the cooking. For example, one person loved to peel the vegetables for the main dinner. The Christmas cake that was enjoyed by people, their family friends and staff had been made by the people who lived at the home. We observed people were enjoying themselves.

People received care, treatment and support that met their needs in a safe and effective way. Staff were very knowledgeable about people's health and care needs, which were both significant and complex. Identified needs were documented and reviewed on a regular basis to ensure the care and support provided helped people to maintain good physical, mental and emotional health and well-being. We saw people were supported to access appropriate health and social care services in a timely way and received the on-going care they needed. People had attended appointments with GP's, dentist, opticians and hospitals.

Good

Is the service caring?

Our findings

People were cared for and supported in a kind and compassionate way by staff that knew them well and were familiar with their needs. One Staff member told us, "It's a nice home, friendly and warm, I like working here." A relative said, "I think the staff are caring friendly and committed." People we spoke with confirmed they were happy living at the home.

We saw that staff helped and supported people with dignity and respected their privacy at all times. They had developed positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. One staff member said, "It is important people have choice, we are not here to live their lives. We are here to support them to live their lives." Staff confirmed and we observed people were spoken to in a caring and respectful way.

People were supported to maintain positive relationships with friends and family members who were welcome to visit them at any time. One person said, "We can visit at any time." Another said, "The staff communicate with us very well and we are informed about any changes." We found people and their relatives had been fully involved in the planning and reviews of the care and support provided.

We saw people had signed their support plans. Each person had a specific staff member who was their keyworker. Keyworkers completed monthly reviews with people about what they wished to discuss and plan what they wanted to achieve. Staff used pictures where required to help with communication and understanding. People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances.
Staff had access to detailed information and guidance about how to look after people in a person centred way, based on their individual preferences, health and welfare needs. This included detailed information about people's preferred routines and how they liked to be supported for example with personal care, relationships that were important to them, and dietary needs.

We found confidentiality was well maintained throughout the home and information held about people's health, support needs and medical histories was kept secure. Information of local advocacy services and independent advice was available for people and their relatives.

Good

Is the service responsive?

Our findings

We asked people were they happy with their care and everyone responded positively. One relative said, "I tell people, it's not like a home it feels like a proper home." Relatives said they had been involved in peoples care. One relative said, "Staff are very good at responding to [Names] needs, he has a good relationship with keyworker. We always attend the yearly life reviews."

There was good guidance for staff about people's care needs and how to support them. Support plans were person centred and gave a good picture of who the person was. For example, history and preferences were documented and peoples likes and dislikes. One person's support plan said they enjoyed having a laugh and had a good sense of humour. We saw the person on a few occasions throughout the day had enjoyed a real good laugh with staff showing they knew the person well.

Staff received specific training about the complex health conditions people lived with so as to help them do their jobs more effectively and respond to people's individual needs. For example, staff were trained and had information and guidance about how to care for people who lived with epilepsy. They had used this knowledge to help and support a person safely. A relative told us. "I think staff are excellent, They communicate very well and [Name] is well supported." One staff member told us about one person who due to their declining mobility found accessing all areas of the garden more challenging. The person loved gardening so the staff brought the garden to them by utilising the patio area. This enabled them to grow the vegetables they enjoy growing.

Opportunities were made available for people to take part in meaningful activities and social interests they were interested in, both at the home and in the local area. We saw people had opportunities to explore their interests, For example, People's "Goal progress records" showed that people had been supported to go to musicals and the theatre. We saw people were involved in choosing their holidays. Each person had their activities planner which showed when they attended a local day care centre and interests such as swimming. Staff said people were encouraged to discuss any ideas they wanted to do. For example, go out bowling. One relative said, "[Name] loves to go to the zoo and staff take them."

People and their relatives told us they were consulted and updated about the services provided and were encouraged to have their say about how the home operated. They felt listened to and told us that staff and the management responded to any complaints or concerns raised in a prompt and positive way. One relative said "I know how to complain if I had to but never had anything to complain about. The care is excellent." Another relative told us that they had raised a concern in the past and the manager had listened and resolved the issue immediately.

We saw that information and guidance about how to make a complaint was displayed in an 'easy read' format appropriate to people who lived at the home. Staff told us, "We have regular meetings with people to discuss any issues they may have and where required we use picture's to support people to express their views. The manager said how one person was unhappy with the way that bank had responded to them so they were supported by the manager to complain. A meeting was set up with the bank manager and the

person was supported to give their views.

Good

Is the service well-led?

Our findings

People who lived at the home, relatives and staff were all very positive about how the home was run. They were complimentary about the manager and deputy manager who they described as being approachable and supportive. One relative told us, "The manager is very approachable".

The manager was very clear about their vision regarding the purpose of the home, how it operated and the level of care provided. They told us all staff completed the homes values training which promoted respecting people and supporting their autonomy. The manager said, "We have had dignity trainers in to support staff learning and we use meeting and supervisions to discuss these subjects."

The manager was very knowledgeable about the people who lived at the home, their complex needs, personal circumstances and relationships. Staff understood their roles, responsibilities and what was expected of them. The manager explained that the shift leader would allocate staff member's duties for the day. A staff member commented, "The manager is very approachable, they are part of the team." One relative said, "[Name] is better here than they have ever been. This is the best care home they have been at." As part of their personal and professional development, staff were supported to obtain the skills, knowledge and experience necessary for them to perform their roles effectively. This included specific awareness about the complex needs of the people they supported.

The manager carried out daily "walkabouts" where they toured the service and spoke with people and staff. We saw the manager also conducted environmental checks at the same time to ensure standards were maintained and people kept safe. The manager told us that they had an open door policy for people who lived at the home, their relatives and staff. The manager said, "My door is always open."
The manager was supported by their area manager and had regular monthly meetings. These were also used as learning events, to discuss any relevant changes. There was sharing of information from the providers other services to support their learning. The manager said that they could just pick up the phone day or night for support.

We observed and staff confirmed that the managers led by example and demonstrated strong and visible leadership. One staff member said, "[Manager] is always around and very approachable and I have good relationships with the care team managers. I feel supported."

Information gathered in relation to accidents and incidents that had occurred were reviewed by the manager who ensured that learning outcomes were identified and shared with staff. We saw a number of examples where this approach had been used to good effect, for example one person had no real sense of danger when out with staff, particularly in crossing the road safely. The manager reviewed the situation and booked the person onto a course to promote the persons understanding of dangers and to support their autonomy.

We people, their relatives and staff views, experiences and feedback had been actively sought and responded to in a positive way. Questionnaires seeking feedback about all aspects of the service were sent

out annually and the responses used to develop and improve the home. We saw from the outcome of surveys that people and their relatives were very positive about their experiences, the services provided and how the home operated.

Measures were in place to identify, monitor and reduce risks. These included audits carried out in areas such as medicines, infection control, care planning and record keeping. The manager was required to gather and record information about the homes performance in the context of risk management and quality assurance and prepare a monthly summary and progress update for the provider. The manager carried out unannounced 'out of hour' visits of the home to check on the environment, performance of staff and quality of care and support provided. They also carried out spot checks at weekends. The manager, with another manager, had recently performed unannounced night visits at three different care homes.