Walsingham

Walsingham - 21 Budge Lane

Inspection report

21 Budge Lane
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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**	●

Overall summary

This inspection took place on 6 November 2014 and was unannounced. At our last inspection on 5 August 2013 we found the provider was meeting all of the standards we inspected against.

Walsingham – 21 Budge Lane is a purpose-built one-storey care home providing personal care and accommodation for up to 6 adults with learning and physical disabilities. At the time of our visit there were five people using the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Relatives of people who used the service spoke positively about the service and the care of their relatives.

The provider had taken appropriate measures to protect people from abuse and discrimination and staff were aware of how to recognise and report these. Family members we spoke with felt their relatives were safe at the home.

Summary of findings

There were risk assessments and management plans in place to protect people from risks associated with the physical environment and also risks specific to them, such as those relating to medical conditions. Staff were aware of these and knew how to use the information to keep people safe. They were trained in administering medicines safely, and followed procedures designed to keep people safe from the risks of inappropriately stored or administered medicines.

There were enough staff to keep people safe. New staff were checked to help ensure they were suitable.

Staff received training, supervision and support from meetings and visiting healthcare professionals. This helped equip them with the knowledge and skills they needed to perform their roles effectively. People had access to healthcare services when needed.

Staff sought people's consent before carrying out care tasks, even if people were not able to give consent verbally. Appropriate procedures were followed under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) to ensure decisions were made in people's best interests when they did not have capacity to make them for themselves.

People were offered a variety of nutritious food, which they were able to choose themselves. Staff followed guidelines about people's specific needs in relation to eating and drinking.

Relatives said staff were caring. People received care and support from staff who spoke to them with empathy and respect and in ways appropriate to their level of understanding. They responded to people's distress promptly and in a caring way. People's care was planned to include information on how to support their individual communication needs and enable them to express their views about their care. Staff made sure people's privacy and dignity were respected.

People's needs were assessed and the assessments were used to form care plans. These were updated when people's circumstances or preferences changed so that staff had up to date information about the support people needed. People were given support to practise their religion where applicable. They were supported to be active members of their local community and engage in activities suitable for them both at home and outside.

Relatives fed back that staff were responsive to any concerns they had. There was an accessible complaints policy, which the service followed when complaints were made, and made sure complaints were resolved to people's satisfaction.

The provider gave people opportunities to contribute to decisions about how the service was run. They held a conference that people who used services were invited to attend and discuss equality and diversity, staff recruitment and plans for developing services. Staff and relatives felt the home had a welcoming culture that embraced diversity and valued people.

The provider carried out regular checks to make sure the service was meeting standards set by the provider and based on care legislation. They used action plans to address any changes that the service needed to make were completed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Staff were trained to recognise and report signs of abuse or discrimination and relevant policies were in place. New staff were checked to help ensure they were suitable and enough staff were employed to care for people safely. Environmental and individual risks to people were assessed and monitored. Staff were aware of plans they should follow to keep people safe. Policies, procedures and staff training were used to help ensure the safe storage and administration of medicines.	**Good** ●
Is the service effective? The service was effective. Staff had access to training and support so they were equipped with the knowledge and skills needed to do their jobs. People were offered a choice of nutritious foods and staff supported their individual needs around eating and drinking. People had health action plans and received support to attend healthcare appointments when needed. Staff knew their responsibilities around the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This helped to ensure people received care that was in their best interests when they did not have capacity to consent.	**Good** ●
Is the service caring? The service was caring. Staff showed an interest in people and their hobbies and interests. They responded promptly to people in distress, in an empathetic and supportive way. Staff were aware of people's individual communication needs and followed guidelines appropriately so that people understood what they were saying. People had opportunities to express their views and make decisions about their care and support.	**Good** ●
Is the service responsive? The service was responsive. People's needs were assessed and used to inform care plans. These were updated when required so that staff had up to date instructions about how to support people. The service gathered information about people's cultural and religious needs and used it to support them appropriately. People were supported to access community facilities and engage in meaningful activities to protect them from isolation. There was an accessible complaints policy, which staff followed to ensure they were responding properly to people's concerns.	**Good** ●

Summary of findings

Is the service well-led? The service was well-led. The provider held a conference to involve people who used the service in making decisions about how services within the organisation were run. We received consistent feedback that the service was inclusive and had a culture of valuing people and their diverse backgrounds. Staff and relatives felt comfortable approaching managers if they wanted to feed back about the service. They felt that they were listened to. The provider used checks and audits to monitor the quality of the service and make sure standards were met. They used action plans to make sure anything that needed to be improved was done.	**Good** ●

Walsingham - 21 Budge Lane

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. The purpose of this inspection was to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 November 2014 and was unannounced. It was carried out by a single inspector.

Before the inspection, we looked at the information we held about the provider and the service. This included a provider information return (PIR) that we had previously asked the provider to send us with information about the service and their plans for development. We also looked at previous inspection reports and other information such as notifications that the provider is required by law to send to us.

We were not able to speak with people who used the service because some had complex needs and could not speak with us and others were not available during the inspection. Instead, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with the deputy manager, three support workers and two relatives of people who used the service. We looked at two people's care plans, two staff files and other records relevant to the management of the service, such as maintenance records and staff rotas.

Good ●

Is the service safe?

Our findings

People's relatives told us they thought the service was safe. One relative said, "[People using the service] are well taken care of. I think safety is good." Another said, "It's excellent. We're very happy with it."

Relatives said they felt people were safe from bullying and discrimination because "[staff] hold them in high regard". Staff had received training in safeguarding people from abuse. We saw evidence that procedures for whistleblowing and safeguarding were discussed in staff meetings and supervision to make sure staff were aware of what to do if they suspected people were being abused or mistreated. There was an easy-read version of the safeguarding procedure available for people who used the service so they could access information about how to report abuse.

We saw that each person had individual risk assessments, which contained information on risks specific to them. For example, one person had a risk of choking and had a risk management plan showing the measures staff should take to avoid this. People's daily logs showed that staff followed risk management plans to keep people safe. For people who were able to carry out tasks with less staff support, there were plans in place to support them to maintain their independence whilst keeping safe. Accident and incident records showed that the provider responded appropriately to incidents and used the information to update risk assessments and management plans where necessary. The provider had a system to monitor incidents centrally.

Information was displayed for staff about how to keep the environment safe, such as by carrying out visual checks on equipment they were using. We saw records of a number of environmental safety checks, such as water safety and fire alarm tests. The environment was free from clutter. Fire extinguishers and alarm cords were placed so that people could reach them from wheelchairs. This helped to ensure people's safety in the event of an emergency.

Staff and relatives told us staffing levels were always high enough to keep people safe. One relative said, "There always seems to be enough staff that if anyone wants something they can deal with it." The deputy manager told us they could deploy extra staff when required, for example if people needed support to attend external activities. They told us staff were happy to finish shifts late or start early by prior arrangement if extra cover was needed. Rotas confirmed staffing levels were met and extra staff were available for planned activities.

The provider had recruitment procedures in place to make sure appropriate checks were carried out before new staff started work. This process included checks of fitness to work, criminal records, identification and right to work in the UK, references from previous employers and evidence of qualifications. This helped to protect people from the risks of being cared for by unsuitable staff.

People's care plans contained information about the medicines they were prescribed. This included information about what medicines were prescribed for, its form (such as tablets or liquids) and administration directions including time, dosage and frequency. Where a medicine was to be given only as required (PRN), there were clear instructions for staff to follow to make sure the medicine was given in the right dosage and for the right reason and that it was appropriately recorded. We looked at medicine administration records and found they had been properly completed for each person. Medicines were stored appropriately in a locked cupboard and stock levels matched those on record. This showed that arrangements were in place to protect people from unsafe storage, administration and handling of medicines. We saw evidence that doctors regularly carried out reviews to make sure people were getting the right medicines in the right dosage. Relatives told us they believed their family members received the medicines they needed.

Good ●

Is the service effective?

Our findings

Specialist guidance was available for staff about caring for people with various health conditions and about supporting people with learning disabilities to carry out everyday tasks such as oral hygiene care. Staff told us they were pleased with their training, which included classroom, online and in-house training, and we saw evidence that they received training relevant to their roles. Specialist healthcare professionals, such as physiotherapists, visited the home and showed staff how to deliver specific care to people. We saw evidence that staff received supervision approximately two-monthly, in which they discussed their responsibilities, performance towards objectives and training requirements. These all helped to ensure that staff were equipped with the right knowledge and skills to do their jobs.

Staff were aware of their responsibilities under the Deprivation of Liberty Safeguards (DoLS), as to when a person can be considered to be deprived of their liberty and the action the provider is required to take. The service had a policy and procedure that covered the importance of considering less restrictive alternatives and the reporting and recording that would need to take place. At the time of our visit, some people had DoLS in place to keep them safe and these had been authorised and reported according to their procedure.

The deputy manager told us they assessed people's capacity to make significant decisions about their care and acted accordingly. They were aware that capacity can change across time and different decisions. For example, one person had the capacity to make most decisions, but was not able to make decisions in one specific area. We saw that a meeting had taken place with relevant healthcare professionals where a decision was made in the best interests of the person.

Staff told us they always sought people's consent before carrying out care tasks and did not continue if they had reason to believe people were not consenting. This included speaking clearly to people who did not communicate verbally about the task they proposed to complete and monitoring people's facial expressions and body language for signs of discomfort. People who were able to give consent verbally had agreements on file showing they had discussed their care and support with managers and had agreed to their plan of care.

We saw picture cards used to help people make choices about what to eat. Staff told us people who used the service chose what should be on the menu and there was a nominated member of staff responsible for supporting people to plan the menu. The menu had a variety of nutritious and culturally appropriate meals with different types of meat and fish on offer.

Relatives we spoke with said they were pleased with the quality of the food and that their relatives were provided with food they liked. One told us about food served at a party at the home. Because their relative was unable to eat certain foods due to dietary needs, staff had made sure that the person was aware of which items they could eat and that there was plenty available for them.

Personalised guidelines were available for staff about how to meet the needs of people who needed support to eat and drink. There was information in care plans about people's dietary needs, such as thickened drinks for people who could not safely swallow liquids, and the service had sought appropriate specialist input from speech and language therapists and dieticians where necessary.

Relatives told us staff supported people to access healthcare providers when they needed to. One told us their relative always kept well and said, "[My family member] sees the doctor and goes to hospital. He is very well cared for." People had health action plans showing the healthcare support they needed and records showed that they received the planned care from healthcare providers.

The home was in a purpose-built building designed for people who used wheelchairs and other mobility equipment. The corridors were wide enough to walk side by side with a person using a wheelchair and the kitchen had sinks and worktops at lower levels so people who used wheelchairs could be involved in food preparation. Toilets, bedrooms and bathrooms contained adapted equipment and were spacious enough to allow people who used mobility aids to access them comfortably. However, there were no grab rails to help people open and close doors independently. There was a large garden, a large communal lounge and a smaller quiet room with a television and music equipment so people could choose to spend their time with others or more privately.

The deputy manager told us people who used the service chose the décor in their bedrooms and communal areas. One person told us their favourite colour was red and we

Is the service effective?

saw their bedroom had red wallpaper and soft furnishings. Other people's rooms were decorated in a variety of colours and styles and the communal living area was decorated to reflect the tastes of several people. Although some corridor walls were heavily marked where equipment such as wheelchairs had knocked into them, the décor was generally homely and well-maintained.

Good ●

Is the service caring?

Our findings

Throughout our visit, we observed staff spending time with people, chatting or doing activities. We noted that staff spoke to people in a respectful tone and with warmth, giving them enough time to understand and respond. They asked questions that showed they were taking an interest in what people were doing, their plans for the day and their hobbies. This showed that staff knew people well and were aware of the importance of making them feel valued. Relatives told us, “The staff are very, very caring” and “They get on well with [my family member]. They have a good laugh together.”

We saw that staff acted in a compassionate way where people needed emotional support because of events in their life or around them. We saw several members of staff responding in an empathetic and compassionate way to a person who was feeling sad. They talked to the person appropriately, used touch to comfort them and offered them tissues and hot drinks. Staff also had supportive conversations with other people who were not able to express themselves verbally to find out how they were feeling. Care plans contained detailed information about how people might show that they were distressed or uncomfortable and how staff should support them.

Staff showed an awareness of people’s different communication needs. For example, staff consistently told us about one person who was unable to communicate their needs verbally but who would indicate if they wanted or needed something by using sounds and body language. We observed staff speaking with people in a manner appropriate to their level of understanding. For example, one person was able to understand and answer questions from staff, who asked them about their opinions and feelings. Another person was not able to answer questions verbally and so staff communicated by talking to the person about what they were doing and offering simple choices using visual objects. A third person was unable to see and we observed staff speaking slowly and clearly and using touch to communicate, such as gently rubbing the person’s arm so they were aware of where the member of staff was.

Care plans showed that staff responsible for care planning had obtained people’s views, either by asking them or, if they were not able to communicate verbally, by observing them over time and noting how they responded to different situations. Some people had used advocacy services to support them to express their views. We saw records of keyworker meetings where people were asked for their views about their care and activities or holidays they would like staff to help them plan. One person’s records showed that they had asked for help in buying a new television, which had been done. Another person who was unable to verbally express choices had been supported to look at brochures to help them choose a holiday. These examples showed how the service supported people to express their views and be involved in decisions about their care.

People were supported with their continence needs discreetly. This helped to promote people’s privacy and dignity. Staff told us people held keys to their individual bedrooms, which were kept closed during our visit regardless of whether people were using their rooms. We observed that staff supported people to maintain a neat and tidy appearance. This included using aprons to cover people’s clothes while eating. Staff removed the aprons as soon as people finished their meals or drinks to help maintain their dignity.

Good ●

Is the service responsive?

Our findings

The service used different types of care plans depending on people's ability to express themselves verbally. This was so that staff had more detailed information about people who were not able to say what they wanted or needed and how to respond to their individual ways of communicating. One relative we spoke with said that they and their family had been involved in care planning. They said, "We were all involved and asked what we thought" and added that they had answered questions about their relative's likes and dislikes and how they would react in certain situations.

We saw evidence that people's needs had been assessed and the assessments were used to inform care plans. The deputy manager told us they were currently changing to a new type of care plan, which was why some reviews of people's needs were overdue. However, for one person who had not yet had a care plan review in 2014, we saw that risks relevant to them had been reviewed four months before our visit and significant information about changes to their needs had been added to the care plan as it arose. This meant staff had access to up to date information about people's needs.

Care plans contained information about people's life histories, those who were important to them, how the service should meet various needs, preferred routines and a document showing what was important to and for the person in terms of their care needs and how they wished to live their lives. There was information about how people communicated, particularly people who did not communicate verbally, and steps staff should take so they understood the person and were understood by them, as far as possible. We observed staff following these guidelines during our visit. For people with limited or no verbal communication, there was information about what made a 'good day' or a 'bad day' for the person and how staff could help them have more 'good days' or help them be more comfortable during a 'bad day.'

The provider had a person-centred thinking strategy, which was intended to ensure that people who used the service received care and support that met their individual needs and enabled them to live their life in the way they chose. We saw that staff had filled in the same personal profile document for themselves that people using the service had in their files. This was intended to help staff keep in mind that people they supported had individual histories, hobbies, likes and dislikes just like themselves.

During our visit, we observed staff engaging people in various activities to suit their interests and level of ability. One person's care plan said that watching television was meaningful to them. Staff made sure this person was comfortable in front of the television and engaged them in conversations about what they were watching. Another person was visually impaired and we observed staff supporting them to a quiet room and using a percussion instrument to engage the person in a sensory stimulation activity. We saw that the person was laughing and smiling during the activity.

Staff supported people to be active in their local community. On the day of our visit, people were supported to attend a tea dance, which staff told us was something people enjoyed regularly. One person who used the service was an active member of a patients' group at their GP's practice and often attended meetings. Relatives and staff told us about other activities people attended outside of the home, such as shopping trips, clubs, accessible sports activities and outings. Records confirmed that people accessed activities appropriate to their needs and preferences.

The deputy manager told us all the people currently using the service were from the same cultural background and this was reflected in food choices and celebrating cultural festivals. We saw from care plans and records that some people were religious and received support to practise their religion.

One relative told us staff were always responsive to any concerns they raised. They said, "If anything is wrong, they respond and keep me informed. They are very cooperative." Copies of the complaints policy, including an accessible easy-read version, were available at the home for people and their visitors. Records showed that complaints were dealt with by the manager and within the allotted timescale. Where necessary, people's families were involved in the resolution of complaints and the outcomes were recorded.

Good ●

Is the service well-led?

Our findings

Two people who used the service were attending a conference held by the provider on the day of our visit. The conference was about involving people in deciding how services were run. An easy-read agenda on the provider's website showed that subjects to be discussed included staff recruitment, equality and human rights and the organisation's future strategy. Staff told us other people who used the service had also been given the opportunity to attend if they wanted to. This meant that people who used the service had a real and meaningful opportunity to have their say and influence how the service was delivered. Relatives said they did not recall being involved or asked their opinions about the service, but that they were always given opportunities to express their views when they wanted or needed to.

Staff told us the home had a welcoming culture, and that they noticed this was particularly true for colleagues of all ethnic backgrounds. They said they were encouraged to talk about diversity and understand cultural differences. One member of staff gave an example of how this had helped them understand differences between their own culture and that of the people who used the service. They said this helped them talk to people in more culturally appropriate ways.

Relatives told us managers were approachable and that they "always listen" and "do a marvellous job." Staff said they were able to raise any issues they wanted to discuss at staff meetings and we saw an agenda that staff could add topics to as they arose. They also told us management were very supportive, including the area manager and other senior staff. Staff said they were encouraged to have their say about issues that mattered to them and to resolve any problems as a team.

The deputy manager told us the organisation had a good track record of valuing people who used services and putting their needs first. They told us senior management were accommodating, for example if people wanted funding to make improvements to their home. Staff and relatives consistently described the organisation's values, saying it was committed to putting people first and valuing and respecting people from all backgrounds.

The service had a quality assurance policy, which helped guide managers to deliver high quality care. This covered internal monitoring and audits and how often these should be carried out. The provider had an annual plan and this was available in an accessible format. The plan had information about how the provider would work to develop and improve services. The plan had a clear vision of the service's aims for development, such as how the provider would work in partnership with other providers to help ensure people's needs were met. Plans were based on 12 quality standards drawn up by the provider, which were also used to inform quality checks. This showed that the provider had an effective system to monitor and improve the quality of the service.

The provider was a member of a number of quality improvement and assurance schemes to help them provide a good service. These included an Investors in People award and being signed up to the Driving Up Quality Code. This is a scheme developed to improve the quality of services for people with learning disabilities. Staff told us they received guidance and good practice information from healthcare professionals who regularly visited the home. We saw instructions a professional had left for staff and one person who used the service about good practice in meeting their specific needs.