Walsingham Support Limited

Walsingham Support - 97 Luncies Road

Inspection report

97 Luncies Road,
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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?	Requires improvement
Is the service well-led?	Good

Overall summary

The inspection was completed on 23 October 2015 and there were four people living in the service when we inspected.

97 Luncies Road is one of several services owned by Walsingham Support Limited. The service provides accommodation and personal care for up to four people who have a learning disability and/or complex needs.

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.

Summary of findings

There were not always sufficient numbers of staff available to meet people's social care needs. Appropriate recruitment checks were in place which helped to protect people and ensure staff were suitable to work at the service.

Staff had a good understanding and knowledge of safeguarding procedures and were clear about the actions they would take to protect people.

Risks to people's health and wellbeing were appropriately assessed, managed and reviewed. Care plans were sufficiently detailed and provided an accurate description of people's care and support needs. The management of medicines within the service was safe.

Appropriate assessments had been carried out where people living at the service were not able to make decisions for themselves and to help ensure their rights were protected. People had good healthcare support and accessed healthcare services when required.

People were supported to be able to eat and drink satisfactory amounts to meet their nutritional needs.

People were treated with kindness and respect by staff. Staff understood people's needs and provided care and support accordingly. Staff had a good relationship with the people they supported. Staff told us that they felt supported in their role and received regular supervision.

An effective system was in place to respond to complaints and concerns. The provider's quality assurance arrangements were appropriate to ensure that where improvements to the quality of the service was identified, these were addressed.

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 consistently safe.

There were enough staff to keep people safe.

The provider had systems in place to manage safeguarding concerns and risks to people's safety.

The provider had arrangements in place to manage people's medicines safely.

Good

Is the service effective?
The service was effective.

People were well cared for by staff that were well trained and had the right knowledge and skills to carry out their roles.

Staff had a good knowledge and understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's nutritional care needs were well supported by staff.

People were supported to access appropriate services for their on-going healthcare needs.

Good

Is the service caring?
The service was caring.

People were provided with care and support that was personalised to their individual needs.

Staff understood people's care needs and responded appropriately.

The provider had arrangements in place to promote people's dignity and to treat them with respect.

Good

Is the service responsive?
The service was not consistently responsive.

Staff were responsive to people's care and support needs.

People were not always supported to enjoy and participate in activities of their choice or abilities because of insufficient staffing levels.

People's care plans were detailed to enable staff to deliver care that met people's individual needs.

Complaints management was well managed.

Requires improvement

Is the service well-led?
The service was well-led.

Good

Summary of findings

Quality assurance systems were effective so as to drive continuous improvement.

The manager was clear about their roles, responsibility and accountability and staff felt supported by the manager.

There was a positive culture that was open and inclusive.

Walsingham Support - 97 Luncies 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 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 23 October 2015 and was unannounced.

The inspection team consisted of one inspector.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

Two people who lived at the service were not able to verbally communicate with us. We spoke with two people who used the service, the manager and two members of support staff.

We reviewed three people's care plans and care records. We looked at the service's staff support records for three members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Good

Is the service safe?

Our findings

There was enough staff to keep people safe, however there were times when the required staffing levels had not been adhered to. The manager and staff confirmed that two members of staff should be on duty from 7.30 a.m. to 9.30 p.m. each day; they told us that there were occasions whereby there was only one member of staff on duty and staff 'lone-worked'. The manager was aware of this shortfall and was working to resolve this by attempting to recruit new staff to replace those who had left. In the interim, they also tried to get agency staff support but this was not always available.

Staff told us that they felt people living at the service were kept safe at all times. We found that people were protected from the risk of abuse and avoidable harm. Staff were able to demonstrate a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. Staff confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if required. Staff were confident that the manager would act appropriately on people's behalf. The manager was able to demonstrate their knowledge and understanding of local safeguarding procedures. Where concerns had been raised the manager had acted accordingly.

Staff knew the people they supported. Where risks were identified to people's health and wellbeing, such as accessing the community independently, poor hydration or ill-health as a result of a medical condition, staff were aware of people's individual risks. Risk assessments were in place to guide staff on the measures to reduce and monitor those risks during delivery of people's care. Staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe. Environmental risks, for example, those relating to the service's fire arrangements and Legionella, were in place.

We were unable to fully review whether or not the provider's recruitment procedures were robust and ensured that the right staff were recruited to keep people safe, as the manager confirmed that no new staff had been appointed since our last inspection to the service in 2013. However, where agency staff had been utilised, profiles for agency staff detailing their employment history, confirmation that all recruitment checks had been completed by the agency, confirmation that staff were authorised to work in the United Kingdom and confirmation of their training and qualifications, had been sought.

The arrangements for the management of medicines were safe. People received their medication as they should and at the times they needed them. Two people told us that staff supported them to take their medication each day and they were happy with these arrangements. Medicines were stored safely for the protection of people living at the service. There were arrangements in place to record when medicines were received into the service and given to people. We looked at the records for each person and these were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed.

Staff involved in the administration of medication had received appropriate training and competency checks had been completed. Regular audits had been completed and these highlighted no areas of concern for corrective action.

Good

Is the service effective?

Our findings

Staff were trained and supported effectively, which enabled them to deliver good quality care to people. Staff told us they had received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard.

We were unable to fully review whether or not staff received a thorough induction as the manager confirmed that no new staff had been appointed since our last inspection to the service in 2013. However, where agency staff had been utilised, evidence of an 'orientation' induction to the service was not available. We discussed this with the manager and no rationale could be provided as to why these had not been completed. The manager confirmed that immediate measures would be put in place to ensure that these were available for the future.

Staff received regular supervision and an annual appraisal of their performance and development needs. Supervision was used to help support them to improve their practice and records confirmed this. Staff felt that this was a two-way process and that they were supported by the manager.

Staff confirmed that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff were able to demonstrate that they were knowledgeable and had an understanding of MCA and DoLS and when these should be applied.

Records showed that each person had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been clearly recorded. For example, an assessment of one person's needs had been formally assessed and agreed in their best interest in relation to an audio monitor being in place in their bedroom to alert staff if the person experienced a seizure. People were offered choices and these included decisions about their day-to-day care needs and participation in leisure activities.

Comments about the quality of the meals were positive. One person indicated by their non-verbal cues that they liked the meals provided. Two people told us that the meals provided were good and that they were supported and encouraged by staff to make their own breakfast, lunch and/or snacks.

Staff had a good understanding of each individual person's nutritional needs and how these were to be met, for example, staff were aware of who was at risk of poor hydration and who required encouragement to have a healthy eating plan. People's nutritional requirements had been assessed and documented. Where people were at risk of poor nutrition or hydration, this had been identified and appropriate actions taken.

People's healthcare needs were well managed. People were supported to maintain good healthcare and had access to a range of healthcare services. Each person had a comprehensive health action plan in place and these identified individual's health care needs and the support to be provided by staff. In addition, each person was noted to have a 'Hospital Passport'. This document provides hospital staff with important information about the individual person which could prove useful if they were to visit the hospital for an appointment or during a hospital admission. People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments.

Good

Is the service caring?

Our findings

People told us that they were happy with the care and support they received. One person told us, “It’s alright, yeah it is fine.” Another person told us, “The staff are nice.” Where people were unable to verbally tell us what they thought about the care and support provided by staff, we noted that people were comfortable with the staff that supported them. We noted that staff interactions with individual people was positive and the atmosphere within the service was seen to be friendly, welcoming and calm. Staff communicated well with the people they supported, for example, staff were seen to provide clear explanations to them about the care and support to be provided in a way that the person could easily understand. Our observations noted that people were asked for their views using a range of varying communication skills such as eye contact, body language and pictorial formats. One person was noted to have a ‘Communication Passport’ within their care file. This provided information so as to enable staff and others to get to know the person and their preferred method of communication.

Staff demonstrated warmth and kindness for the people they supported. Staff understood people’s care needs and the things that were important to them in their lives, such as members of their family and matters that were important to them.

Our observations showed that staff respected people’s privacy and dignity. Staff knocked on people’s doors before entering their room and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were able to wear clothes they liked so as to feel comfortable and staff were seen to respect people’s choice of dress and hairstyle. One person was observed to wear a favourite football shirt, this was clearly recorded within their care file and staff were aware of this.

People were supported to maintain relationships with family members and friends. The manager confirmed that people living at the service received support from their family. However, a referral had been made for one person to receive support from a local advocacy service so as to discuss future end of life decisions. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

Requires improvement

Is the service responsive?

Our findings

People did not always receive the social care support they needed to pursue their personal interests because of insufficient staff being on duty.

It was evident from our discussions with staff that they tried to ensure that people had the opportunity to take part in social activities of their choice and interest, both 'in-house' and within the local community. In general, people were able to enjoy a range of activities both 'in-house' and within the local community both during the day and in the evening. However, there were times when staffing levels were reduced which meant that staff could not always support people's individual social needs.

The service was required to have two staff on duty during the day at all times, however, the staff rosters from 27 September 2015 to 23 October 2015 inclusive showed that there were a total of 10 shifts where this happened. The impact of this was that people's preferred routines of the day could not always be followed or adhered to. For example, we were advised by staff that one person liked to walk to the shops with staff at the weekend to get a daily newspaper so that they could look at the football results and sports pages. Staff and the person concerned told us that this did not always happen as there was insufficient staff available to support them.

We discussed this with the manager and the rationale provided was that staff had left the service's employment and additional staff had yet to be recruited. In addition, the manager confirmed that whilst the service utilised supplementary staff via two external recruitment agencies, they were not always able to deploy and provide staff to the service. More was needed to be done to ensure that the appropriate level of staffing was maintained to meet people's needs at all times.

People received the support and assistance they needed and staff were aware of how the person wished their care to be provided and what they could do for themselves. Each person was treated as an individual and received care relevant to meet their specific assessed needs. One person told us that they attended a local day centre and used public transport independently. Where appropriate and according to people's abilities, people were supported by staff to participate with activities of daily living, such as, personal laundry, cleaning and tidying their bedroom.

People's care plans included information relating to their specific care needs and guidance on how they were to be supported by staff. The care plans were comprehensive and detailed. Information relating to people's interests and aspirations were recorded, for example, two people told us that they wanted a girlfriend. Both people were supported by staff to join a dating agency. Staff were made aware of changes in people's needs through handover meetings, reading people's care records and reading the service's communication book. This meant that staff had the information required so as to ensure that people would receive the care and support they needed.

Information about a person's life had been captured and recorded. This included a personal record of important events, experiences, people and places in their life. This provided staff with the opportunity for greater interaction with people, to explore the person's life and memories and to raise the person's self-esteem and improve their wellbeing.

People told us that if they were unhappy or had any concerns they would discuss these with the manager or staff. The service had an effective complaints procedure in place for people to use if they had a concern or were not happy with the service. This was provided in an appropriate format, for example, pictorial and 'easy read'. No complaints had been raised since our last inspection in 2013. Staff were aware of the complaints procedure and knew how to respond to people's concerns and complaints. A record of compliments had been maintained to record the service's achievements. A recent compliment by one relative provided positive comments about their member of family's wellbeing and the quality of the staff working at the service. This included, 'Thanking you for the loving home you give [Name of person who uses the service].'

Good

Is the service well-led?

Our findings

The manager was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. The manager monitored the quality of the service through the completion of a number of audits. Specific audits relating to health and safety, infection control and medication were completed at regular intervals. In addition, an internal review by a representative of the organisation was completed each month and this involved a review of one of 12 quality standards. Each quality standard was evaluated in relation to five key areas and these included, learning and development, policies and procedures, records, observations and monitoring. This demonstrated how the manager and provider identified where improvements were needed, for example, how to support one person to attend a premier football match so as to enable them to follow their chosen football team. This showed that there was managerial oversight of the service as a whole by both the manager and the provider.

People knew who the manager was and were observed to have a good relationship with them. People received care from a confident and well supported staff team. Staff were clear about the manager's and provider's expectations of them and staff told us they received appropriate support. Staff told us that they received positive praise from the manager. In addition to regular staff meetings, staff were able to speak with the manager for advice and support.

People, those acting on their behalf and staff had completed an annual satisfaction survey in December 2014. The survey results were specific to the region that the service resides in but not specific to 97 Luncies Road and these showed that people who used the service and those acting on their behalf were generally satisfied with the overall quality of the service provided. People told us that regular meetings took place with their keyworker whereby they could discuss any issues or concerns with staff. Records were available to confirm this.

The manager was able to demonstrate an awareness and understanding of our new approach to inspecting adult social care services, which was introduced in October 2014. They told us that it was their intention to disseminate this information to the rest of the staff team through staff meetings and staff supervision so that they too had an understanding of how this applied to their everyday practices. Encouragement to increase staff performance and to recognise good practice was provided through a special incentive, such as the provider's 'Staff Awards' and 'Staff Recognition Fund.' This recognises achievements by a member of staff.