

West House Floshfield

Inspection report

Cleator
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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Inadequate



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

This was an unannounced inspection that took place on 20th February 2015. The last inspection was on 21st October 2013 and there were no requirements made.

Floshfields is a care home for six people who are living with a learning disability. Some of the people who live in the home are older people and some people have physical health needs. The home is an adapted dormer bungalow on the outskirts of Cleator.

West House, a local not for profit organisation, is the provider who runs the home.

The home has a registered manager. 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 and associated Regulations about how the service is run.

This service was not safe. We discovered that the arrangements for infection control were not adequate. The service needed to have arrangements in place for the use of systems and cleaning materials to ensure that people were protected from potential harm.

Summary of findings

We judged that the staffing levels were unsafe. Two members of staff were expected to undertake all care and domestic tasks. We judged that 50% of the people in the home needed the support of two people at some times of the day. There was only one person in the home at night and this person was designated as the “sleep-in” member of staff. People in the home were at risk due to low staffing levels.

The service was not effective. People in the home who found it difficult to maintain a healthy weight did not have suitable nutritional plans in place. Healthy eating needed to be promoted in the home.

We learned that staff were trained in managing behaviours that challenge. The home had not reported potentially abusive behaviour to the local authority on two occasions. This meant that they were not accessing available support for this person.

The service was not well-led. The registered manager was not always available as she was managing community based services. Some problems in the home had not been identified or dealt with through the quality monitoring system.

You can see what action we told the provider to take at the back of the full version of the report.

The staff team were aware of their responsibilities in protecting people from harm and abuse.

Staff had received suitable training in the skills and knowledge required to support people properly. The manager had good arrangements in place to develop each member of the team through training, supervision and appraisal. People in the home had access to suitable health care and support. The premises were adequate for the needs of the people who lived there.

The home was caring. We saw examples during our visit of people being treated with dignity, respect and care. People in the home responded well to the caring approach of the staff. Staff were good advocates for people with learning disability. People were encouraged to be as independent as possible. Staff were developing new strategies to support people as their needs changed.

The service was responsive. Person centred planning was underway for the year with people being helped to look at their aims and objectives for the coming year. Care planning was of a good standard. The staff team took people out to activities and entertainments as much as possible. New activities were being introduced when people could not go out. There were no complaints from anyone during the inspection.

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 not safe.

Infection control measures were inadequate to keep people safe from cross infection.

Staffing levels were not adequate to give people the levels of care and support needed.

The staff team were trained and aware of the need to protect vulnerable adults but had not reported some incidents in the home.

Inadequate



Is the service effective?

The service was not effective.

Nutrition in the service needed to be improved so that people with problems maintaining a healthy weight were given the right kind of support.

Staff were suitably trained and skilled in most of the support needs of the people in the home.

People had access to health care support.

The premises were suitable for the care needs of people in the home.

Requires Improvement



Is the service caring?

The service was caring.

We saw sensitive, caring interactions from staff who understood people's right to dignity, privacy and choice.

People were encouraged, where possible, to maintain their independence.

The manager and staff were aware of changing needs and were discussing their training needs so that people could be supported.

Good



Is the service responsive?

The service was responsive.

Assessment and care planning was in place and staff were updating and adapting person centred plans so that people could have suitable support and care.

People went out as much as possible to attend activities and entertainments. New activities were being introduced for people who did not go out.

No one had any complaints on the day of our visit.

Good



Is the service well-led?

The service was not well led.

Requires Improvement



Summary of findings

The manager was not always in the service as she was also responsible for some community services.

Some issues highlighted during the inspection had not been identified through the internal or external quality audits.

There were suitable systems in place to monitor quality and some of these were working well. People's views were considered to be important.

Floshfield

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 checked 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 20th February 2015 and was unannounced.

The inspection was conducted by an adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

We talked to the six people who lived in the home and to the registered manager and to four staff on duty. We observed the interactions between people in the home and the staff and we reviewed records. We looked at six care files. This included the care records and the person centred plans for each person who lived in the service. We looked at records relating to the management of medicines.

We looked at four staff files. We looked at rosters, supervision notes and staff development plans. We also looked at records relating to fire and food safety, infection control and health and safety matters. We also received copies of quality assurance audits for November and December 2014 and January 2015.

Before we inspected the service we asked social workers and health care professionals who commissioned the care for their views on how well the service was being managed. We learned that the people who lived in the home were to have their needs reviewed by an appropriate social care or health care practitioner.

Is the service safe?

Our findings

We met everyone who lived in the home and we saw that they were relaxed and safe in their own environment. We noted that people were responsive to staff and were comfortable in their own rooms and shared areas. One person told us: "I am safe in this house."

We looked at the way infection control was managed in the home. We discovered that the registered manager was not using the Department of Health Code of Practice on the prevention and control of infections. Staff had not been asked to take the lead in this and no written plan was in place for managing infection control. The home was clean on the day of our visit but we learned that the two staff on duty were expected to clean the home and do personal and household laundry and also carry out care and catering tasks.

Chemicals were kept in a locked cupboard and there was information about each chemical. However staff were unsure about which chemical to use in particular circumstances. We discovered that staff were using disinfectant tablets which had a use by date of 2011. The container had not been closed properly and the datasheet showed that exposure to dampness or deterioration would create chlorine gas.

We saw that prescribed creams and ointments were kept on open shelves in the downstairs bathroom. Foul linen had to be taken through the kitchen to reach the utility room. Pipes in the downstairs lavatory were boxed in with wood rather than impenetrable material that was easier to keep clean. Hand washing facilities were available but needed to be updated in line with the code of practice.

We found that the registered person had not protected people against risk because failure to have correct protocols may have put people at unnecessary risk of infection. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We asked for copies of the last four weeks of rostered hours and we saw that there were normally two care staff on duty during the day and one person asleep in the home at night. The home did not employ a cook or any domestic staff. There was no administrative support given to the manager.

We looked at dependency levels and we saw that, at times, three of the six people who lived in the home might need the care of two members of staff. On some days the registered manager was in the home but at other times, especially at night or when people were out at activities, there was only one member of staff in the home. We asked staff about staffing levels. One person said "We have three people who are older or have [health problems] and sometimes need a lot of help...we can't always do some of the cooking the way we would like..." Two other staff said: "We haven't taken them to [a social club] as often as we used to and other activities have stopped recently as you can't be left in the home on your own...we would need to go and get a hoist from one of the other homes if someone had a fall...I am not sure how we would manage." The accident book showed some recent falls in the home.

We judged that there were problems in the service with giving people support with moving around the home, taking people out to activities, preparing meals, cleaning the home and dealing with laundry.

We found that the registered person had not protected people against the risk of unsafe care and treatment because insufficient numbers of staff were deployed to deliver care and services. This was in breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We spoke to staff who said they had received in-house training on safeguarding and that they could speak to the registered manager about any concerns. One member of staff said: "I know how to make a safeguarding referral. I feel confident that the manager would deal with safeguarding properly and I also know how to contact the organisation if I need to."

We looked at the provider's policies and procedures around safeguarding vulnerable adults from abuse and found these to be suitable. We had evidence to show that the registered manager had made appropriate safeguarding referrals in the past. The registered manager and the staff were not aware that it is good practice to alert the local authority of any incidents of aggression towards staff.

We were unable to look at recruitment records on the day of our visit to the home because these were stored at the

Is the service safe?

provider's head office. The registered manager talked about the processes for recruitment and these were suitable. We also had staff confirm that recruitment had been rigorous with background checks completed before the staff member had contact with vulnerable adults.

We also noted that this organisation had suitable disciplinary procedures in place. The registered manager told us that they had not had to use these procedures in the service.

We look at the management of medicines in the service. We saw that medicines were ordered, administered, stored and disposed of appropriately. We had evidence to show that everyone in the home was to have their medicines reviewed in March 2015 by the local health care providers.

Is the service effective?

Our findings

The people we spoke with in the home told us that they were happy with the staff. They said that they were: "My friends." We noted that people interacted well with the staff. No one in the home made any adverse comments about the food provided but we noted that one person often asked for alternatives to what was on offer.

We looked at the menus and the food in the home. The staff told us that they planned the menus with people in the service. No one on the staff team had received training on nutrition. There was no evidence to show that staff advised people about healthy eating. We judged that the menus were not as well balanced as they might be. For example the menu showed lunches on three days as being burgers and hot dogs and the day of our visit people were served meat pies with beans. We saw no salads or nutritional soups or casseroles on the week's menu. The protein for main meals was often tinned or frozen food.

The person who needed a soft diet had a tin of ravioli for lunch and was not offered vegetables to go with this. There was fresh fruit in the home but very few fresh vegetables in the stores. Staff told us that they did try to make meals 'from scratch' but that sometimes this was not possible because of the staffing limitations.

Staff said they weighed people regularly and an underweight person was weighed weekly. We looked at the file for one person who was overweight and they had not been weighed since October 2014. Staff did not calculate the body mass index for people. The staff team kept records of food taken by three people but they were not recording in enough detail to establish how well people were eating.

There were some references in files to nutritional needs but no nutritional plans in place for any of the people in the home. The staff said they approached weight gain by cutting down on portions. We saw that one person who was overweight was given high calorie foods during our visit. People who were underweight were not offered fortified foods but were instead given foods that were high in saturated fats.

We found that the registered person had not protected people against the risk of unsafe care or treatment because nutritional needs were not being assessed and planned appropriately. This was in breach of regulation 14 of the

Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We had evidence from talking with people and with looking at files to show that people saw health care professionals when necessary. One person told us: "I go to the doctor and could see the dentist and get glasses if I needed to." We noted that no one had seen a specialist consultant for people with learning disabilities recently. One person had a diagnosis of a mental health problem but was waiting for a referral to a consultant. We saw in the quality audits for the service that the operations manager and the registered manager were working on accessing health care assessments for everyone in the home. The community nursing team visited daily to care for one person.

We asked the four staff we met on the day of the inspection about their training. They could talk about their on-going training in things like moving and handling, person centred care, fire and food safety. All of the staff in the service had received appropriate training on supporting people with behaviours that might challenge. There had been no instances of restraint in the service. We also saw that people were encouraged to complete qualifications in care. We noted that the registered manager sourced extra training from community nurses about health care needs. For example the community nurses had trained staff in how to manage the care of a person who had liquid rather than solid food.

We asked for a copy of the training records which showed that staff had received suitable training. The registered manager told us that there was a corporate training plan but that she had not as yet prepared the training plan for the service. She said she hoped to include training on dementia awareness and the ageing process in the training for 2015.

We looked at four staff files and saw that staff had received regular formal supervision every two months in 2014. We also noted that there was annual appraisal. We looked at individual staff development plans. We judged that the registered manager managed this aspect of her role very well and the staff development plans were of a good standard.

We asked the registered manager about her understanding of the Deprivation of Liberty Safeguards contained in the

Is the service effective?

Mental Capacity Act 2005. We judged that she had a good working knowledge of these and was considering how the legislation would apply to the service. To this end she had asked the local authority for some support and advice about making application in respect of one person in the service.

We walked around all areas of this six bedroomed dormer bungalow and we judged that it was suitably designed and adapted to meet the needs of people with a learning disability. Some people in the service had problems with their mobility and their bedrooms were on the ground floor with easy access to the shared areas.

Is the service caring?

Our findings

The people who lived in the service were able to tell us that they judged the staff to be: "nice", "good staff" and that they were: "Perfectly all right with the people who work here."

We saw that there was a very caring culture in the home and that staff did their best to meet the needs and wishes of people in the home. We observed the interactions and we saw that staff in the home treated people with patience, sensitivity, dignity and respect. People who did not have complex verbal skills were able to communicate with staff. Staff knew each person very well and could pre-empt their needs.

We spoke with staff on duty and we judged that these staff were good advocates for people with learning disabilities. We also noted that external advocates could be brought into the home if necessary. Where people could not make decisions for themselves the local authority was asked for

support through 'best interest' arrangements. We saw that the staff worked with people's strengths as well as their needs. We heard staff explaining and offering choices to people.

Some of the people in the home enjoyed helping the staff. We saw people help to set the table and do other household chores. We noted one person being supported to do their own laundry. Individual files showed that staff supported people to be as independent as possible despite some issues related to ill health or the ageing process.

The staff team were keen to update their caring skills as people's needs changed. The registered manager told us that they were considering doing more work on end of life care as they understood that this might be part of their work in the future. We noted that the staff team were also considering looking at the need to consider whether people wanted resuscitation attempted if there was a health crisis. The registered manager said that this would be part of her planned work for the year.

Is the service responsive?

Our findings

People in the home were aware of their person centred plans. They could tell us where to find them and were happy to share them with us. We were told: "I am asked what I want to do and choose the things I like." Another person told us: "My plan is about my holidays which I like."

We looked at these person centred plans. These were in an easy read format with pictures. They showed people's hopes and aspirations. We looked at plans that had been devised for 2014 and we saw that many of the objectives had been met but that some still needed some attention. The registered manager and the staff team said they were working on the person centred objectives for 2015.

We also looked at the care files which had the care plans for each person. The care plans gave guidance to the staff about health care needs, managing behavioural challenges and supporting activities and independence. These plans were, for the most part, well written and suitably detailed. The registered manager for this service was helping staff to develop the care plans and person centred plans to give people even more options than before. The local authority was arranging to re-assess everyone in the home. This was to make sure that the service was still meeting their needs. The registered manager was working closely with social workers on future planning.

People were beginning to plan their annual holidays and had been asked about activities they wanted to participate in. We saw that some people still went to tai chi and to a sporting activity. No one was currently involved in an educational activity. We also noted that, due to some health issues and the staffing ratios, people had stopped swimming and attending a walking group. The registered manager was looking for alternative activities for people and on the day of our visit there was a music and movement session held in the home. We observed people enjoying this activity and one person in particular who was no longer able to leave the home really enjoyed participating in this.

No one in the service had any complaints on the day of our inspection. There had been no formal complaints for a number of years. We saw the easy read complaints' guidance and we judged that this was of a good standard. Staff talked to us about how they would support people if they had a complaint. We noted that the policy and procedures related to complaints needed some small changes and we asked the registered manager to approach the provider about making these minor changes.

Is the service well-led?

Our findings

People in the home were aware of how the home was managed and one person told us: "I would go to [the registered manager] if I was worried about anything. She would sort it." Another person, when asked about the leadership of the home, indicated that the registered manager led the home well.

The registered manager had worked in the home for a year and was registered with the Care Quality Commission. We learned on the day that she was also responsible for two community services for five people. This meant that the registered manager was not always available as a third person on duty. Staff told us that it was easy to contact her and that she did spend as much time as possible in the service but that she "Had been busy with the other services and we don't see her every day."

Staff told us that they were satisfied with the way the manager was leading the service and that they found her to be very open and easy to talk to. We learned that the registered manager was in the process of developing the planning for the future of the home. Staff told us that they were consulted about this and that, where possible, people in the home were consulted about any planned changes. We noted that developments for things like deployment of staff and activities in the home were in the planning stage. The registered manager said she had been concentrating on the issues in the supported living services.

We saw in staff meeting minutes and in individual staff development plans that the philosophy of care and good practice issues were discussed in these meetings. Staff also said that there were informal discussions in the team about what might be the best way to help and support people.

We also had evidence to show that the operations manager for this service visited on a regular basis. We were sent the last three quality audits that she had completed for this service. These showed that issues that she identified as requiring change or development were being addressed and action plans put into place.

We also noted that there was both an internal and external way of monitoring quality. The operations manager visit was part of the external quality audit. We saw that other senior officers of the organisation also visited to look at things like the environment and financial management.

The registered manager audited medicines, care delivery and staffing issues. We learned that from time to time people who lived in the home, their relatives and other stakeholders were sent surveys. We saw that in the past some changes had been made as a result of these.

We did note that some issues that we had highlighted during the inspection had not been addressed by the quality monitoring undertaken both internally and externally by management. The registered manager was aware of some of the issues around staffing and staff development. There was no formal plan in place to address these issues. Routine audits had not identified the problems with infection control or nutrition.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People who use services and others were not protected against the risks associated with acquiring an infection because there were no identifiable systems designed to prevent, detect and control the spread of infection. Regulation 12 (2).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

People who use services were not protected against the risks associated with inadequate staffing levels because staffing levels did not always meet the levels of dependency in the service.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

People who use services were not protected against the risks associated with inadequate nutrition because nutritional assessment and planning were not in place.