

West House

Home Farm

Inspection report

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Ratings

Overall rating for this service	Good 
Is the service safe?	Requires Improvement 
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

This unannounced inspection took place on 23 June 2016. We last inspected this service in September 2014.

Home Farm is a small care home for up to five people with a learning disability and complex support needs. It is run by West House, a not for profit organisation which provides a range of services to people with learning disabilities in the Cumbria area. The accommodation consists of a large converted farmhouse located in the large village of Camerton on the outskirts of the town of Workington.

The service had 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 2008 and associated Regulations about how the service is run.

The management team and the provider were quite clear that the service was not meeting the needs of the people who used it. This was because people who used the service were incompatible due to differing needs. The provider had taken steps to decommission the service and ensure that the people who used it were found appropriate accommodation. The registered manager and the operational manager had a clear idea about the future of the people who used the service.

Risk assessments were carried out and plans put in place to reduce risks to people's safety and welfare. Support plans were easy to read and based on assessment and reflected the needs of people.

Staff working in the service were aware of different types of abuse and knew how to report it. The service had clear policies relating to safeguarding. Staff had received appropriate training and knew how to support people.

People received support with their medicines from appropriately trained staff.

The service assessed people's nutritional and hydration needs and provided support accordingly.

Staff had developed good relationships with people and communicated in a warm and caring manner. They were aware of how to treat people with dignity and respect. Policies were in place that outlined acceptable standards in this area.□

There was a complaints procedure in place that outlined how to make a complaint and how long it would take to deal with.

We made a recommendation that the service reviewed how it prevented and managed violence and aggression.

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 always safe.

We made a recommendation about the management of violence and aggression.

The provider had identified that there were compatibility issues between people within the service and had decided to decommission the home.

Staff knew how to identify and report potential abuse.

Requires Improvement ●

Is the service effective?

The service was effective.

People told us that staff were good at their jobs.

Staff had received appropriate training.

People received adequate support with nutrition and hydration where necessary.

Good ●

Is the service caring?

The service was caring.

People were treated with dignity and respect.

People told us that the staff who supported them were kind to them.

People's privacy was protected.

Good ●

Is the service responsive?

The service was responsive.

Care plans were written in a clear and concise way so that they were easily understood.

Good ●

People were able to raise issues with the service in a number of ways including formally via a complaints process.

People were supported to access the local community.

Is the service well-led?

The service was well led.

Staff told us that they felt supported by the management team.

There was a quality assurance system in use.

The registered manager had clear expectations of her staff in reference to the quality of care provided.

Good ●

Home Farm

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 the 23 June 2016 and was unannounced.

The inspection was carried out by one adult social care inspector and a specialist professional advisor. The specialist advisor did not visit the service but did review the inspectors findings and the providers policies.

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. In addition we spoke with representatives of the local authority and commissioners. We planned the inspection using this information.

We spoke with all four of the people who used the service and seven members of staff including the registered manager and the operational manager.

We looked at four written records of care and other policies and records that related to the service. We looked at two staff files which included supervision, appraisal and induction. We saw a record of training and a training plan. We looked at quality monitoring documents.

Is the service safe?

Our findings

We spoke with people who used the service and asked if there were sufficient staff within the service. One person told us, "I am getting supported properly." In addition we asked people if they felt safe within the service, one person said, "I'm not sure."

We spoke with staff and asked how people were protected from bullying, harassment and avoidable harm. Staff explained that they had received training that ensured they knew how to protect vulnerable people from abuse. Staff were able to tell us what kinds of abuse there were and how they would raise concerns about them. If staff were concerned about the actions of a colleague there was a whistleblowing policy. The policy gave clear guidance as to how to raise concerns. This meant that staff could quickly and confidentially highlight any issues they had with the practice of others.

Prior to our inspection we reviewed the amount and type of incidents that had occurred within the service. These had been reported by the provider via statutory notifications. We saw that when some people became upset or agitated they often exhibited behaviour that challenged including violence or aggression towards others. This may have been the reason for people telling us they did not always feel safe.

The provider had analysed this information and concluded that there was compatibility issues between people in the home. They had worked closely with the local authority and commissioners to try and resolve this issue. At the time of our inspection they had concluded that the service was going to be closed and more appropriate placements were going to be found for the people who used the service.

We examined what arrangements were in place to ensure people were kept safe while the provider and local authority representatives made arrangements for the service to close. Either while exhibiting behaviour that challenged or when exposed to others exhibiting behaviour that challenged.

We saw that the current population of the service was four people out of a possible five. The provider told us that there were no plans to admit anyone to the service as part of their strategy to keep the people at Home Farm safe.

We looked at individuals care plans and how they were supported at times when they were upset and agitated. We saw that the staff knew to try and keep people separate from each other during these times.

In addition there was a room for people to go to so they could be supported to become calm in an area away from communal spaces. We looked at this room and noted that it was not fit for purpose. It was in a poorly maintained state and was not in line with modern acceptable standards for this type of safe space.

We looked at the providers policy 'Procedures for managing behaviours that challenge and may require the use of physical intervention'. We saw that the service used 'Team Teach' as their model for physical interventions. Team Teach is a widely accepted set of techniques designed to effectively and safely physically restrain someone if they are at risk of harming themselves or others.

Our specialist professional advisor (SPA) reviewed the provider's policy. They found that the policy referenced out of date government guidelines. In addition there was no clear guidance as to how to use and monitor the room that was being used by the service as a safe space.

We spoke with the provider about the findings of the SPA and they rectified all the issues identified immediately. This included the refurbishing of the safe space and changing the outdated policy with a view to incorporating up to date guidance. In addition they provided evidence that indicated that the room was only being used by one person. This person initiated the use of the room themselves and associated it as a place they went to help them feel calm. Their written records of care confirmed this. This meant that the risk of harm to people who used the room was minimal.

As the provider had a satisfactory solution to keep people safe and were responsive to feedback given during the inspection we recommend that they continue to review safety of the people who use the service on a regular basis until the service is fully closed.

During our inspection we looked at how staff were deployed. There was a small group of staff providing varying levels of support to people who used the service. There were no issues with staffing levels within the service and there were arrangements in place to cover staff if they were on annual or sick leave. Staff were able to meet the identified needs of the people who used the service.

We saw that each individual who used the service had assessments in place that identified risks that they faced and planned ways to reduce them. For example some people required additional support to access the local community.

We looked at recruitment procedures in the service. The service ensured that all candidates for employment underwent a formal interview with senior staff present. If they were successful criminal records checks were carried out and references sought. We looked at staff records and saw evidence that confirmed this.

We looked at how the service managed medicines. The service had made arrangements that enabled people to store their medicines securely in their own home. If people required assistance with the administration of medication this was provided by staff who were trained and competent to do so. Training records confirmed this.

There were arrangements in place to ensure that all staff were aware of good infection control practices including an appropriate policy and training. Sufficient personal protective equipment was provided.

Is the service effective?

Our findings

We spoke with people who used the service and asked if they felt staff were able to support them correctly. People told us that staff knew what they were doing, one person said they were, "Staff know what they are doing, they know how to support me, they are good at their job."

We spoke with staff and asked them if they felt well supported and correctly trained. Staff agreed that they were correctly trained to carry out their roles. Two members of staff told us, "We are supported well and have no concerns."

We looked at staff training records. We confirmed staff had completed what the provider deemed to be mandatory training and had attended additional courses relevant to their roles such as Team Teach training

New staff were provided with an appropriate level of induction which included shadowing experienced members of staff for between three and six months. During this period their competencies were regularly checked by senior staff. In addition staff were able to undertake additional vocational courses related to health and social care.

We looked at supervision and appraisal records for staff. The registered manager was ensuring that supervision and appraisal were carried out as per the provider's policy. We noted that supervisions were comprehensive and linked to training and competencies of staff.

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 so that they can 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 service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We examined how the service supported people to make their own decisions. We noted that there were people who used the service who did not have capacity to make all of their own decisions. We saw that the service assessed people's decision making skills to ensure they offered the correct levels of support. Where people lacked capacity the service ensured that decisions made in their best interests were done so by people with the correct legal authority. The staff told us their aim was to ensure they supported people to live as safely and independently as possible.

We looked at how staff supported people to take adequate nutrition and hydration. We saw that

assessments had been carried out to establish people's nutritional and hydration needs. Where concerns were identified the service supported people to eat healthily. One person told us, "I like some of the food."

We saw from the written records the service regularly involved other health and social care professionals in people's care. We found evidence that staff escalated people's health problems to the appropriate specialists including GPs and the local community learning disability team.

Is the service caring?

Our findings

We spoke with people who used the service and they told us that staff were caring and treated them with respect. One person commented, "They're a good bunch."

We spoke with staff who told us they had built appropriate therapeutic relationships with people over a long period of time.

We observed staff speaking with people in a warm and friendly manner. Staff knew people well and were able to anticipate people's needs.

We saw that people were encouraged to express their views about their care and their likes and dislikes. Staff used this information to ensure that people were supported in the manner of their choosing.

We noted that people who used the service were involved in making decisions about their care. We found evidence that demonstrated the service always respected people's rights to make these decisions. Advocacy services were promoted by the service if people wished for additional support to express their wishes, we saw evidence that an advocacy service regularly attended the home.

The service ensured that people lived as independently as possible and their support plans reflected this. Some people had jobs others chose to spend their time in different ways. The service ensured that people's independence and right to choose were upheld. We observed people being supported to go to work, go out for short walks and going to a swimming pool.

We found evidence in people's support plans that the service endeavoured to respect people's privacy and dignity while providing care. We observed staff knocking on people's doors and asking permission to enter.

We noted that the service had policies that referred to upholding people's privacy and dignity. In addition the service had policies in place relating to equality and diversity. This helped to ensure people were not discriminated against.

The service had policies in place to support people at the end of their lives if necessary. The provider had trained staff to support people in end of life care.

Is the service responsive?

Our findings

People we spoke with told us the service responded to their needs.

We looked at the written records of care for all of the people who used the service. We saw evidence that indicated the service had carried out assessments to establish people's needs. People were assessed as to whether they needed support in all aspects of their life.

We looked at the standard of support plans in the service. The service was formulating clear and concise support plans that were easy to understand. Staff had written daily notes that corresponded with people's plans of care.

Reviews of support plans were carried out regularly and involved the person receiving support. Their relatives and other health and social care professionals were involved where appropriate.

During our inspection a person who used the service became upset. There was a support plan written for this person for such occasions. The staff utilised the support plan correctly and helped the person become less distressed. While staff were helping this person they used two way radios to communicate with each other to ensure other people who used the service were safe and supported. This meant that staff had read the support plan and knew how to implement it.

We noted that the service ensured that people were supported to access their local community with appropriate support. We noted throughout the day of our inspection that people were going out to a variety of places with the support of staff.

We asked people if they knew how to raise concerns about the service they received. All the people we spoke with knew to raise concerns to staff, their relatives or the registered manager. One person told us, "I'd tell the manager or the staff."

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome. At the time of our inspection there were no outstanding complaints.

Is the service well-led?

Our findings

People who used the service told us they liked the registered manager of the service.

We spoke with staff and asked them if the service was well-led, they told us they felt well supported by both the manager and the provider.

We observed the registered manager working alongside her staff and people who used the service. It was evident that she knew people well and modelled good quality care to her staff.

We saw that the registered manager communicated with her staff both formally and informally. She had written to each staff member outlining her expectations about standards of care within the service. This letter had also been discussed with staff individually during supervision.

We spoke with the registered manager and the operational manager about the future of the people who used the service. They told us, "Looking ahead, we want to be able to support people in an appropriate environment where they can realise their potential in a tailor made service."

We looked at the management structure of the service. The registered manager reported to an operational manager. She told us she felt well supported by both her manager and the provider. There was on call arrangements in place if there were issues out of hours.

Audits and checks were undertaken regularly. These included paperwork audits, a training audit and observations of the staff's performance. The outcomes of audits were analysed by the registered manager of the service who then used them to improve the way the service was run. For example an analysis of medications had led to administration times to be changed for one person who used the service.

We looked at how the service managed their records. Records pertaining to people who used the service were kept at the service's location in a secure office. Records relating to staff members were held at a central location, however they could be accessed electronically (via email) quickly and easily. □