

West House

# West House Domiciliary Service

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

West House Domiciliary Service provides care and support to people living with a learning disability or autism. Seven people live alone in their own properties, eight people live in houses with one other person. There are 41 people who live with 3 or 4 other people in shared accommodation.

Not everyone using West House Domiciliary Service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

### People's experience of using this service

People told us they felt safe and staff had received suitable training about protecting vulnerable adults. Accidents, incidents, complaints and concerns were responded to appropriately. People told us they had good support from staff. The registered manager kept staffing rosters under review as people's needs changed. People or their relatives were involved in recruitment. New members of staff were specifically selected to work with individuals and had been suitably vetted.

People told us staff understood their needs. Staff were appropriately inducted, trained and developed to give the best support possible. We met team members who understood people's needs and who had suitable training and experience in their roles.

People saw their GP and health specialists. People told us they were supported to budget, shop and cook healthy meals and to look after their health. Staff took the advice of nurses and consultants. The staff team completed assessments of need with health professionals and with the learning disability teams. People were happy with the arrangements for medicines support. Medicines were suitably managed with people having reviews of their medicines on a regular basis.

The staff team were aware of their responsibilities under the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us the staff were caring. We also observed kind and patient support being provided. Staff supported people in a respectful way. They made sure confidentiality, privacy and dignity were maintained.

Risk assessments and care plans provided detailed guidance for staff in the home. People in the service,

their social workers and relatives, where appropriate, had influenced the content. The registered manager had ensured the plans reflected the person-centred care that was being delivered. People told us they enjoyed the activities, interests and hobbies on offer. Staff could access specialists if people needed communication tools like Makaton or braille. Staff worked with psychologists and psychiatrists when necessary.

The service had three registered managers who dealt with operational matters, complaints and concerns, staffing and quality assurance and training. They consulted people and their representatives in a number of different ways. They were analysing quality monitoring reports to complete the new business plan, 'Transforming West House'. People, their relatives and the staff were enthusiastic about the immanent changes

#### Rating at last inspection

At the last inspection the service was rated Good (published 8 December 2016).

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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 remained good.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# West House Domiciliary Service

## **Detailed findings**

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by an adult social care inspector.

#### Service and service type:

West House Domiciliary Service provides care and support to people living in the community with a learning disability or who are on the autistic spectrum.

Three senior members of staff are registered as managers with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was announced. Inspection site visit activity started on 14 May 2019 and ended on 29 May 2019. It included visiting people in their own homes. We visited the office location on 14 and 29 May 2019 to meet with the registered managers and office staff; to review care records and policies and procedures and to give feedback on our visits.

#### What we did:

Before our inspection we reviewed the information we held on the service and completed our planning tool. We used information the provider sent us in the Provider Information Return. This is information we require

providers to send us at least annually to give some key information about the service.

We also reviewed the information we held about the service, such as quality monitoring reports and 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 spoke with social workers, health care practitioners and commissioners of care during our regular contact with them. We had received regular updates from the provider based on their quality monitoring.

We met with 14 people in their own homes and with nine support workers who were with them giving support and care. We met all three registered managers and we also met four people who manage individual services, either in the office or in people's homes

We met a relative in a person's home.

We read nine care files and related forms and documents in people's homes and a further two care files on-line in the main office.

We looked at three staff personnel files and had access to documents related to action taken related to disciplinary or competence matters. We saw rosters and training records for the team.

We saw records related to fire and food safety. We saw quality audits and were sent a copy of a West House's business plan called 'Transforming West House'.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had suitable systems and processes and we found staff understood how to protect people from harm and abuse. People told us they felt safe. One person had even produced art work saying, "I am safe now". Staff confidently told us they would report any abuse and they understood how to do this because they had ongoing training in this matter.

Assessing risk, safety monitoring and management

- The provider had good risk assessments and risk management plans. Risk was lessened because of the planning. Good assessment and planning was supporting people to take risks and to move to more independent living. We saw very detailed risk management plans for people who needed assistance with mobility. We observed moving and handling in one service and this was done efficiently, effectively and with due attention to dignity and privacy. Good attention was paid to any risks related to previous behavioural issues.

Staffing and recruitment

- The provider followed good recruitment processes. There were sufficient staff to meet people's needs. All checks and references were made before they had cared for vulnerable adults. People told us they had been involved in recruitment. We learned about a recent recruitment drive where candidates interacted with people who used services and people involved were consulted on their views. Where appropriate, relatives were involved in personalised recruitment. Recruitment had become specific to the needs of individuals.

Using medicines safely

- Medicines were ordered, stored, administered and disposed of appropriately. Staff asked health care professionals to review medicines so that people were receiving suitable medicines. The management team checked on staff competency and staff received suitable training. Checks were done to prevent errors. We observed correct administration of medicines when we visited people's homes.

Preventing and controlling infection

- People were protected from the risks of infection. The houses we visited were clean, fresh and free from odours. Cleaning routines were used and protective equipment available. One person told us, "I clean my room and do my washing with the staff...we go to the [supermarket] to buy cleaning things. We have a clean house."

Learning lessons when things go wrong

- The provider had systems to learn and share lessons learnt when something went wrong. The provider had reviewed their processes for managing people's finances and managing medicines. Staff told us new

processes had been put in place to ensure people's money and medicines were safeguarded.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider ensured thorough and ongoing assessment so the care delivery was of a high standard. People told us they were asked about their needs and wishes. People were encouraged to have wide-ranging options and choices. Where people had necessary restrictions placed on them, this was done correctly and appropriately.

Staff support: induction, training, skills and experience

- Suitably experienced, skilled and trained staff gave people good levels of support. Staff had good knowledge of people's needs, preferences and wishes. Staff told us they received regular supervision and appraisal. People were involved in training, both for staff and for outside agencies.

Supporting people to eat and drink enough to maintain a balanced diet

- People received good levels of support through planning and monitoring to ensure they were getting good nutrition and hydration. People were supported, where possible, to do their own shopping and to prepare their own meals. People told us, "[The staff] are good cooks and they make good dinners. I help and eat good food". Staff were aware of how to help people with special diets.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support.

- The provider ensured good working relationships had been built with health and social care professionals. People had good access to specialist social work and health care colleagues to support their well-being. Psychologists and psychiatrists supported people and advised the staff.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Where people are deprived of their liberty in their own homes applications must be made directly to the Court of Protection.

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Staff had assessed people's ability and mental capacity and no one had any unfair restrictions imposed on their liberty. We observed staff asking permission and helping people to make decisions. People had, where possible, signed records to show they consented to care and treatment. Any other legal requirements were addressed appropriately.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect and their diverse backgrounds and culture were taken into consideration. Equality and diversity were part of induction and ongoing staff development. Staff treated people with dignity and were non-judgemental and accepting of difference, background, culture and personal history.

Supporting people to express their views and be involved in making decisions about their care

- The provider had suitable systems in place to gain people's views and to influence decision making. People confirmed they or their family members were involved in any decisions. A relative confirmed that, where the person could not express themselves, the family were asked their views.

Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness and respect. One person told us, "They are very good...very nice to all of us". Their private needs and wishes were respected. People were helped to live independent lives. Support hours had been reduced because some people were managing their own lives really well. We observed affectionate and sensitive interactions where people's dignity and privacy were maintained. A Positive Behavioural Approach was being developed so that people could be supported to have dignified and independent lives.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The provider ensured person-centred care was provided and people's needs and wishes were met, wherever possible. Where people needed support to communicate suitable systems were in place. People told us they had, "A care plan and an activity plan. I go out and do things...and they know what I can do and what I need help with". People went to day services, cultural events and to work placements. Some of these were projects run by the wider organisation. West House had an employment officer who supported people into work. We met some people who accessed these services and several people told us, "I work at café West...I like it" and "We go gardening ...its good."

Improving care quality in response to complaints or concerns

- The provider managed concerns and complaints appropriately. The provider had made changes and improvements when concerns had arisen. People and their relatives had access to the complaints procedure. This was available in an easy to read format.

End of life care and support

- The provider had end-of-life care procedures and two members of staff championed this and trained teams when necessary. People and their families were consulted about future wishes, fears and hopes for the last stages of life.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered provider ensured support was person-centred, of a good quality and appropriately planned. The provider had been open with people, and their families, if appropriate, when the person's needs had changed or when something had gone wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a clear structure for how the service was managed. There were three registered managers who had specific areas and task. They managed locality managers who ensured that they were aware of risks, the performance of teams and compliance with legislation.
- The provider ensured on-going quality improvement was in place. The staff and people who used the service had contributed to an action plan called 'Transforming West House'. The senior team and the management board of the provider were analysing the outcome of their extensive quality monitoring before they finalised their future planning.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had an open and equitable approach to all individuals and had strategies for consultation and involvement. People told us they had participated in recruitment, had completed surveys, attended house meetings and reviews and were encouraged to comment on quality. A relative told us, "I am kept fully informed and our views as a family are taken into account because [my relative finds this difficult]".

Continuous learning and improving care

- The service ensured that improving service delivery was high on the agenda. Managers and staff were supported and encouraged to access up to date training and information. Changes had been made when quality outcomes or potential problems had been identified. The teams had started to adopt Positive Behavioural Approaches in all of the services and had achieved good outcomes in personalised recruitment, financial management and systems for managing medicines.

Working in partnership with others

- The staff teams worked with other professionals and with families to ensure the best outcomes for people. The provider also had services for children, cafés and horticultural projects which allowed for cross sector working that benefitted people using the service. We saw records showing detailed joint working with social

and health care professionals.