

West House Briarfield

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 

Overall summary

We carried out this unannounced inspection on 11 September 2015. We last inspected this service on 28 June 2013. At that inspection we found that the provider was meeting all of the regulations that we assessed.

Briarfield provides personal care and accommodation for up to seven people who have a learning disability, and some people had more complex healthcare needs. West House, a local not for profit organisation, is the provider who runs the home. The home is a detached dormer bungalow adapted for its current use as a care home and it is situated in a suburban area of the town of

Workington. All bedrooms are on the ground floor, with office and a staff bedroom on the first floor. The home has a range of equipment suitable to meet the needs of the people living there. It has a lounge, dining room and wide corridors for those who use a wheelchair to get around. Bathrooms and showers rooms have been adapted to meet the needs of people in the home.

There was a registered manager employed at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People in this service had limited verbal communication so we used other means to make a judgement about how people were cared for and supported. We observed people with the staff team. We saw that people who lived in the home were comfortable with the staff who worked there.

Relatives told us that they felt their family members were safe living in this home and said that the staff supported them to maintain good health.

We saw that people were being treated with dignity, respect and care. There were affectionate and caring relationships between the care staff in the home and the people who lived there. The staff knew how people communicated and gave people the time they needed to make choices about their lives and to communicate their decisions, wherever possible.

People were protected from the risk of abuse because the staff in the home understood their responsibility to keep people safe and the actions to take if they were concerned a person may be at risk of harm.

The service had carried out risk assessments to ensure that they identified potential hazards and protected people from harm.

Medicines were ordered, stored, administered and disposed of correctly.

There were enough staff to provide the care that people needed and to support people to follow the activities they enjoyed.

People enjoyed the meals provided in the home. We saw that special diets were well catered for and staff sought out expert advice from dieticians and speech and language therapists to ensure people were given support to maintain a healthy diet.

All the staff employed in the home had received training to ensure they had the skills and knowledge to provide the support people needed. Staff met regularly with their manager for supervision.

The registered manager of the home was knowledgeable about the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, (DoLS). The focus of the home was on promoting individuals' rights and independence and no one in the home had any unauthorised restrictions on their right to make their own choices.

Medicines were handled safely in the home and people received their medication as prescribed by their doctor. People told us that the staff in the home supported them to attend health care appointments as they needed. People were supported to maintain good health because they had access to appropriate health care services.

Staff had worked hard to ensure that the service and those who used it were involved with, and went out in their local community.

Care plans were written in a straightforward manner and based on thorough assessments. They contained sufficient information to enable people to be supported correctly.

The registered manager promoted a positive culture that was open, inclusive and empowering. The provider had systems in place to ensure the delivery of good quality care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were enough staff to provide the support people needed.

The staff were trained in how to protect people from the risk of abuse and were aware of their responsibility to report any concerns about a person's safety so that action could be taken.

Medicines were handled safely and people were protected from the risk of the unsafe use of medication.

Good



Is the service effective?

The service was effective.

The staff were well trained and had the skills and knowledge to provide the support people needed.

Staff received supervision from their manager.

People's nutritional needs had been assessed and meals planned accordingly.

People's rights were respected because the Mental Capacity Act Code of Practice was followed and there were no unauthorised restrictions on their choices or liberties.

Good



Is the service caring?

The service was caring.

The staff treated people kindly and provided support promptly if people were anxious or distressed. We observed staff interacting with people in a warm and friendly way.

People were supported in a way that promoted their welfare and wellbeing.

People's right to privacy was upheld.

Good



Is the service responsive?

The service was responsive.

The staff knew the people they were supporting and how they wanted their care to be provided.

People maintained contact with their friends and families and the relationships that were important to them were respected.

The registered provider had a clear complaints procedure.

Good



Is the service well-led?

The service was well-led.

The atmosphere in the home was open and inclusive.

There was a registered manager employed. People knew the registered manager and said that the home was well-managed.

Good



Summary of findings

The registered provider used formal and informal methods to gather the experiences of people who lived in the home and used their feedback to develop the service.

There was a quality assurance system in use.

Briarfield

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 unannounced inspection took place on 11 September 2015.

The inspection was carried out by one Adult Social Care inspector. During our inspection we spoke to people who

lived in the home and with the four care staff who were on duty, and registered manager. We observed care and support in communal areas and looked at the care records for three people. We also looked at records that related to how the home was managed.

Before the inspection we looked at the information we held about the service and contacted local social work teams for their views of the home.

We asked the provider to complete a Provider Information Return (PIR) prior to the inspection. 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.

Is the service safe?

Our findings

People who use this service were not easily able to tell us their views. We observed that people who used the service appeared relaxed and content in the home.

Relatives told us that they were confident that their relatives were safe and that staff had measures in place to make sure that care and treatment was appropriate and was safe. One family told us, “We are very confident that our son is receiving the best care possible at Briarfield.”

They told, “We are very happy with how a recent issue with medication was sorted out. We were involved along with the GP and this led to making sure our son now takes his medication in a way he is happier with.”

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 were able to protect vulnerable people from abuse. The training included how to identify and report different kinds of abuse and staff were able to demonstrate their knowledge of this. 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.

People who lived in the home were protected against the risk of abuse because the staff employed understood their responsibility to ensure people were protected from harm.

All the staff we spoke with told us that they had completed training in how to recognise and report abuse. One staff member told us, “We have thorough training in safeguarding, we all know how to recognise and report abuse.”

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 in the event of a fire everyone had a personal evacuation plan.

The plans included how to assist people with complex moving and handling needs. For example some people could be at risk of falling from bed and being injured so specialist beds had been purchased.

The registered provider had plans in place to deal with foreseeable emergencies in the home. We saw that emergency plans were in place including the action to be taken in the event of a fire.

We spoke with the registered manager and asked how she ensured that there were sufficient staff to meet people’s needs. The registered manager explained that the number of staff was based on the identified needs of the people who used the service.

We noted that no one had to wait for assistance during our inspection. This was because there were enough staff to meet people’s needs. The manager discussed with us how she was looking at improving access to the community by increasing staffing levels, particularly at weekends.

The registered provider used safe systems when new staff were employed. All new staff had to provide proof of their identity and have a Disclosure and Barring Service check to show that they had no criminal convictions which made them unsuitable to work in a care service. New staff had to provide evidence of their previous employment and good character before they were offered employment in the home. This meant people could be confident that the staff who worked in the home had been checked to make sure they were suitable to work there. One member of staff confirmed that all these checks had been carried out before they were employed at Briarfield.

We looked at how the service managed medicines. Medicines were stored appropriately and administered by people who had received training to do so. We carried out checks on medicine administration record charts (MAR charts). We noted that though most MAR charts had been filled in correctly there was one missing signature, this was rectified immediately. We saw that there were plans in place that outlined when to administer extra, or as required, medication. There were procedures in place for the ordering and safe disposal of medicines. This meant that people received their medicines safely.

Is the service effective?

Our findings

People who use this service were not easily able to tell us their views. We observed that people who used the service appeared relaxed and content in the home.

Relatives told us that their relative received effective care and treatment from the staff team. One family told us, “Staff are aware of our son’s condition and how it presents. He trusts members of staff and they are thorough in monitoring his health, never hesitating to call on medical support when it is needed. Briarfield management and staff keep us informed about this health and don’t hesitate to involve us as parents in exploring options regarding his well-being, and making decisions on medical intervention”.

Relatives told us they were aware of the Mental Capacity Act and said that the home had given them information about how this applies to their relative.

We observed that people made choices throughout our inspection. Relatives also told us that they were happy with the home’s layout and facilities. One family told us, “The physical environment of the home allows him the freedom to choose to spend his time in a good sized bedroom watching television or DVDs or with other residents in the lounge. All areas of the home are always immaculately maintained. His room is bright and airy and he has a pleasant view of the front garden. In better weather he is able to enjoy sitting on the patio and spending time in the garden”.

All the staff we spoke with told us that they received a range of training to ensure that they had the skills to provide the support people required. They told us that all new staff had to complete thorough induction training before they started working in the home. They said they completed further training while working in the home and were not able to carry out specialist tasks, such as handling medication, until they had completed appropriate training. The staff told us that the training they received gave them the skills and knowledge to provide the support people required.

All the staff said they felt well supported by the registered manager and the organisation. The staff told us that had formal supervision meetings with the registered manager where their practice was discussed and where they could raise any concerns.

We saw that each person had been assessed as to what capacity they had to make certain decisions. When necessary the staff, in conjunction with relatives, advocacy services and health and social care professionals, used this information to ensure that decisions were made in people’s best interests. We saw that the service worked closely with professionals from the local authority to ensure that people’s rights were upheld.

The registered manager of the home was knowledgeable about the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, (DoLS). The focus of the home was on promoting individuals’ rights and independence and no one in the home had any restrictions on their right to make their own choices.

We looked at how staff supported people to take adequate nutrition and hydration. We noted that each person in the home had a nutritional needs assessment. In addition to the home’s assessment professional advice from dietitians and speech and language therapists had also been obtained. People’s weight was monitored on a regular basis. We saw that one person was supported to have a specialised diet due to a rare medical condition. Staff were knowledgeable about this condition and the ways this person was supported was well documented.

We saw from the written records that when necessary the service regularly involved other health and social care professionals in people’s care. This included GP’s and community learning disability nurses. This supported people to maintain good health.

We looked at the environment and noted that the manager was steadily improving areas that required refurbishment. We saw that bathrooms had recently been upgraded. We saw that people who used the service decorated and furnished their bedrooms in a style of their own choosing.

Is the service caring?

Our findings

People who could speak with us told us that they liked living at Briarfield and said the staff in the home were “nice”. We asked people if the staff treated them kindly and everyone we spoke with confirmed this.

Relatives told us, “Briarfield staff have a cheerful approach which our son responds extremely

well to.” And, “Staff communicate clearly with our son and their relationships with him are extremely positive.” Also saying, “Staff know the types of activities which he enjoys such as eating out and shopping in town; outside of school his life has an appropriate structure and opportunities for developing his love of animals are being explored for the future.”

Relatives told us, “We are always made to feel welcome at Briarfield and made to feel comfortable and we feel able to telephone the home at reasonable times.”

We saw that the staff were respectful but warm and friendly with people in the home. They knew how individuals communicated their needs and how they expressed their choices. Throughout our inspection we saw that people were given choices about their care in a way that they could understand. We saw that the staff gave people the time and support they needed to communicate their wishes.

The staff in the home showed that they knew how to support people to promote their independence. We saw that people were encouraged to carry out tasks for themselves as far as they were able to. One person was

supported to follow activities in the community on their own. This had been supported by staff in the home and they used buses and visited relatives independently. This had helped to build this person’s self-esteem.

The staff protected people’s privacy and dignity. We observed that staff took care to ensure people’s doors were closed when they were receiving personal care. Staff we spoke with knew that maintaining people’s privacy and dignity was important.

People were asked in a discreet way if they wanted to use the toilet and the staff made sure that the doors to toilets and bathrooms were closed when people were using them. One person became unwell during the inspection, we saw that the staff members dealt with this in a very discreet and dignified, caring manner.

There were policies in place relating to privacy and dignity as well as training for the staff in this area. There were also policies in place that ensured staff addressed the needs of a diverse range of people in an equitable way. Staff received training on equality. This meant that the service ensured that people were not discriminated against.

The registered provider had good links with local advocacy services. An advocate is a person who is independent of the home and who supports a person to share their views and wishes. The staff in the home knew how they could support someone to contact the advocacy services if they needed independent support to make or communicate their own decisions about their lives.

We saw from the service’s records that staff had provided end of life care within the past twelve months. Staff had received training in how to support people at the end of their lives. We saw evidence that staff had been praised for the quality of end of life care they provided.

Is the service responsive?

Our findings

People who use this service were not easily able to tell us their views.

People told us that they were included in making decisions about their lives in the home. They said they followed a range of activities of their choice in the home and in the local community. Everyone we spoke with told us that the staff in the home listened to them and supported them to make choices about their care and their lives.

Relatives told us, “He is given every opportunity to make his own choices where appropriate.” And “He is able to make his own decisions although he does not speak they are all able to interpret his signals.”

During our inspection one person chose to go to their room to listen to music other people watched television in one of the communal areas. Other people were out, for example one person was at a reiki and sensory session.

We looked at the support plans for three people. We saw that where it was appropriate, care plans were in formats to ensure individuals were able to read their own plans and to know what was written about them. People had a file called a person centred plan and these used picture formats and symbols to help people to be involved in setting them up and in deciding how they chose to lead their life and what they liked to do.

Reviews of care plans were carried out regularly and involved the person receiving support. Where necessary their relatives and other health and social care professionals were invited to these reviews.

The home demonstrated that they worked well with other professionals and agencies such as hospitals, colleges and day services. Systems were in place to ensure smooth transition between services. We saw that the home had

recently been proactive in improving communication with the local hospital and this had benefited people in the home to ensure the hospital were better informed of people’s needs on admission and on discharge.

We saw that thorough assessments had been carried out to identify the support each person required and also the tasks that they could manage on their own. The support plans had been reviewed regularly to ensure they contained accurate and up to date information. We saw that people had set themselves goals of activities they wanted to follow or skills they wanted to learn. The records showed how people had been supported to plan each step they needed to complete in order to achieve their goals. People told us about their goals such as planning to attend a concert or arranging a holiday.

People were able to maintain relationships that were important to them. One person told us that they liked to stay with their family at the weekend and another person was supported to visit their family regularly cross the week. They said the staff in the home supported them to do this as they chose. People told us they had friends at the activities they followed in the community. They said they also enjoyed meeting their friends at clubs they attended.

The service had a formal complaints policy and procedure which was clearly displayed in the home. 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. There was also a procedure to follow if the complainant was not satisfied with the outcome. The complaint procedure was in an easily accessible format and the use of advocacy services was encouraged.

The staff on duty showed they knew the procedure people could use to make a formal complaint. They said they would be confident supporting people to make a formal complaint if they needed to do so. There were no outstanding complaints about the service at the time of our inspection.

Is the service well-led?

Our findings

People who use this service were not easily able to tell us their views. However we observed that the atmosphere in the home was open and inclusive. We saw that one person who was able, had regular meetings with a named staff member to discuss their care and agree any changes to their support plan or goals.

The registered provider used formal and informal methods to gather the experiences of people who lived in the home. For people who were not able to express their views easily we saw that their families and other representatives were fully involved by the home in the care of their relative and in having a say in the running of the home.

There was a registered manager employed. People knew the registered manager and said that the home was well-managed.

All the staff we spoke with told us they thought the home was well managed. They told us that they felt well supported by the registered manager and senior support staff and said that they enjoyed working in the home. One member of staff told us, “I love my job, this is a good home, all the staff are here to provide good care to people.” Another said, “The staff team here has been stable for a long time we all pull together and we can speak up and feel the manager is very approachable.”

All of the staff on duty told us that they were confident that people were well cared for in this home. They said they had never had any concerns about any other member of staff. The staff told us that they were encouraged to report any concerns and were confident that action would be taken if they did so.

There was a quality assurance system in use. The registered manager of the home carried out regular checks on all aspects of the service. We saw that they had a plan for the continuous improvement of the service. These included training audits, cleanliness and hygiene checks, health and safety checks and audits of written records of care. The checks and audits were compiled into a single document which was then sent to the provider for analysis. This helped ensure that people were provided with a high quality service. The improvement plan included the views of people who lived in the home about how they wanted the service to develop.

Providers of health and social care are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.