

West House

# West House - 47 Sandy Lonning

## Inspection report

47 Sandy Lonning  
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Date of inspection visit:  
27 September 2016

Date of publication:  
02 November 2016

### 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

This announced inspection took place on the 27 September 2016. The provider was given 24 hours' notice because the location was a small care home for younger adults who are often out during the day. We needed to be sure that people would be in and that the registered manager would be available to assist us with the inspection.

We last inspected this service on 24 March 2014 under the regulations that were in force at that time. We found that the provider met all the regulations during that inspection.

Sandy Lonning is a care home for seven people who have a learning disability. West House, a local not for profit organisation, is the provider who runs the home. The home is located in a quiet lane on the outskirts of Maryport. The premises are purpose built and have been maintained and furnished to high standards. Each person has their own bedroom and adapted bathing facilities are available. All but one of the rooms has en-suite bathrooms. Separate bathrooms and shower room are also available for people to use if they wish.

There was a registered manager in post on the day of our inspection visit.

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.

People who used this service were safe. The staff knew how to identify if a person was at risk of abuse and the action to take to protect people from harm. Risks to people's safety had been assessed and measures put in place to manage any hazards identified.

Staffing levels were good. The records we looked at showed that staffing levels were planned around the needs of people who lived in the home. We saw that staff training was up to date. People were given support on a one to one basis in order to follow activities safely in the local community. We saw that the staffing levels had been arranged to ensure that this support was available. People were recruited safely so that only suitable people were employed at Sandy Lonning. People received care and support from experienced and well trained staff.

We found that medicines were managed well and in line with peoples' prescriptions. People were encouraged to eat a healthy diet but could also choose their favourite food..Staff supported people to access all external health related appointments. Dental, optical and chiropody services were accessed when required.

People were treated with kindness and respect. They were included in planning and agreed to the support

they received. The care staff knew the people they were supporting and the choices they had made about their care. The staff knew how people communicated and gave people support to make and express their choices about their lives. People were encouraged to follow activities of their choice both in the home and out in the wider community.

The registered manager set high standards and the focus of the service was on promoting people's choices and rights. The registered manager had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, (DoLS), and how to protect the rights of people who needed support to make important decisions about their lives. Staff had completed training and also had an understanding of their responsibilities in this area.

The provider had an internal quality audit system in place to monitor the quality of the care and support provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff had completed training in safeguarding vulnerable people. This ensured people were protected from the risk of abuse.

There were sufficient staff on duty to meet peoples' assessed needs.

Medicines were managed safely and all medication records were up to date.

### Is the service effective?

Good ●

The service was effective.

The staff in the home had completed training to give them the skills and knowledge to meet people's needs.

People had a choice of meals and drinks that they enjoyed.

People's rights were protected. All staff were knowledgeable about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

### Is the service caring?

Good ●

The service was caring.

The staff treated people with kindness and consideration and provided them with the support they needed.

People were given the information they needed to understand their support and to make choices about their lives.

People's privacy, dignity and independence were protected.

### Is the service responsive?

Good ●

The service was responsive.

People were included in decisions about their care.

A range of appropriate activities were provided that took account of people's interests, preferences and needs.

The registered provider had a procedure for receiving and managing complaints about the service.

**Is the service well-led?**

**Good** ●

The service was well-led.

Staff told us the service was very well managed, that they were supported to develop and were valued by the organisation.

The registered manager set high standards and worked with the care staff to ensure these were met.

There was an appropriate system in place to monitor the quality of the care and support provided to people who lived in West House 47 Sandy Lonning.

# West House - 47 Sandy Lonning

## **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 announced inspection took place on the 27 September 2016. We gave the provider 24 hours' notice of our visit because the location was a small care home for adults who are often out during the day. We needed to be sure that someone would be in when we visited.

The inspection was carried out by one adult social care inspector. During our inspection visit we spoke to two of the people who lived in the home, the senior support worker on duty and another support worker. We spent time with the registered manager of the service and discussed the running of the service with the operations manager who was in the home for part of our inspection visit. We observed care and support in communal areas and looked at the care records for four of the seven people who lived in West House 47 Sandy Lonning. We also looked at records, including those relating to management of medicines and all other records pertaining to the running of the home.

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 received the PIR back within the allotted timescale. We reviewed the information we held about the service, including the information in the PIR, before we visited the home.

# Is the service safe?

## Our findings

We spoke to the two people who were in the home on the day of our visit and they both told us they felt safe living in West House 47 Sandy Lonning. One person said, "I love all the staff and I know they keep me safe". We saw warm and friendly interactions between the support workers and the people who lived in West House 47 Sandy Lonning. We saw that people were relaxed and at ease in the company of the staff throughout our visit. The registered manager told us, "We keep things as relaxed as possible and people know they are safe".

West House, the registered provider for this service, had corporate policies and procedures in place with regards to safeguarding vulnerable people. Staff were confident about their responsibility to keep people safe and those we spoke to during our visit told us they would not hesitate in reporting anything untoward.

The staff we spoke to said that they had completed safeguarding training and the training records we looked at confirmed all staff had completed the course. They were able to describe the different forms of abuse and were confident about reporting anything they saw as they knew they would be listened to. However we were told by one member of staff. "I have never seen or heard anything out of place and I have worked here for a number of years".

We looked at four people's care records. We saw that risks to individuals' safety had been identified and measures put in place to reduce and manage any hazards identified. We saw that the risk assessments focused on protecting people from harm while also supporting them to maintain their independence. The risk assessments covered the time people were in the home and also the times when they went out into the community.

The risk assessments were reviewed at the same time as the support plans unless there was a change to a person's needs, when they were reviewed and updated immediately. We saw that the care plans had tools to monitor mental health needs and directions for staff to support people whose behaviour may challenge the service. This demonstrated all aspects of people's needs were recognised, understood and met in the most appropriate and safe way.

The records we looked at showed that staffing levels were planned around the needs of people who lived in the home. This was confirmed by the staff we spoke to during our visit. We saw that some people required support on a one to one basis in order to follow activities safely in the local community. We saw that the staffing levels had been arranged to ensure that this support was available. As we were leaving at the end of the inspection one person and their support worker were returning home after spending the morning in town shopping and having lunch out. There were two people in the home during our inspection and there were two support workers on duty plus the registered manager.

The registered provider had safe systems in place when recruiting new staff to work in West House 47 Sandy Lonning. We saw that thorough checks were carried out on all new staff to ensure they were suitable to work in the home. This helped to protect people who lived in the home. Checks included the completion of an

application form showing details of previous employment and names and addresses of people who had agreed to give a reference. 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.

We looked at how medicines were stored and managed. We saw that medicines were stored securely to prevent them from being misused. All the staff who handled medication had received training to ensure they could do this safely. The records of medicines that had been given to people were fully completed to show when people had received their medicines. This protected people as it helped to prevent mistakes in how medicines were administered. People received support to maintain their health from a range of appropriate local and specialist health services. These included the Care Come Educational Support Services (CHESS), peoples' own GP and specialist mental health practitioners. Referrals were made by the registered manager and were recorded in people care plans.



## Is the service effective?

### Our findings

We found, throughout our visit, people were given choices about how they wanted to spend their time during the day. The people who lived in West House 47 Sandy Lonning went out into the community almost every day of the week dependent on how they felt on the day. During our visit the two people who were in the home spent their time in all parts of the building.

West House the registered provider had a rolling programme of staff training that ensured staff were fully trained and this ensured all the staff kept up their skills and knowledge. All the training the provider considered to be mandatory such as moving and handling, infection control, health and safety, fire safety, adult protection and safe handling of medicines was in place. Training specific to the healthcare needs of the people who lived in West House 47 Sandy Lonning was also provided. Records we examined evidenced that staff training was up to date. Staff also had completed or were in the process of completing the care certificate qualification. This is a recognised qualification in health and social care leading to a diploma qualification.

Staff confirmed that they had regular supervision meetings with the registered manager who was always around to support them in their role. One member of staff told us, "I have just had my supervision meeting and we are always given the opportunity to discuss our training and make suggestions about the running of the home".

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 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.

The registered manager had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, (DoLS), and how to protect the rights of people who needed support to make important decisions about their lives. We saw that the atmosphere in the home was inclusive and respectful. Throughout our inspection we saw that people were supported to make their own decisions and the choices they made were respected. The registered manager confirmed she had applied for a DoLS in respect of one person who lived in the home but as they were very poorly at the time this was refused. She told us she was about to re-apply as the person had recovered. We saw the documentation with regards to the application together with details of the best interest meetings that had been held at the time of the application.

Staff supported peoples healthcare needs through visits to the GP surgery and there was district nursing input when required. People were supported to attend hospital visits and dental appointments. Chiropody and optical services were accessed when required.

We spoke to people who lived in West House 47 Sandy Lonning about their meals and were told, "We can choose what we like and help to prepare the meals. We do all the menus too". People who were able assisted with the weekly shopping which always took into account the menu for the week. We saw, from the menus, that meals were varied and on the whole healthy although people did choose 'treats' as well. Weights were checked monthly and arrangements were in place to provide special diets when needed.

During our visit we looked at the environmental standards and found the building to be well maintained. We saw that there was appropriate equipment available to assist people with the activities of daily living and their movement round the home.

## Is the service caring?

### Our findings

The two people we spoke to during our visit told us they really liked the staff and appreciated the care they received. One of them said, "I like all the staff they are great. They look after me very well". We saw that people were comfortable and relaxed around all the staff who were working in the home during our visit. It was obvious the staff knew the people they supported very well and gave people their time and attention and shared jokes with them. We saw that the staff understood that it was important to spend time with people. The atmosphere in the home was relaxed and people were treated kindly.

Although some people had very complex needs they were all encouraged to express their views and opinions and staff supported them to maintain their independence. The staff knew the tasks that people could carry out for themselves and the areas of their care that they needed assistance with. We saw people were given the time they needed to do as much for themselves as possible at their own pace.

Everyone we spoke to said they enjoyed talking to the staff and told us that the staff took the time to sit and chat with them when they could. We saw that all the staff took time to speak with people as they carried out their duties. People were given attention and social interaction that we saw they enjoyed.

Some people enjoyed spending time in the communal areas and other people preferred to remain in their rooms. People who had chosen to spend time in their rooms told us that this was their choice and said the care staff respected their decision. Staff told us that often people liked to watch their favourite television programmes in their own room rather than the lounge. Bedrooms we saw had been personalised with people's own belongings, such as family photographs, ornaments and mementos to help people create their own personal space.

Throughout our inspection visit we saw that people were treated with respect even though there was plenty of light hearted banter. Staff behaved professionally and never crossed the line when speaking to the people they supported.

The registered manager had links with local advocacy services. An advocate is an independent person who is not connected with the home but who can support people to express their views. The staff in the home knew how to contact the advocacy services if an individual required support to make choices about their lives or to express their wishes about their care. At the time of our inspection there was nobody who required the services of an advocate to act on their behalf.

## Is the service responsive?

### Our findings

We found throughout our visit that the service was responsive to the needs of the people that lived in West House 47 Sandy Lonning. Prior to their admission to the home people's health and social care needs had been comprehensively assessed. The assessments were completed by the registered manager and ensured the service was suitable and could meet their needs. Most of those who lived in the home had been there for some time and we could see that they lived as they wanted to.

People made their own decisions about what they wanted to do and where they wanted to go. We saw that people followed a range of activities of their own choice. During our inspection we saw that some people chose to spend time in the home and other people were supported to follow activities in the local community. We saw that activities were provided to take account of the interests, preferences and needs of each individual.

Each person who lived in the home had a support plan that held information about the level of support they required and how this was to be provided. The support plans had detailed information to guide the staff on how to care for people. Support plans were person centred and the level of detail showed each plan was personal to the individual. The support plans included details about what was important to the person and included their preferred routines. Where people had more complex needs we saw appropriate specialist services had been included in developing their support plans. The support plans were reviewed regularly to ensure that the staff had up to date information about how to support each person. Wherever possible people took an active part in their care and support planning and we found that the support plans we looked at had information in a format that was accessible and in an easy read format.

People were involved in various activities in the community and some had types of employment. Activities included going out shopping, meeting with friends for coffee or lunch and attending various social activities outside the home.

People were encouraged and supported to maintain personal relationships with family members and friends. People who lived in West house 47 Sandy Lonning often visited their families for week-ends to catch up with relatives and close family members.

Health care needs were met by the local GP surgery and the district nursing service if this was appropriate. Staff were available to accompany people to the dentist or hospital appointments and chiropody and optical services were accessed when required.

The registered provider had a procedure for receiving and managing complaints about the services it provided. The staff we spoke with told us that they would be confident to support people if they wanted to make a complaint about the care they received. People told us they had never had a reason to complain about anything but if they did they would not be worried about doing so. Staff told us that nobody who lived in the home was afraid to speak up if they had a reason too. They said, "Everyone here has a voice and they all use it".

## Is the service well-led?

### Our findings

We found this service was well led. There was a registered manager in post who was supported in her role by senior support workers and a team of experienced and well trained staff. The registered manager was also supported by the operations manager responsible for this service. They visited the home every month to meet with the registered manager as part of her personal and professional development.

The registered manager and the staff we spoke to were aware of the organisation's vision and values. They saw their role as one that encouraged people to retain their independence and to provide people with choice and access to the local community. Staff told us they had developed good relationships with the people who lived in west house 47 Sandy Lonning and that these relationships ensured people received the most appropriate level of care and support. One member of staff said, "We get to know people very well and this helps us to make sure people have the best quality of life possible".

The atmosphere in the home was relaxed and inclusive. The staff we spoke to told us that the registered manager set high standards. They said that the focus of the service was on providing the support people needed and on promoting people's choices and rights.

The provider had systems in place to monitor the quality of the service. These included quality monitoring visits by the operations manager who completed internal audits or checks on every aspect of life in the home. Checks were carried out on the support plans, management of medicines, health issues including nutritional needs, risk assessments, health and safety and the environmental standards. The registered manager also completed quality audits on support plans, medicines administration and recording and infection control as well as the physical standards of the building.

The audits highlighted any work necessary to improve the standard of the environment throughout the home. We saw evidence to show the improvements required were put into place immediately. There was a continual programme of maintenance work carried out both internally and externally.

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 was aware of their responsibility to inform CQC of significant events and had notified us of everything that was required.

We looked at the records pertaining to the running and management of the home and found these to be up to date. these included certificates with regards to the provision of gas and electricity. there was also an up to date fire risk assessment in place.