West House

West House - 3&4 Glebe Lane

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

This was an unannounced inspection carried out by an adult social care inspector. It took place over two days 2 and 3 September 2016.

3 Glebe Lane is a four bedroomed bungalow which provides care for four people in single rooms. 4 Glebe Lane is a four bedroom house where four people live. The service cares for people with a learning disability who may also have a physical disability. Both houses have suitable shared spaces and small gardens. The staff care for people in both properties and the people who live in both houses visit each others buildings as they are next door to each other. The houses are in a quiet residential area of Distington within easy access of the village amenities and public transport.

The home has an experienced and suitably qualified registered manager who has been in post for a number of years. 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 in the home were protected from potential harm and abuse because staff understood their responsibilities and had received suitable training in safeguarding matters. Both houses were safe and secure and the registered manager had ensured that maintenance was on-going and that there was a suitable emergency plan in place.

Every person in the home had a risk assessment that covered their care needs and risks around activities. There were suitable risk assessments in place regarding the building and the grounds. Accidents and incidents were minimal and suitable risk management in place to lessen or prevent any accidents.

Staffing levels met the assessed needs of people in the service. The registered manager changed the rosters when people's care and support needs changed so that staffing met these needs.

Staff were suitably recruited and West House had human resources policies and procedures in place. The organisation had grievance procedures and less formal ways of staff being able to 'whistle blow' if necessary.

Medicines were suitably managed with staff receiving training and checks on competence.

Both buildings were clean and tidy and staff had training in prevention of infection. They understood how to use personal protective equipment.

Staff received good levels of support through supervision, appraisal and checks on competence. We saw that new staff had a thorough induction and then received both formal and informal supervision. More

experienced staff had support that helped with their overall personal development. Records showed that the staff team discussed best practice issues in supervision and in team meetings as well as informally during their shifts.

The registered manager had a good understanding of the Mental Capacity Act 2005 and staff had received training on making decisions in people's best interests, Deprivation of Liberty authorities and on consent. There had been no incidents where restraint had been used but staff had receive suitable training on behaviours that challenge and how to manage them.

Staff supported people to prepare their own snacks and to help with meal making wherever possible. People received good quality food that was home cooked in the service. People also went out for meals. Staff were trained to support people who had difficulties managing a normal diet.

Both buildings were of a domestic nature but the provider had made suitable adaptions where people had problems with their mobility. Some parts of the buildings looked a little tired but the registered manager told us of plans to continually upgrade the environment. Staff supported people to keep their homes neat and tidy. Both buildings were warm, comfortable and homely.

Staff explained things to people with care and patience, They helped and supported people both physically and emotionally. People were encouraged to 'have a go' and do things for themselves. People were given options and choices and helped to make decisions. It was obvious that there was genuine care and affection between the staff and people who lived in the home.

Each person in the home had a detailed care plan and a health care plan. People also had their own person centred plan where their hopes, needs, strengths and wishes were recorded. These were of a very high standard.

People told us that they enjoyed a wide range of activities. They went to discos and swimming, shopping and on holidays. They were involved in the local community. Staff encouraged people to be part of the day to day work of the houses and where possible people were involved in shopping and cooking, tidying and cleaning the house.

There had been no concerns or complaints about the service but people had the right level of support to raise these if necessary.

We had evidence to show that good planning was in place if people had to go into hospital or if they had to move to a different service.

The home had an experienced and suitably qualified registered manager. Staff and people in the home told us that the manager was supportive and caring. We judged that the service reflected the values of the provider and that the manager had created an open atmosphere and a caring culture.

The provider had a suitable quality monitoring system and we saw evidence to show that this was in place. Senior officers of the provider's organisation visited regularly to ensure that good standards were being met.

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 a good understanding of their responsibilities in protecting people from harm and abuse.

The home was suitably staffed.

Medicines were managed correctly.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and supervised to ensure that they developed in their role.

The manager and staff understood their responsibilities under the Mental Capacity Act.

Is the service caring?

Good

The service was caring.

People were supported in a respectful and dignified way.

Staff supported people to be as independent as possible.

People had access to advocacy if necessary.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed on a regular basis.

Planning was done in a focussed and person centred way.

People who lived in the home were helped to have meaningful activities, hobbies and outings.

Is the service well-led?

Good

The service was well-led.

The registered manager had encouraged and open culture.

The provider ensured that quality was monitored in a suitable way.

The service worked well with other professionals.

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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 inspection took place on 6 September 2016 and was unannounced and was conducted by an adult social care inspector. We returned on 7 September 2016 to look at documents that supported what we had seen and to give the registered manager feedback.

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. This was returned to us in good time and with suitable details.

We met six of the eight people who make 3 and 4 Glebe Lane their home and we spent time both talking with them and observing how the staff supported them.

We spoke briefly to two relatives as they were leaving the service and to one relative by telephone.

We spoke with seven support workers and observed them interacting with people in the home. We met two senior managers of West House who were visiting the home. We spent time with the registered manager.

We looked at all eight care files and this included the care plans and assessments, individual person centred plans and health care files. We looked at medicines management records and checked the stored medicines.

We looked at six staff files which included recruitment, induction training, supervision and appraisal records.

We looked at policies and procedures and we saw a wide range of documents that gave us evidence of how the home was managed. This included documents related to infection control, health and safety, fire safety and food hygiene.

We walked around all areas of both buildings and we looked at equipment in the home. We checked on the food provided and on other supplies kept to ensure the home was clean and well cared for.

Good

Is the service safe?

Our findings

People told us they felt safe in "our house" and that the staff were "nice to us". A visiting relative said "We know [our relative] is safe and well looked after."

We spoke to staff about safeguarding vulnerable people and they were able to talk to us about what would be considered abusive and how they would tackle this in practice. We saw training records and saw that all the staff had received training. We also saw that staff had the opportunity to talk about the issues in staff meetings and in individual supervision. There had been no safeguarding referrals made in relation to the service.

We saw a wide range of risk assessments when we looked at records. There were general risk assessments related to the building and to activities. There were good moving and handling assessments in place and assessments of the risk of things like accidents, falls and fire. The service had an emergency plan. The provider had updated emergency planning as part of their on-going updates to procedures. Risk management plans were also in place.

Staff said they were confident about taking any concerns to the manager, "because she listens and will act...". The organisation had a 'whistleblowing' policy in place which staff were aware of but staff said they would always go to the registered manager.

There had been no accidents recorded in the service for some time and those recorded in the past were minor. Good accident and incident management was in place so that risk was lessened.

We looked at the last four weeks worth of rosters and we saw that staffing levels were suitable to meet the current needs of people in the service. We saw that the registered manager and the staff worked well together and were flexible about rostering. If people had an appointment or staff were taking them out to activities the roster would change to meet needs. Staff said that extra staff hours were put in place if one of the people in the home was unwell.

At night there was one person who slept in each of the houses. We spoke to staff at length about this. They said that it was very quiet at night and that the arrangements worked well. We did discuss this with the registered manager and she said that, given people's needs were changing, she was keeping the night time arrangements under review. She also said that she had looked at some assistive technology and would be exploring this further.

We looked at four staff files that were brought to us by the provider's human resources department. These gave us evidence of suitable recruitment practices. We saw that new members of the staff team had suitable background checks in place before they had any access to service users.

We looked at policies and procedures and saw that the recruitment, disciplinary and grievance procedures were suitable and that staff could access these easily.

We looked at medicines management in home. We saw that the registered manager had put in place some safeguards so that the risk of staff making errors would be reduced. There were regular checks of medicines throughout the day by two people. The registered manager audited medicines on a regular basis.

People in the service had regular reviews of their medicine. This was done by the local GP, specialist nurses or consultants. We saw evidence to show that use of things like sedatives were kept under close review. Both properties were clean and tidy on the two days of visits. The provider had suitable policies in place in relation to infection control. There was also local procedures in place. Staff said that they had received training in infection control and that personal protective equipment was always available. There had been no major problems with infection in the service.

Good

Is the service effective?

Our findings

People told us that the staff were, "Good at their jobs… They know everything they need to." We spoke with a relative by telephone who said that in their opinion staff were very skilled and, "They get plenty of training so they know what they are doing."

We looked at a number of staff records. We saw that staff received training in all the provider considers to be core skills. This included safeguarding, health and safety, moving and handling and the principles of person centred care. The provider encouraged staff to gain national qualifications in care and we saw evidence to show that this is happening in this service. Staff told us that they can attend more specialised training and that sometimes they had training in the home from specialists when caring for individuals.

The staff files we looked at contained detailed and up-to-date records of both supervision and appraisal. We noted that in these formal meetings staff had been able to talk about the way they worked with individuals, any difficulties they had and training and support needed. We also noted that staff were able to voice any worries in supervision. Detailed annual appraisal was in place for all staff and these were used to support team and individual development. We saw minutes of staff meetings that showed that staff often discuss best practice issues. Staff we spoke to also told us that talking about practice issues was done on a daily basis in a more informal way.

We had evidence to show that staff communicated well and used simple, but effective, ways of recording. Staff worked in both buildings and could talk in depth and in detail about the needs of all the individuals in the service. We noted that staff communicated and dealt with things like appointments or problems in home as soon as possible. The outcomes were recorded appropriately.

The registered manager and visiting professionals had undertaken 'best interest' reviews when decisions had to be made for people who lacked capacity. We saw that the staff involved people in decision making as much as possible but that when people did lack capacity they took suitable steps to support them. The registered manager had assessed some people as being, for their own safety, deprived of their liberty. Those people had deprivation of liberty authorisations in place and these were being reviewed. Staff had received training about their responsibilities under the Mental Capacity Act 2005.(MCA)

The 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.

We observed staff asking people for consent for interventions and discussing decisions to be made. People

talked to us about their person centred plans and said they had made their own decisions. We observed staff talking to people who found communication difficult and we saw that staff observed body language and responses before they delivered care to people or made decisions about activities or meals.

People in the home said they chose what they wanted to eat and that the staff helped them to choose, "Good food...things that keep you well...no rubbish". We had evidence to show that menu planning and shopping was always done with the people whose home this was. We checked on the food in the houses and saw that there was a good variety of nutritious foods. People said they had plenty of food and enjoyed their meals and snacks, People helped with cooking and we enjoyed some home baking made by one person.

Some people needed help to maintain their weight. The staff team took advice from specialist nurses to help people to have good nutrition. The registered manager was aware that some people in the service were having problems with nutrition and she had plans to develop the staff so that they could continue to give people more support. Nutritional planning was in place as part of care planning but the team wanted to develop these further. We look forward to seeing how this develops.

We spoke to the local community nurses and to specialist nurses. They told us that they visited on a regular basis and that staff followed their guidance. We had evidence to show that staff called on the GP when necessary and that they used specialist nurses, dieticians, speech therapists and occupational therapists to help them deliver the right kind of care. No one in the service displayed behaviours that challenge but the team could call on professionals if this was an issue. Learning disability nurses visited the service on a regular basis. People saw dentists, opticians and chiropodists to ensure they had all the care they needed.

One person had a major health problem. Staff had discovered this and supported the person through diagnosis, surgery and follow up treatment. The person told us, "The staff were really lovely and helped me all the way." We saw that the team were discreetly supporting this person to adjust to the changes that the illness had created to this person's body and to their sense of self worth. We judged that this had been a really good piece of work with a vulnerable person.

The Glebe Lane service is a bungalow for four people and a house for four people. The properties were very similar to the homes we all live in and the eight people in residence enjoy a normal domestic lifestyle. The registered manager kept the provider informed of upgrades necessary in the properties. People's own rooms were well decorated and furnished and people told us they liked "our house".

Good

Is the service caring?

Our findings

People told us that they liked the staff team. They said, "All of them are very good… Nice." Visiting relatives said, "The staff are wonderful, all very caring." We also spoke to another relative on the telephone who said, "I know that the staff really care… I can see that when I visit."

We asked people about how caring they thought staff were but we also observed interactions between staff and people in the service. Staff were kind, polite and considerate. They treated people with respect. Staff were patient and took time to explain things to people in a clear way. People were given options and choices. Staff were careful to ensure that people's dignity was maintained when personal care was being delivered.

During the inspection we noted that staff spent a lot of time observing, questioning and considering the well-being of people in the service. The detailed written notes showed that staff considered the emotional, physical and psychological well-being of the people in the service.

Some people in the service did not communicate using speech. Staff understood how to communicate with them and look for subtle responses. Care plans had details of how to respond to people and how to determine what their wishes were where at all possible.

Staff had received training in person centred care and in the care of people living with learning disability. Staff understood how to engage with each individual and the care plans gave guidance on each person's needs. They spoke to people in a respectful way which recognised difficulties individuals had but we did not hear any interactions that might be considered to be patronising.

Staff were also trained in matters of equality and diversity. We met with staff who were non-judgemental and understood the principles of equality and diversity. The service had suitable policies and procedures for both the care of service users and the employment of staff.

People in the service were aware of their person centred plans. Where possible people had been involved in decision making about all aspects of the service. This was done in regular day to day consultation, informal meetings and where appropriate in more formal review meetings. People were also invited to become involved in the wider decision making within the organisation by attending meetings and workshops.

Suitable arrangements were in place to ensure that people who lived at Glebe Lane had access to advocacy when necessary. Some people had relatives who advocated for them and they were consulted appropriately.

When we read the care plans and person centred plans we saw that independence was promoted through the care planning process. We also observed staff encouraging people to do things for themselves. People were encouraged to keep their rooms tidy, if possible. They were supported to do as much as possible for themselves.

Good

Is the service responsive?

Our findings

Several people in the home volunteered to show us their person centred plans. One person said, "Do you want to see my plan, it tells you all about me and what I want to do and what I need?" Another person said, "My plan needed changed when I went in the hospital and we talked about it together and it was done." We spoke to a relative who acted as a person's advocate and they said,"Any changes at all… any need and the staff team will update the care plan. I am involved but they are the ones who know how to give the right care. I always agree with what they want to do as it's always been the kind of care (my relative) needs."

We reviewed all of the care files for the people who made Glebe Lane their home. We read some aspects in depth and checked other files to find evidence that assessment, planning and review were up to date. There were comprehensive documents in place showing that the delivery of care and support was current, appropriate and detailed.

We had evidence to show that assessment of strengths and needs was on-going in the service. When people's needs changed new assessments were made. This applied to changes to dependency and to new preferences people had expressed. We saw very good assessments of each individual that encompassed holistic needs.

These assessments had been done with individuals or their advocates. Some people in the service were able to explain to us how the staff did this. They understood that they had a specific worker who took a special interest in them. They confirmed with us that these 'link workers' made sure that they had the right level of support. Relatives confirmed that they were included in assessment where appropriate.

Each person had a separate file for health needs, care plans and for person centred plans. Person centred plans used, where appropriate, photographs and line drawings. People confirmed that these person centred plans were written so that staff understood what they needed, what they wanted to do for themselves and what their hopes and aspirations were. The plans included details of how people wanted their personal care support, the activities they preferred, food preferences and the importance of their friends and families. They also showed positive attributes for each person. These plans described how each person was unique. The small things that everyone finds important were highlighted in the person centred planning. We were impressed with one particular person centred plan which took up a whole wall of a person's bedroom. This had lots of photographs and other visual cues. We learned that the person who owned this plan spent a lot of time looking at it and could indicate if a change was needed. We judged this to be a very good way of ascertaining what this person needed and wanted in life.

Everyone who lived in the service also had a care plan. These plans were intended to guide staff in the specifics of care and support delivery. These included details of how to deliver personal care, how to support person who needed help with mobility, how to communicate with people, their health needs and any necessary behavioural or psychological approaches. These were detailed, current and appropriate.

We met six of the eight people who lived in the home and they had all been supported to make the best of

themselves. They were dressed and groomed in the ways they preferred. People went out during our visits and they were dressed "for going out" as one person said. This person also said, "I like nice clothes and my hair done ...the staff help me and I like shopping for clothes and going to the hairdresser." We also saw that people who were very dependent on staff for their physical care were given good support in terms of personal care. Some people spent time in bed or in specialised chairs. We had evidence that staff gave people really good care when they needed this kind of intensive physical support.

People were also very keen to talk to us about activities. Some of the people who lived in the home had recently gone to Carlisle to take part in a cycling experience with specially adapted bicycles. They had enjoyed this and one person told us, "I rode the bike on my own… I felt free." We also learnt that people regularly went swimming and went weekly to clubs and discos. They also experienced the sort of things everyone enjoys as part of a full life. People had been out to entertainments, had been on holiday and regularly went out for meals, coffee or drinks. People went out for walks or went out in the home's own transport to local events. This included attending church. People took part in shopping for the home and also did their own personal shopping. Relatives and friends visited and people spend time with their families. We judged that people in this service had a well rounded life.

There had been no formal complaints made about the service. West House had suitable policies and procedures in place which people and their advocates could easily access. People said they, "Just talked to the staff." A relative said they "Went to the manager...but really I have never had to complain."

We saw that each person in the team had a document called a "hospital passport" which went with the person if they were admitted to hospital. Two people were in hospital when we visited and staff time was built in so that support workers could go to help them with eating and personal care issues. One person in the service was hoping to move to a supported living service and they said, "That lady (one of the senior officers of West House) is talking to me and helping me to make plans." Health and social work professionals told us that the staff team worked well with them if anyone moved to or from the service.

Good

Is the service well-led?

Our findings

People who lived at Glebe Lane knew the registered manager of the service because she was in the service on a regular basis and had relationships with the people who lived there. People who did not use verbal communication recognised her and responded to her. Other people told us, "She is the boss," and "[The registered manager] will sort things out for me." A relative told us, "[The registered manager] contacts me on a regular basis, gives me a lot of support to deal with [my emotional needs] and she has a good staff team." Other relatives told us, "This is a well run home and we don't have any worries."

The registered manager had been in post for a number of years and prior to this appointment she had been a support worker and a senior support worker with West House. She had suitable qualifications in both care delivery and in the management of people and resources. She kept her skills and knowledge up to date through training and research into current good practice. It was very evident that she was proud of her work in the home and that she supported and managed the staff team well.

Staff told us that she was very much a 'hands-on' manager but that she also spent suitable periods of time on management tasks. A senior member of West House told us that the registered manager was "very conscientious and cares so much about the residents." We had evidence to show that the staff respected her and found her management style to be, "relaxed but we all know who is in charge."

We found the registered manager and her staff team to act in an open and transparent way. This was confirmed by the conversations we had with people in the service, their relatives and with visiting professionals. Health and social care professionals we spoke with said that the home was well run and that, "The manager is always receptive to any suggestions...very professional team." The professionals we spoke to said that they worked well with the team and that the care of the service user was always the focus of partnership working.

We met two senior officers of West House who were visiting the service on the two days of our inspection. These visits were part of West House's quality monitoring system. Each month the registered manager received supervision from a more senior manager at operational level. She also had visits from other senior officers whose role was to support her in human resources or in quality monitoring. Each month a quality monitoring report was created as a result of these visits. These were sent to the Care Quality Commission on a regular basis but these were intended to feed into the resource planning and staffing of the operation.

West House had a suitable quality monitoring system in place that sat alongside their policies and procedures. We judged that the registered manager for this service adhered to the policies and procedures of West House and ensured that quality checks took place on all aspects of the running of this service. We saw checks on frequency of personal care delivery, monitoring of care planning, checks on the environment that included checks on the fire systems and on food safety and frequent audits of medicines management.There were checks on the spending in the home and on the way people's personal money was utilised. Staff recruitment, induction, training and development were carefully monitored. We saw evidence to show that if any aspect of the service fell below the expected quality steps were taken quickly to ensure

that these did not continue.There had been an issue with the management of medicines which the registered manager had dealt with by adding in extra checks on administrations. This had worked well and safeguards were in place. Ideas and suggestions from people and from staff were taken up and acted on where possible.

We looked at a wide range of records during the two days we were in the service. The registered manager and her staff accessed records swiftly and we saw that records were up to date and suitably detailed. There were good recording systems in place and records were stored securely.