

West House

# Midtown Farm

## 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 inspection took place on 11 April 2018 and was unannounced. It was conducted by an adult social care inspector.

At our last inspection in we found the service to be in breach of Regulation 15: Premises and equipment; because some areas of the building were not suitable for purpose or were not properly maintained. At this inspection in April 2018 we saw that structural work had been completed that had dealt with the problems related to water ingress and that broken and obsolete furniture and equipment had been removed or replaced. We judged that the service was no longer in breach.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions, Effective and Well-led to at least good. This was completed in a timely manner and with suitable levels of detail. We had evidence in this inspection in April 2018 to show that the action plan had been put into effect.

Midtown Farm is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service consists of a main house for two people, and two separate living areas created for sole occupancy. The home can accommodate up to four people with learning disabilities. Each of the houses provides people with single bedrooms (some with ensuite facilities) suitable toilets and bathrooms, kitchen and dining areas and lounge areas for each person. There were suitable outside areas where people could walk or sit in good weather. The home was situated in the village of Broughton Moor and is near to the amenities of the village and within easy travelling distance of the larger towns of Maryport, Cockermouth and Workington. Each person had their own transport which staff used to take them out.

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.

The home has an experienced and suitably qualified registered manager who had been in post since the home opened. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The staff team understood how to protect vulnerable adults from harm and abuse. Staff had received suitable training and spoke to us about how they would identify any issues and report them appropriately.

Risk assessments and risk management plans supported people well. Good arrangements were in place to ensure that new members of staff had been suitably vetted and that they were the right kind of people to work with vulnerable adults. There had been no accidents or incidents reported to the Care Quality Commission and the registered manager was aware of her responsibilities if there were any issues in the home.

We judged that there were suitable staffing levels in place by day and night. The registered manager was reviewing the deployment of staff to ensure that people continued to have suitable support as their needs changed.

Staff were suitably 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. A new method of supervision had been introduced.

Medicines were appropriately managed in the service with people having reviews of their medicines on a regular basis. People in the home saw their GP and health specialists whenever necessary. The team made sure that strong medicines and any sedation were kept under review by consultants and specialist nurses.

We had evidence to show that people were encouraged to eat a balanced diet. Staff were helping people to reach a healthy weight.

The four separate areas of the home had been redecorated and were now well maintained. The home was warm, clean and comfortable on the day we visited.

The staff team were aware of their responsibilities under the Mental Capacity Act 2005. Deprivation of Liberty authorities were in place and reviewed on a regular basis. Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice.

We observed caring interactions and we saw genuine affection and respect between staff and people in the home.

Risk assessments and care plans provided detailed guidance for staff in the home. The management team had ensured the plans reflected the person centred care that was being delivered.

Staff could access specialists if people needed communication tools. Staff communicated well with people, despite their disabilities.

Each person in the home had their own planned activities that met their needs and abilities.

The registered manager ensured that staff understood the vision and values of the registered provider. Staff were able to discuss good practice, issues around equality and diversity and people's rights.

The service had a comprehensive quality monitoring system in place and people or their relatives were consulted, where possible. Quality assurance was used to support future planning.

There had been no concerns or complaints received but the registered manager was aware of the registered provider's policies and procedures.

Records were now well organised, easy to access and stored securely.

Further information is in the detailed findings below.

## 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 remains good.

### Is the service effective?

Good ●

The service was effective.

Staff were suitably inducted, trained and supervised.

There had been improvements made to the environment to make the home as safe as possible.

Work was progressing on nutritional planning.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service was now well led.

The service had an experienced, confident and well trained registered manager.

Quality monitoring had been used to develop and improve the service.

Record keeping was of a good standard with further improvements underway.

# Midtown Farm

## Detailed findings

### Background to this inspection

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

This inspection took place on 11 April 2018 and was unannounced. It was conducted by an adult social care inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This was received in a timely manner and in good detail.

We also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We also spoke with social workers, health care practitioners and commissioners of care during our regular meetings with them. We planned the inspection using this information.

We met three of the four people who lived in the home. We read all four care files which included care and support plans and details of medicines taken. We looked at stored medicines.

We met the registered manager, a senior support worker, the operations manager and six support workers. We talked with them in small groups or individually. We looked at four support staff files which included recruitment, induction, training and development records. We checked on the details of the supervision and appraisal notes on these files.

We saw rosters and records relating to maintenance and to health and safety. We looked at money managed on behalf of people in the home. We checked on food and fire safety records and we looked at some of the registered provider's policies and procedures. We saw records related to quality monitoring.

We walked around all areas of the home and checked on infection control measures, health and safety,

catering and housekeeping arrangements.

We received information related to staff development from the registered manager after the inspection. The provider sends us copies of their regular quality audits and we used this information to make a judgment about quality matters.

# Is the service safe?

## Our findings

The people who make Midtown Farm their home do not always wish to express themselves verbally but we spoke with two people who could indicate they felt safe in their own home. We also observed the three people who were at home during the inspection and they were relaxed in their own environment and interacted well with staff.

Staff were suitably trained in understanding harm and abuse. Potential safeguarding matters were included in supervision and in team meetings. We had evidence to show that the management team would make safeguarding referrals, if necessary. Good arrangements were in place so that staff could 'blow the whistle' if they had any concerns.

Staff were trained in understanding human rights and in matters of equality and diversity. Staff talked about the balance between individual rights and the duty of care. Support staff understood that some people, due to the disorders they lived with, needed to have their rights managed for their own safety. Good risk assessments and risk management plans were in place.

We walked around the building and found it safe and secure. Good infection control measures were in place. We saw records related to the premises and to the equipment in the home. The environment was as safe as possible. The service had a good contingency plan in place for any potential emergency.

There had been no reports of any accidents or incidents in the home but the staff we spoke with understood their responsibilities in reporting and dealing with any serious incidents. The provider had suitable policies and procedures in place.

We looked at recruitment files and staff said that background checks were made prior to new staff having any contact with vulnerable people. Recruitment was suitably managed by the registered provider. There had been no matters of a disciplinary nature in the home. The registered manager said she would be supported if there were any issues of competence or discipline that needed to be dealt with formally.

We checked on medicines managed on behalf of people in the home. These were kept securely with good recording in place. Staff ensured that they kept medicines under review and spoke with GPs or specialist consultants where they were concerned about the efficacy of medicines. Suitable monitoring of administration was in place with auditing, staff training and competence checks being undertaken.

Staff had suitable training in infection control and access to protective clothing and equipment. We walked around all areas of the home and found it to be clean, fresh and hygienic. Plans were in place to make further changes to the environment so that keeping some areas clean would be made easier.

We judged that the staff team analysed the outcomes of the support they gave people. One member of staff told us, "We talk about things constantly...we check if we are doing the best we can. We talk about care and support and about the way the home is run." We saw examples of ways that the team had adopted a



"lessons learned" approach and this had led to minor, but effective changes in medication administration, maintenance and housekeeping, nutritional planning and the approach taken to help with staff development.

## Is the service effective?

### Our findings

When we last inspected in March 2017 we found that some areas of the home needed to be improved. We judged that this constituted a breach of Regulation 15: Premises and equipment; because some areas of the building were not suitable for purpose or were not properly maintained. At this inspection in April 2018 we saw that structural work had been completed that had dealt with the problems related to water ingress and that broken and obsolete furniture and equipment had been removed or replaced. We judged that the service was no longer in breach.

We noted that areas that had been damaged by water ingress had been repaired and redecorated. All areas of the home had been redecorated and new flooring had been laid in some areas. Some bathrooms and toilets had new impervious surfaces. People told us they liked their home. One person showed us around their part of the home and told us their "house is lovely." Another person wanted to show us their bedroom and they indicated that the work done in their room had improved their well-being.

We looked at assessments for people on admission and as part of the on-going care delivery. We saw that the team looked at all aspects of a person's needs and preferences, without discriminating against them. Staff took advice from health and social care professionals and paid attention to any relevant legislation. Assistive technology was used and the registered manager was considering ways to improve on this by using other equipment to alert staff, while protecting people's privacy.

People in this service sometimes found it difficult to express their wishes. We did, however witness people being given a range of options and choices. Staff listened attentively and, where possible, they sought consent for actions. Some of the people in the home needed a lot of support to make wise decisions and staff understood they needed to protect some people from harmful actions.

The registered manager was aware of her duty of care under the Mental Capacity Act 2005. When people lacked capacity to make major decisions the team had undertaken 'best interest' reviews with social workers and, where appropriate, family members. This had been done where people were living with a learning disability. People in this service had to be deprived of their liberty to ensure they were kept safe. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 found that authorisations were in place and that staff supported people in the least restrictive way possible to comply with the authorisations. The team were waiting for renewal of the authorisations.

We looked at the needs of people and we looked at the training the provider deemed to be mandatory. This included training on safeguarding, equality and diversity, health and safety and person centred thinking. Staff also learned about specific approaches to support people with a learning disability or who were living with autism. Staff had effective induction, supervision, appraisal and training. We noted that some staff acted as mentors and had received training to help them do this. We had evidence of staff development in records and in discussions with staff.

The registered manager had introduced a new way of giving staff supervision. This meant that an on-going dialogue between individuals and their line manager would be recorded as it happened. This would support staff development and give immediate feedback or guidance. Formal supervision and appraisal was still part of the system but staff would be expected to spend more time preparing for these formal meetings. We noted that staff had been given reading to do prior to the last staff meeting. Staff said they were happy with the new system and looked forward to seeing how this would develop.

The staff team made people their meals and each person had menus planned on a weekly basis. We saw that the staff supported people to eat well and follow a healthy eating plan. Some people in the home needed help with their weight and we noted that they had lost weight in the last year. The staff discussed how they planned to continue with the support to give people good nutrition whilst helping them to reach a healthy weight. The registered manager was planning to introduce more tools to assist with weight management.

The people in the home looked well and well cared for. We saw in files, that the staff helped people to be as healthy as possible. People were cared for by a local surgery who understood their needs and who were happy to work with the team to give people good outcomes. We noted that specialist learning disability nurses and social workers visited and helped those people who had problems with managing their emotions and behaviours. One person had received very good support to help them with dental problems and the person had made a good recovery from the treatment.

We noted that there was suitable guidance on file to help staff support people if they became distressed or agitated. Staff used distraction where appropriate but could also safely leave people in their own environment because each person had their own living areas. This ensured that everyone in the home could remain safe. Restraint was not used in this service.

## Is the service caring?

### Our findings

We measured this outcome by observation of the care delivery and the approach of staff, we read notes written by staff and we spoke with people in the home. We judged that this was a caring home, with kind and considerate staff who displayed respect, empathy and affection for people in the home.

Staff told us they had received training on things like dignity, privacy and confidentiality. We saw that staff were careful about supporting people in the most dignified way and people responded well to the staff team. Staff understood people's communication needs and were able to pre-empt needs and communicate well with people in the service.

Staff encouraged people to be as independent as possible. We saw that people were encouraged to develop skills related to self care and household tasks. One person had gone to day services and had made a meal for that evening.

We observed the body language of people in the home and saw that this reflected their satisfaction with the caring nature of the team. One person who had been out to day services wanted to spend time with the registered manager when they returned and there was an exchange of affection that showed that there was genuine care in their relationship. We also noted that people sought out staff and wanted psychological and emotional support from team members.

One person told us that the, "Staff are nice...lovely. I like them".

We heard staff explaining things in an appropriate way and at a pace and tone that people responded to. Staff were able to support people by putting up suitable boundaries when necessary.

The registered manager told us that the service had access to independent advocacy services and that relatives, where appropriate, also acted as advocates. We saw this on file and we noted that any legal rights relatives had were confirmed and noted on the records.

## Is the service responsive?

### Our findings

People who lived in Midtown Farm had a range of complex and diverse needs related to living with learning disability but people also had health and psychological needs. We saw that full assessment of needs had been completed for everyone in the home. These covered physical, psychological, emotional and social needs. Risks were clearly set out. The staff team had been assisted in this by specialist professionals who supported people who live with learning disability, autism and other disorders. We also noted that the care files showed people's strengths as well as needs, their life story and their connection to family and friends.

The care plans were written from these comprehensive assessments. They contained guidance for staff so that people would be supported appropriately. The plans covered issues like personal care needs, dietary needs, emotional and psychological needs and helped staff to manage any incidents where the individual found it problematic to manage their emotions or behaviours. Risk reduction and management strategies were written into the plans. Daily notes reflected each person's activities and the progress of the outcomes of the plans. These records showed that this service had a person centred approach to care delivery.

The people in this home found it difficult to interact with each other due to their complex needs so activities and entertainments were planned for each individual. Some people went out to a day care setting where they did activities with one member of staff. This included cooking and crafts and involvement in sporting activities. One person enjoyed swimming. Where possible people went out for walks and to shop. Each person had their own bedroom and a small lounge. We noted that people had radios and TVs, music centres and DVD players. People enjoyed spending time alone and staff supported them to do this safely. One person told us they, "Have a nice house that I like being in."

No one in the home had a visual or hearing impairment but all of the people in the home had communication needs due to living with a learning disability. We saw that staff managed to communicate with them and to guide and support them. We saw how well staff understood the communication needs of people. No one in the home used specialist forms of communication like Makaton. The senior staff said that they could access support or training if they had a person in the home who needed specialist communication skills.

The service had a comprehensive complaints and concerns policy and we had evidence to show that the senior officers of the provider would be involved in investigations if necessary. There had been no complaints to the service, the local authority or to CQC.

Staff were trained in anti-discriminatory practice and we saw that they were aware of the needs of people who were living with a disability. We saw that people were treated very much as individuals. Staff understood each person and could speak about their strengths and needs.

This staff team had not dealt with end-of-life care in this service. The registered manager told us that they could easily access support from community nurses and other primary health care professionals. Staff did touch on this in their training and further training could be accessed if necessary.

## Is the service well-led?

### Our findings

The home had a suitably qualified and experienced registered manager. She had worked in the learning disability field for a number of years and was experienced in both support work and in the management role. People in the home knew she was the person in charge and we saw that she had good relationships with the four people who lived in Midtown Farm. Staff told us, "The manager knows the residents inside and out...and she know us, the staff too..." The inspector judged that positive values were present in all areas of the service and that the registered manager led the team in delivering a caring service that valued people.

Staff told us that it was easy to contact her at all times. She was not at work on the day of the inspection but she came to the home at the staff's request. Staff said that they felt comfortable with the registered manager and that they, "Trust her knowledge and the way she deals with any problems. She listens and acts which is what I think we need."

We had evidence to show that the registered provider had analysed and reviewed the governance arrangements and had listened to people's views (and those of their relatives or advocates) and those of the staff for all their services. The registered provider had an in-depth quality monitoring system which in the past had not worked as effectively in identifying some problems related to the environment in this service. We judged that the registered manager had taken a much more proactive stance and this had resulted in a lot of improvement to the environment. The registered manager had also identified other areas for development and improvement. She had looked at new ways of delivering supervision and refining training plans. We judged that this had come about because quality monitoring had improved.

The organisation used their own auditors external to the home and the operations manager worked with the registered manager to look at future planning. We received reports from the quality monitoring team which showed that really good monitoring of quality had been established in this relatively new service. We also saw evidence of internal audits of things like people's money, medicines, care plans and daily notes. The registered manager completed all the checks expected by the registered provider and we also saw that she did random checks and focussed audits. Improvements were seen in care planning and delivery, the environment and in staffing. The team had also identified ways to improve supervision, nutritional planning and deployment of staff to develop activities and outings. We judged this home to be forward thinking and the team were keen to deliver good quality care and services.

We looked at a wide range of records in the service. These were well organised and easy to access. The registered manager was supporting staff to record in detail and also to be more analytical when reviewing outcomes. We saw the promise of record keeping developing even more in this service.

We spoke with social workers and learning disability specialists who judged that the team worked well with them and we learned that meetings were planned with other professionals to look at future planning for the service.