

West House

# West House - 47 Sandy Lonning

## Inspection report

47 Sandy Lonning  
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19 February 2019

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

West House 47 Sandy Lanning is a residential care home. It can accommodate up to seven people who are living with a learning disability or autism. People have single bedrooms, some of which have ensuite bathrooms or toilets. The home has suitable shared facilities and good outside space. The home does not provide nursing care.

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

People's experience of using this service:

People told us they felt safe and staff had received suitable training about protecting vulnerable adults.

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. Accidents and incidents were responded to appropriately.

People told us they had support from "great staff". The registered manager kept staffing rosters under review as people's needs changed. We judged that the service employed enough support staff by day and night to meet people's needs.

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

People were happy with the arrangements for medicines support. Medicines were suitably 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. Staff took the advice of nurses and consultants. The staff team had good working relationships with local GP surgeries.

Good assessments of need were in place, and the staff team reviewed the delivery of care for effectiveness. They worked with health and social care professionals to ensure that assessment and review of support needed was suitable and up to date.

People told us they liked the food provided and we saw suitably prepared meals being served. Nutritional

planning was in place and special diets catered for appropriately.

West House - 47 Sandy Lanning is a modern house in a residential area that has been adapted and extended to provide seven single rooms and suitable shared areas. The house was warm, clean and comfortable on the day we visited. Suitable equipment was available. People told us they liked "our house...it's our home".

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

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

Risk assessments and care plans provided detailed guidance for staff in the home. People in the service were aware of their care plans and had influenced the content. 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 like sign language or braille.

People told us staff encouraged them to follow their own activities, interests and hobbies.

The service had a comprehensive quality monitoring system and people were asked their views in a number of different ways. Quality assurance was used to support future planning. People were aware of future plans to change the service to a supported living house.

We had evidence to show that the registered manager and senior officers of the provider were able to deal with concerns or complaints appropriately.

Records were well organised, easy to access and stored securely. Easy read formats were used where appropriate.

More information is in the full report.

Rating at last inspection:  
Good 3 November 2016

Why we inspected:

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

Follow up

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

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

## 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 remained good.  
Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remained good.  
Details are in our Effective findings below.

### Is the service caring?

Good ●

The service remained good.  
Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service remained good.  
Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service remained good.  
Details are in our Well-Led findings below.

# West House - 47 Sandy Lonning

## **Detailed findings**

### Background to this inspection

The inspection:

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

The inspection visit was carried out on 19 February 2019.

Inspection team:

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

Service and service type:

West House -47 Sandy Lonning is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Before our inspection we reviewed the information we held on the service and completed our planning tool. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service. We also reviewed the

information we held about the service, such as quality monitoring reports and notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We spoke with social workers, health care practitioners and commissioners of care during our regular contact with them.

We visited the home and met all of the seven people who lived there. We also met one relative. We spoke to them individually and in groups. We read all seven care files, three health files and related forms and documents.

We spent time with the registered manager and we spoke with three support workers and an apprentice support worker. We looked at four staff personnel files.

We walked around the home and spent time in the shared areas with people in the home. We saw some records related to maintenance and things like fire and food safety. We saw quality audits and discussed some of the policies and procedures with the staff.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- The provider had suitable systems and processes in place and we had evidence to show that staff understood how to use these and that suitable safeguarding referrals were made to the appropriate authorities.
- People told us they felt safe in the house and trusted the staff to support and protect them.
- People had access to safeguarding information and we met people who understood their right to be treated appropriately.

Assessing risk, safety monitoring and management

- Good risk assessments and management plans were in place. Risk was lessened because of the planning.
- People told us they had been asked about safety and risk. One person explained how staff supported them due to risk related to seizures.
- We saw good risk management in care files and spoke to people who understood these. One person said, "Staff help me and make sure I am safe".
- There were good plans in place for reducing risk and dealing with a fire situation. One person said, "If I hear the bell I go straight out the door and wait for staff...it might be a fire."

Staffing and recruitment

- People who lived in the home were involved with recruitment and were encouraged to comment on staffing.
- One person said, "All of us see [potential staff members] to see if we want them in our house".
- We saw records and spoke to staff who confirmed that all checks and references were made before they had access to vulnerable adults.

Using medicines safely

- Medicines were ordered, stored, administered and disposed of appropriately. Detailed recording was in place. Staff received suitable training and checks on competence.
- One person said, "They give me them...I need them on time and they do that". Another person said, "I have mine in this box [in their bedroom] and staff give me them".
- People also told us that they saw the doctor to make sure they got the right medicines if their health changed.

Preventing and controlling infection

- The house was clean, fresh and free from any odours when we visited.
- One person told us, "Our house is clean, I clean my room and I use [cleaning materials] and dust and

hoover".

- Staff and people in the home had access to cleaning materials and protective clothing like aprons and gloves.

Learning lessons when things go wrong

- The provider encouraged reflection of practice and we saw this was done in supervision and in staff meetings.
- People told us that the staff would change things if anything didn't work to their satisfaction.
- Changes were made quickly after any incidents or potential accidents.
- The registered manager had made suitable changes to medicines storage when changes were necessary.



# Is the service effective?

## Our findings

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

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

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

- People had a normal domestic environment and had access to all the local amenities and this meant that the home met 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.
- We met assertive people who told us, "This is our house and we tell the staff what we want".
- The people in the home were all living with a learning disability and we could see that their needs and strengths had been assessed and that strategies were in place to encourage independence.

Staff support: induction, training, skills and experience

- The team had lots of experience in different settings and discussions showed us they had received training and had good knowledge of people's needs, wishes and aspirations.
- People told us the staff were, "Great...fantastic" and they judged they had the right skills and knowledge to support them.
- People, staff and records showed us that staff were given good support through induction, supervision, appraisal and development to deliver care appropriately.
- One staff member said, "I am doing further qualifications so I can give the very best to our residents".

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

- We saw assessments and nutritional plans were in place when people had health needs. The staff understood the needs of individuals.
- One person told us, "I am doing healthy eating". Another said, "I lost weight at Weight Watchers - staff helped me". Two people confirmed they were supported to have gluten free diets. People's weight was regularly monitored and specialists, like dieticians, were called on, if necessary.
- We saw people making their own lunch and helping prepare a healthy main meal.
- The kitchen had a wide range of food available and meals were made 'from scratch'. Low fat and gluten free options were available.

Staff working with other agencies to provide consistent, effective, timely care

- People were given suitable support. People told us they saw health and social care professionals, like the learning disability nurse, social workers and other professionals.
- An occupational therapist and a technician were in the home on the day of the inspection to help someone have suitable and comfortable adaptations to a chair and wheelchair.
- A social worker told us, "My experience of the service is in relation to [a person] who I supported to move

there in September 2018. This has been a very positive experience... and the transition to the service was well managed. My client is very settled".

Adapting service, design, decoration to meet people's needs

- The team had made sure that they used the available space as effectively as possible to make sure people were comfortable and safe.
- One person was having assessment of their equipment for moving and handling. The registered manager was arranging for overhead tracking to be installed for this person.
- The home had accessible bathing facilities that had been improved by the installation of a wet room. People told us, "This is a nice shower and I have one every day".

Supporting people to live healthier lives, access healthcare services and support

- People had good access to the services that ensured they had healthier lives.
- One person told us, "I had an operation ...and staff helped me get through this".
- People told us they were supported to eat well and go for well man/ well woman checks and to go to appointments. One person had been to the doctor for a check up when we inspected. They told us they were, "Good...fine no problem".

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). The service was following this guidance in practice.
- Consideration had been given to mental capacity and no one had any restrictions imposed on their liberty.
- We observed staff asking permission to enter people's rooms and for any interactions. People were assertive and told us staff needed to do this as it was, "My home and my life".
- People had signed records to show they consented to care and treatment.

# Is the service caring?

## Our findings

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

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

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

- We met assertive people who were encouraged to say exactly what they thought and what they wanted.
- We spoke to two people together who agreed that, "This is our house and what we say goes...We have the right".
- We saw 'best interest' review meeting minutes and notes on record showing that people's views were taken into account and included in care planning and delivery.
- One person told us, "The [ health care professionals] think I need an alarm ...but I don't want this and I can manage myself... [The registered manager] is supporting me and talking with me and them about it".

Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness and respect. Their private needs and wishes were respected.
- A relative told us, "The staff are great, perfect...couldn't wish for better...They help [my relative] to be independent".
- We saw lots of examples of people independently making their own meals and deciding on how to spend their time.
- One person told us, "I can be on my own when I want...if I don't want to go out I don't".
- Staff worked with people, helping and guiding, rather than doing things for people.

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

- We saw people having caring and affectionate, yet professional, treatment
  - Humour and kindness were in evidence and a social worker told us, "I would describe the service as being 'full of fun' and a pleasant environment to be in...with a lovely atmosphere".
- Staff told us, "We have training and our values are such that we value people and help them to live full lives".
- Staff treated people as equals and also understood their diverse needs. Equality and diversity was part of induction and ongoing training.

# Is the service responsive?

## Our findings

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

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

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

- The provider ensured that person centred care was provided and people's needs and wishes were met, wherever possible.
- People showed us their care plans and one person talked about risks and how they were helped with options, "We talk it through and we write it down". Care plans were detailed and up to date.
- People had started to keep their own log of their activities and achievements.
- We learned about people going out to visit friends and family, attending work and day centres, going swimming and other sports, going to the cinema and out for meals.
- People had a wide circle of friends and activities. One or two people talked about their 'boyfriend/girlfriend' and staff supported people to have relationships if they wished.

Improving care quality in response to complaints or concerns

- The provider had a suitable approach to concerns and complaints. The procedure was available to all in an easy read format.
- There had been no recent formal complaints and one person said, "I just tell them if I am not happy. People come from the office and ask if we are happy. I could tell them".
- Informal complaints had been followed through and appropriate changes made to daily life and to the environment when people had suggested changes.

End of life care and support

- The provider was aware of the need to support people at the end of life in their own home and further training was being sought for the staff.
- We had evidence to show that, working with community nurses, end of life care had been given with care, empathy and practical support.
- People and, where appropriate, their families were having conversations with the registered manager about future wishes, fears and hopes for the last stages of life.
- People were supported through grief and helped with the ageing process and with any health care issues that were life changing or life limiting.

# Is the service well-led?

## Our findings

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

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

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

- We saw that the provider ensured that care and support was appropriately planned.
- We saw evidence to show that the provider and the staff team were open in any dealings with people and their families and followed the principles of 'duty of candour'.
- People told us they were discussing their future and were considering the house becoming a supported living location. Relatives, social workers and staff were all involved in this future planning.
- People told us they were always given full information in a way they understood. A relative told us, "Nothing is hidden...they keep us informed".

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

- The service is managed by an experienced and skilled manager who is supported in her role by senior officers of the provider.
- Regular audits of all aspects of the care and support were completed and any shortfalls acted upon. We saw action plans that ensured this had happened.
- People, and a relative, confirmed they had surveys, attended house meetings and reviews and were encouraged to comment on quality.
- We had received, on a regular basis, copies of quality monitoring reports and people told us "They [The quality managers] come and ask us and look around".

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

- The service had an open approach to all individuals and had strategies in place for consultation and involvement.
- Surveys were sent out to people, their families and to professionals and others who were involved with the service. The outcomes were analysed and acted upon.
- People told us and showed us reviews of care and spoke about meetings and being asked and consulted on change.
- People spoke about their disability but talking to them showed us they were not defined by this. People were supported to have a meaningful life style and different opportunities.

Continuous learning and improving care.

- Staff were keen to learn and to help people to get the very best care and support.
- We saw staff working with an occupational therapist to learn more about adaptations and techniques.
- Two people told us the staff had read "all about" their need for a gluten free diet.
- People also told us they wanted to be more involved and had started to write their own notes. Staff said they had learned a lot from this change as it had helped them understand people's needs and strengths in a new way.

Working in partnership with others.

- Good partnerships with health and social care practitioners were evident in the service. Partnership working was seen in the proposed changes to make the location a supported living service.
- One person told us, "I see my social worker...the doctor and nurses...[The registered manager] helps me too and I can make my mind up after we all talk together.
- A social worker told us, "They work well with us ...my service users are well cared for".