

West House

Midtown Farm

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This comprehensive inspection took place on 8 October 2015 and was unannounced. The service was registered in December 2013 and this was its first inspection.

Midtown Farm is located in the village of Broughton Moor near the town of Maryport. The service provides support for up to four people with a learning disability who have complex needs some of whom have limited verbal communication.

The service had a registered manager. 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.

We recommended that some people's care required a review following an incident.

We recommended that the registered manager ensure that staff were familiar with a specific risk management plan.

We recommended that the provider review and improve the environment.

We recommended that the registered manager and the provider ensured their quality assurance systems were sufficiently robust.

The service had sufficient staff meet people's needs in a timely manner.

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

Staff had been trained to an appropriate standard and had undertaken additional training in order to meet the changing needs of people who used the service.

People were supported to take a good diet that was based on an assessment of their nutritional needs.

Staff had developed caring relationships with people who used the service.

People received appropriate support to enable them to access and the local community.

Support plans were based on thorough assessments and were written using a person centred approach.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Following an incident between two people who used the service comprehensive reviews had not taken place.

Some staff were not familiar with risk management plans that ensured people's safety.

Staff were aware of how to recognise and report concerns about vulnerable people.

There was sufficient staff to support people.

Staff were recruited appropriately and relevant checks on their background were carried out.

Requires Improvement ●

Is the service effective?

The service was not always effective.

We made recommendations that the environment be improved.

Staff had received sufficient training which was specific to the needs of people who used the service.

Staff received regular supervision from their manager.

People received appropriate nutritional support.

Requires Improvement ●

Is the service caring?

The service was not always caring.

We recommended that access to advocacy services be reviewed.

We observed staff interacting with people in a kind and caring manner.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Good ●

People were able to access the local community.

Care plans were based on comprehensive assessments

People were able to raise issues with the service including formally via a complaints process.

Is the service well-led?

The service was well led.

The service was not always well led.

The registered manager had supported her staff in responding to the changing needs of people who used the service. However the service had not identified or acted upon the restriction to people's freedom or improving parts of the overall environment.

The registered manager was supported by their senior manager.

There was a quality assurance system in use.

Requires Improvement 

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 the 8th October 2015 and was unannounced.

The inspection was conducted by the lead adult social care inspector.

Before the visit we 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 planned the inspection using this information.

People who used this service were not easily able to express their views but we were able to observe how they were supported. We spoke with five staff including the registered manager. In addition we discussed the service with representatives of the local authority.

We looked at three written records of care and other policies and records that related to the service including quality monitoring documents.

We looked around all the communal areas of the home and with people's permission some bedrooms.

Is the service safe?

Our findings

People who use this service were not easily able to tell us their views. We observed that people were supported in a calm and safe manner.

Prior to our inspection the service had sent us a statutory notification that informed us that there had been an incident of assault between two people who used the service. We looked at the written records relating to the incident. We saw the service had assessments in place that identified risks to their wellbeing and planned ways to reduce them. We found no evidence that indicated the two people who used the service had been consulted as to whether they wished to continue living together.

We recommended that the provider review the care of the people involved.

We noted that there was a management plan in place to ensure that the two people involved were kept safe. However not all staff were familiar with the detail of this. This meant that there was a risk of people being deprived of their right to freedom of movement within their own home. We spoke to the registered manager, they were able to clarify that if the management plan was followed correctly people were able to access all areas of their home if they wished.

We recommended that registered manager ensured that staff were familiar with the management plan.

The staff we spoke with knew how to protect people who used the service from bullying, harassment and avoidable harm. Staff told us that they had received training that ensured they had the correct knowledge to be able to protect vulnerable people from abuse. They were able to explain how to identify and report different kinds of abuse. If staff were concerned about the actions of a colleague there was a whistleblowing policy which provided clear guidance as to how to express concerns. This meant that staff could quickly and confidentially raise any issues with the practice of others if necessary.

We saw that people who used the service had assessments in place that identified risks to their wellbeing and planned ways to reduce them. For example it had been identified that some people who used the service suffered from epilepsy. Support plans had been put in place to ensure that risk of seizures was minimised and correctly managed should they occur.

We spoke with the registered manager and asked how she ensured that there were sufficient staff to meet people's needs. The registered manager explained that the number of staff was based on the identified needs of the people who used the service. The staff rotas we saw and our own observations confirmed that people were adequately supported across a 24 hour period.

We looked at recruitment procedures in the service. The registered manager explained that they recruited staff when required. We spoke with a senior human resource manager, she told us vacancies were often advertised via a website and local media. All applicants completed an application which was scrutinised prior to shortlisting. Potential candidates were interviewed twice by senior members of staff. If they were

successful criminal records checks were carried out and references would be sought. New starters were then expected to successfully complete a six month probationary period. The human resource manager showed us evidence that staff at Midtown Farm had up to date employment checks including whether they had a criminal record.

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

Is the service effective?

Our findings

People who use this service were not easily able to tell us their views. We observed staff supporting people in a competent manner and saw that people were relaxed and comfortable.

We looked at the environment and saw that the service had adapted the majority of the environment to meet the needs of people who used the service. However there was an area of the home that required regular cleaning of the walls, floor, fixtures and fittings. The environment had not been adapted sufficiently to allow proper cleaning to be carried out.

We recommended that areas of the home are refurbished to ensure it is fit for purpose and meet the needs of the people living there.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people's best interests. The registered manager told us that applications had been made to the local authority for deprivation of liberty safeguards to be put in place.

We spoke with staff and asked if they felt supported. Staff told us, "We work together as a team." And, "I am well trained and supported."

We looked at training records for the staff and saw that they had received training in various aspects of social care for example moving and handling, medication and infection control. We saw that staff were also undertaking vocational qualifications in health and social care.

We spoke with the registered manager and asked about the supervision and appraisal of staff. Supervision is a meeting between staff and their line manager where issues relating to work can be discussed. Appraisal generally takes place annually and is a meeting between staff and their manager where performance is discussed. The registered manager told us that all staff had received supervision and appraisal. The staff we spoke with confirmed this.

We saw from staff records and speaking with the human resource manager that staff had been performance managed to ensure that they were able to work efficiently and effectively. We were given examples of people who had responded well to extra support by the service. We also noted that the provider had dismissed people from the service who they believed not to have demonstrated appropriate values and behaviours.

We looked at how staff supported people to take adequate nutrition and hydration. We noted that each person in the home had a nutritional needs assessment. In addition to the services assessment professional advice from dietitians and speech and language therapists had also been obtained. People's weight was monitored on a regular basis, this helped staff to ensure that people were not at risk of malnutrition.

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

Is the service caring?

Our findings

People who use this service were not easily able to tell us their views. We observed staff supporting people who used the service and saw that people appeared happy and relaxed. We noted positive interactions between staff and the people who used the service.

We observed that staff supported people in a warm and friendly manner. Staff had made an effort to get to know people and their relatives and had gathered information about people's preferences, likes and dislikes. They used this information to develop positive and person centred relationships. People who used the service responded well to this approach.

We looked at how the service supported people to express their views and be actively involved in making decisions about their care and support. Some of the people who used the service faced challenges around communicating their decisions. However we saw that staff adopted a wide variety of communication techniques, including verbal and non verbal, to ensure that people were, where possible, able to make most of their own decisions about the care and support they received.

We saw that each person had been assessed as to what capacity they had to make certain decisions. We noted that families often advocated for their relatives. However we saw that little consideration had been given to the use of professional advocates or independent mental capacity advocates.

We recommended that the service review whether people required, or wished for, independent advocates to be put in place.

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

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

Is the service responsive?

Our findings

People who used this service were not easily able to tell us their views, we observed how well staff responded to the needs of people and how they used body language and gestures to communicate.

We looked at how the service kept people from being socially isolated. According to people's written records of care they regularly accessed the community. This included the use of day centres, shops, cafes and other local amenities. Walks in the village were also popular.

We looked at the written records of care for people who used the service. We saw evidence that indicated the service had carried out assessments to establish people's needs. For example some assessments indicated that people needed support with mental health issues such as anxiety. Plans were put in place to ensure that people's anxiety was carefully managed. This included identifying places or situations that could cause anxiety and avoiding them.

The service managed people who could, when anxious or distressed, display behaviour that challenged the service. The team received appropriate training and support from other health and social care professionals to ensure that they were able to respond appropriately and efficiently to people who, at times, required this additional type of support.

The standard of care plans was good and they were written in a clear and concise manner. The service used a person centred approach that ensured people had their individual needs addressed and respected.

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

We looked at how people raised concerns within the home. We saw that people were able to express when they were feeling unhappy to staff. Relatives were able to approach the registered manager or staff informally if they had concerns.

In addition to this the service had a formal complaints policy and procedure which was clearly displayed on a notice board in the home. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. There was also a procedure to follow if the complainant was not satisfied with the outcome. The complaint procedure was in an easily accessible format. There were no outstanding complaints about the service at the time of our inspection.

Is the service well-led?

Our findings

People who use this service were not easily able to tell us their views. We noted that the registered manager clearly had a good relationship with people who used the service.

We spoke with staff and asked them if they thought they were well led. Staff told us they felt well supported by the registered manager, "She bends over backwards to support you." The registered manager praised her staff and told us, "We are a close knit, tight team."

During our inspection the registered manager demonstrated that they had a clear idea of how they wanted the service to develop. We saw that she had guided the service through recent changes in both the people who used the service and their needs. We asked her how she wanted the service to develop in the future, she told us, "I would like this service to continue to give support to people who need it."

There was a clear management structure in place. The registered manager reported directly to the area manager who visited the home regularly and was in contact frequently. The registered manager had a deputy in place who was able to take over the day to day running of the home when required.

We looked at how the registered provider and the registered manager monitored the quality of the service provided at Mid-Town Farm. The registered manager and her team obtained direct feedback about the service from people who used the service and their relatives. We saw that the registered manager carried out regular audits and checks. These included training audits, cleanliness and hygiene checks, health and safety checks and audits of written records of care. The checks and audits were compiled into a single document which was then sent to the registered provider for analysis. This helped ensure that people were provided with a high quality service.

However both the manager and the provider had not identified and acted upon issues we have identified within this report.

We recommended that the manager and the provider scrutinise the quality assurance system in order that important issues not be missed.