

West House

# West House Domiciliary Service

## Inspection report

West House  
26 Stanley Street  
Workington  
Cumbria  
CA14 2JD

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Tel: 0190067777

Website: [www.westhouse.org.uk](http://www.westhouse.org.uk)

## 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 started with an unannounced visit to the head office of West House on 18 October 2016. We then arranged a visit to one of their services on the morning of Saturday 22 October 2016 and we returned to the main office on 25 October 2016 to complete the inspection. The service was last visited 24 August 2013 and they were compliant with the legislation at this last inspection.

West House Domiciliary Service is part of West House. The organisation is a charitable trust which provides residential care and support in the community to people living with a learning disability. The provider has a number of small care homes, this domiciliary and supported living service and also operates cafes, a therapeutic centre, day centres and community contact hubs, and a market garden where people who use services can have work placements.

West House Domiciliary Service provides care and support in the Carlisle, Allerdale and Copeland areas. They support nearly sixty people who are living with a learning disability. Support is given in people's own homes and can range from a few hours a week to full support twenty four hours a day, seven days a week. Some people live in tenanted properties referred to as supported living. People in these supported living services share a home with other people with learning disability and there is a staff team who deliver the care and support to all of the people living in the property. Others live in their own properties, either on their own or with families, and are supported according to their needs.

The service had two registered managers. 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 service had good arrangements in place to ensure people who used the service were kept as safe as possible. Staff were trained to help prevent people from being subject to harm and abuse.

We saw that staff received good levels of training and supervision to help them to understand the issues around discrimination and human rights.

We had evidence to show that there were detailed and up to date risk assessments and risk management plans in place for all aspects of the service. The organisation had an emergency plan which was put into operation in December 2015 during the Cumbria floods.

There were suitable arrangements in place for staff to voice their concerns because the service had a 'whistleblowing' procedure and staff felt confident that they could approach management with any concerns.

Arrangements were in place to monitor any incident or accidents and the service was prompt in notifying

the Care Quality Commission, safeguarding teams and social work staff.

Staffing levels were suitable to meet the needs of people using the service. New staff were appropriately recruited, given suitable induction, closely monitored and supervised for the first few months. Staff received good levels of training in a wide range of subjects. We saw that staff received this kind of support throughout their career and all aspects of staff development were given a high priority. Good disciplinary and grievance systems were in place.

Good arrangements were in place to help staff support people with their medicines. The staff managed all aspects of medicines management for some people and this was done well.

Staff received training and supervision in relation to infection control and good hygiene standards so that they helped people to have clean and safe homes.

The registered managers had a very good understanding of the Mental Capacity Act 2005 and were working with the local authority to ensure they had suitable arrangements in place where there was any suggestion that someone was being deprived of their liberty. There was good evidence that the organisation sought consent from service users where possible.

Staff received regular training on supporting people whose behaviour could challenge. No one had been restrained in the service as de-escalation was used.

Staff helped people to budget, shop and prepare food. They supported some people with all their hydration and nutritional needs. Other people were supported to follow special diets or to maintain their weight.

People were given the right levels of support to see their GP, community nurses and specialised health care professionals. Learning disability nursing teams were involved with people's care and support needs.

Staff had a caring yet professional approach and people told us that the staff were respectful and caring. Independence was promoted as much as possible in the service and the registered managers and the staff teams were actively supporting people to move on to more independent living. People had good access to advocacy services.

People who used the service had detailed and up to date care plans, health action plans, challenging behaviour plans and very good risk management plans.

Staff supported people to go out into the community to socialise, pursue leisure pursuits and to take up education, voluntary work and paid employment. The organisation had staff who ran the businesses where people had work placements but the organisation also supported people to gain paid employment.

The organisation had a management structure which integrated their care homes and this service. The registered managers had responsibility for the service but they delegated some aspects to other managers. This arrangement worked effectively. The management team were suitably experienced and qualified.

The culture was one where people were included and disability was no barrier. The service had an enablement agenda and the core values of the organisation were sound yet realistic and sensible.

Good audits of quality were in place and these were part of a robust system of total quality management.

Record keeping was detailed and up to date. The service was transitioning over to a 'paperless office' system and some aspects of this were being progressed to ensure the keeping of records was suitable. Records were secure yet accessible.

## 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 understood how to protect people from harm and abuse.

Suitably staffing arrangements were in place which covered recruitment, whistleblowing, grievance and disciplinary procedures.

The service had good systems in place for medicines management.

### Is the service effective?

Good ●

The service was effective

the staff team were well trained and supervised so that each person's development needs were met.

The management team were aware of their responsibilities if they thought people were deprived of the liberty.

People were supported to get good health care.

### Is the service caring?

Good ●

The service was caring.

People told us the staff were kind and considerate.

We observed relaxed and caring relationships when we visited a service.

People had ready access to advocacy.

### Is the service responsive?

Good ●

The service was responsive.

Very detailed assessment and care planning was in place.

People were supported to join in community activities and to

have meaningful work.

People were supported well if they needed to use other services.

**Is the service well-led?**

The service was well led.

There were two qualified and experienced registered managers who supported the service well.

The service had an effective quality monitoring system in place.

Records were suitable and work was being undertaken to ensure all records were stored electronically.

**Good** ●

# West House Domiciliary Service

## **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 19 October 2016 when we visited the office and this visit was unannounced. On Saturday 22 October we visited one of the services managed by the organisation. We visited the office again on 25 October 2016 when we gave feedback and clarified some of our evidence gathering. The inspection was undertaken by an adult social care inspector.

Prior to the inspection the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service, including 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.

We sent out a number of questionnaires and received seven responses from people who used the service,<sup>13</sup> from staff and two from professionals. We contacted four health and social care professionals to gain their opinions. We met with five service users over the three days of the inspection.

On the first day we made a visit to the office where we met both of the registered managers, the head of human resources and administrative staff who supported the operations team. We also met a member of staff who managed the 'Café West' business where people have work placements or paid work. In the afternoon we met with a service manager responsible for services in the north of Cumbria. On 22 October we met two support workers and another service manager.

We looked at a total of 14 service user files during the inspection. This included assessments, care plans and reviews, medication records, daily notes, health plans and person centred plans. We also saw pictorial records of activities and interests people had been involved in. Some of the information was in a paper format and some kept on computer.

We saw seven staff files which included recruitment documents, supervision and appraisal records and any concerns or grievances. We also saw copies of rosters for four services.

We looked at some of the policies and procedures of West House. We were given leaflets and other printed information about the organisation.

# Is the service safe?

## Our findings

People told us that they were, "OK...not worried." One person in a service told us how the service manager had approached the housing association who owned the property to help with a potential risk from members of the public. This person told us, "They sorted it out and I can sit out there for a smoke without being annoyed by people....". We also learned that people were satisfied with the staffing numbers. One person told us, "[There are staff] who look after me...they are in the house with me. "

We had evidence to show that staff were suitably trained in how to protect vulnerable people from harm and abuse. All of the staff had received in-house training but had also been trained by local authority safeguarding officers. The registered managers told us that they had discussed the protocols for reporting safeguarding with the local authority to ensure that people were given the best protection. When we looked at supervision notes and meeting minutes we saw that safeguarding was always included. The registered managers had also started to ensure that all the staff had what was called a 'safeguarding passport' which showed that each member of staff understood their responsibilities.

We spoke with staff who had a good understanding of their responsibilities under the safeguarding protocols. They understood how to report any concerns and were confident that management dealt with this appropriately. We saw evidence to show that managers made appropriate referrals. The management team had suspected harm to a vulnerable person and had made a different type of referral so that specialist police officers and social workers would deal with this matter.

The staff we spoke with had a good understanding of human rights and had training in this and in anti-discrimination theories. In discussion and reading reports we saw that this staff team understood individual rights very well and worked in a non-discriminatory way.

During the two days of our inspection we saw evidence of risk assessments being completed for all aspects of the service. There were good risk assessment and risk management plans in place for the office and also for service users properties. There were risk assessments for lone working and for travel. There were individual risk assessments where people's behaviours or needs posed some kind of challenge to the staff. There were also good risk assessment and management plans in place where there were any risks from external factors for service users or staff.

We looked at a range of rosters and programs used by the service to ensure that people received the right levels of care. We checked on the care which people had purchased for themselves or which had been purchased on their behalf by social work teams. In the individual services we looked at we saw that ratios of staff to service users were suitable. We also saw that the management team asked for more hours if they judged people's needs were not being met.

We looked at recruitment files for staff. We were impressed with the way that new team members were recruited. We looked at one person's file where the person had been asked for different references in order for the provider to have a good understanding of this person's aptitude. We also saw that staff the human

resources Department would follow through with a telephone call to one of the referees to confirm that they had completed the form. We judged that this double-check ensured that robust checks were done on people's character, performance and aptitude.

The organisation also checked on backgrounds by checking on whether the person had a criminal record or had been dismissed from another care service. We saw that the checks were in place and that if anything out of the ordinary was found this was looked into in detail. The service had a policy on recruitment of ex-offenders which was followed.

We also noted that every person was subject to a second interview and these were conducted by people who use the service. These were done informally and the views of service users were noted. Interactions between service users and prospective new staff were observed and these were used as part of the overall rating. We judged that this, alongside the scrupulous checks on prospective staff meant that this service exceeded what was expected of them in the regulations.

We also noted that the organisation had good disciplinary and grievance procedures in place. We looked at a record of one of these personnel procedures. We saw an extremely detailed and well investigated process. Good evidence was in place and particular attention had been paid to ensuring that all processes were fair and equitable.

We looked at the way the service managed medicines. We saw that there was full information available in relation to the support that was needed because the management team ensured that social workers specified the level of need. When things changed they asked for updates to the support plans for medicines. The staff told us that everyone was trained in the system the service used. This was a monitored dosage system that reduced risk and there were annual checks on medicines by a pharmacist. There were quality audits on medicines in each tenancy or house.

Staff also told us that they were trained in the safe handling of medicines and this was regularly updated. They had regular checks on their competence. Care files we looked at showed what medicines people took and why they had them. We noted that medicines were routinely reviewed by GPs, specialist nurses or consultants. Sedative medicines were only used on the advice of a consultant and then only administered when other routes had not helped a person to become calm.

Staff told us that they had training in how to prevent infection. They also said they had suitable chemicals and equipment to ensure good hygiene levels were in place. When we visited a service we saw that good levels of hygiene and infection control were in place. The staff confirmed that they had been trained in infection control and that they were provided with suitable cleaning materials and protective equipment.

## Is the service effective?

### Our findings

People told us that the staff seemed to be, "Able to understand what I need". People confirmed that staff attended training and that the staff, "Know what to do to look after me."

We met with staff who displayed a wide range of knowledge and skills in relation to people living with a learning disability or with physical disabilities and health problems associated with their learning disability. Staff told us that they had good levels of support to ensure they developed in their role. One staff member told us, "We get a lot of training...and its expected that you attend and bring what you learn back to work." A service manager told us, "I have had some training on a specialist management task and I was supported by senior management when I did this...Lots of support for me to develop in the role."

West House had a training department and a suite of training rooms in Cockermouth. They provided training for other organisations and were accredited to do so. Some training was in-house through the training department. We saw training material for moving and handling, understanding the Mental Capacity Act 2005 and safeguarding. We judged that this was of a good standard. External trainers and facilitators were used where necessary and staff could also access e-learning.

We were given a selection of individual training records for staff and we saw from this that people had been trained in the areas that the organisation judged to be mandatory for all staff. This included safeguarding, moving and handling, health and safety and person centred approaches to care. The staff were also offered training that met the needs of the service they worked in. Staff did receive training in the management of behaviours that challenge but further training and mentoring was in place where the risks were higher. The staff tried not to restrain people but had specific training on doing this safely if necessary. All staff received moving and handling training but were given further guidance and support where people needed complex manoeuvring and different types of equipment.

We looked at induction material and completed induction records. These covered the first six months of employment and staff were expected to reach a specific standard before they became permanent members of the staff team. We also saw a new workbook devised to be used with supervisors to ensure that they had the right skills to monitor and develop other staff and deal with the day to day issues in service. We noted that a workbook was being developed so that new managers also had aims and objectives for the skills and knowledge needed to manage individual services.

We also saw a range of supervision and appraisal notes. We saw supervision planners and quality checks on the way the service ensured that staff had the right levels of support. We read a number of supervision and appraisal documents. The organisation has a specific format for formal supervision where the care needs and the care delivery were discussed, safeguarding was always discussed and where the staff member's skill, aptitude and knowledge were highlighted. We saw very detailed and honest records of these meetings. We also saw that practice was observed and then discussed in formal supervision. Observation of skills was on-going and include things like moving and handling and medicines administration. Staff told us, "There is plenty of supervision and our managers are good at giving encouragement...but you soon know if you are

doing something wrong...and you are helped to put it right."

People who were supported by West House Domiciliary care all lived in their own tenanted properties or with families. This meant that the service does come under the Deprivation of Liberty legislation which applies to care homes or hospitals but the Mental Capacity Act 2005 must be complied with. 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.

We saw that the management team had identified some people who were being deprived of their liberty because of their needs. The care of these people and the decisions that needed to be made on their behalf were carefully recorded and care plans were in place so that any deprivations in place were as least restrictive as possible. 'Best interest' reviews had been held so that the right kind of support was in place. Applications had been made to the Court of Protection in respect of some people who, although living in their own homes, were not at liberty to leave their home.

We asked people if they were asked permission before any interactions with staff and this was confirmed. We heard people talk about consent. We also observed people being asked for consent. Where possible people signed that they consented to intervention. We also noted in records that staff were expected to ask for consent and that person centred planning and behavioural planning also took into account the theoretical and practical aspects of consent where people lacked some capacity.

When we visited a service we saw that staff supported people to budget, shop and cook. People were encouraged to follow a healthy balanced diet. We saw that specialists like dieticians and speech therapists were consulted where appropriate. We also noted that staff received suitable training when people had specialist needs. We had an example of staff trying to guide and support someone who had issues around weight. We judged that this was done suitably and that issues around consent and decision making had been taken into account.

We looked at care plans and some daily notes and we saw that people were supported to gain the support of consultants, specialist nurses, their GP, community nurses and other health specialists like physiotherapists, dentists and chiropodists. People could also access alternative treatments at West House's own therapeutic centre.

The service was managed from a suitable office space which a number of service users accessed on a regular basis. Some people had work placements in the office and were able to contribute to the management of the service. The offices were secure yet accessible.

## Is the service caring?

### Our findings

We met people in the service we visited and we heard from people that, "Staff are nice...good to me...I like them." One person told us that the staff were, "Good although I don't get that many hours...they try their best". Relatives responding on behalf of a person told us: "We have tried several care agencies in the past and West House were/are by far the best in every way."

During our Saturday morning visit we saw staff responding to people's needs in a sensitive and caring way. They used patience and humour appropriately with people. We observed staff explaining things to people so that they understood the options and choices available to them. We noted that staff were careful to maintain people's privacy and dignity. People told us that the staff helped them with maintaining their dignity.

We spent time with the registered managers and we also talked to support workers and to service managers. We judged that these staff had a good understanding of equality and diversity issues. Staff told us that they received good levels of training on equality and diversity. We also learned that staff could discuss this in supervision and that any issues around staff approach to this was taken seriously and further training would be given. We also saw that any worries around staff approach was dealt with through grievance and disciplinary procedures.

People who used services told us that they could have an advocate. One person said, "Yes I have had one...and maybe will have another one...easy enough." We saw evidence in notes and in care plans that advocacy was offered and sometimes taken up.

Staff were trained in all aspects of person centred thinking and planning. They understood the rights of people with learning disability and they were encouraged to support people in a way that was not patronising but was empowering. We saw that people were encouraged to be as independent as possible and we saw evidence of this in person centred planning and in care planning.

## Is the service responsive?

### Our findings

People told us that they had person-centred plans. One person told us they had not wanted this and this was respected. The people we spoke to with told us about activities. One person said, "I have been on holiday, I go to day centre and go out with the staff. I go swimming and to football."

We looked at a wide range of assessments and care plans. We looked at the care files of people who had physical care needs as well as learning disabilities. We also saw the care plans belonging to people who were building their confidence and independence. We looked at the care files of people who had problems managing their emotions and behaviours. We saw that good assessments of need and dependency were in place. We also saw that positive assessments were in place showing that people had abilities and skills that could be developed and utilised.

We saw that there were good assessments of support needs and good assessments of objectives that could be met. There were also reassessments of needs and wishes and evidence to show that care plans and behavioural plans were under constant review. We saw that good, detailed care plans were in place for people who used the service. The complexity of the plans reflected the needs of the individual. Some plans were straightforward with clear guidance for staff. Where people had complex moving and handling needs or had physical health problems the plans gave full guidance. We also saw the very detailed guidance where there were high risks with people who needed intense support to maintain boundaries. We judged that care planning was of a high standard.

We also saw some examples of person centred plans which people had been supported by staff to develop. We saw that these plans allowed people to express their needs and wishes, gave goals for independence and a picture of the personality and preferences of people. We also saw the health care plans which gave a good picture of how to support people in healthy living. These files were of a good standard and helped staff to support people appropriately.

We had evidence to show how the service supported people to join in with all sorts of activities and entertainments. We tried to visit people in one service but they had such a busy social life that this was not possible. These people had busy lives attending day services and joining in with other activities and entertainments. We learned that their lives had age appropriate activities which they were supported to do despite having both physical and learning disabilities. We heard about people going to Carlisle united matches, going to clubs and discos, going to the pub and out for meals. We saw that people did the sort of things we all enjoy. We saw that staff helped people to manage risk when they wanted to be more independent. We saw that suitable guidance was in place to help people make progress with this in a step by step way. We also saw that staff tried to offer people a range of choices and options when they lacked the capacity to ask for specific activities.

People were encouraged to enter into education and we saw certificates in people's care files. People had gone to college and had taken up further education courses. Some of the courses were held in the Cockermouth training centre while other people went to the local colleges.

We also saw that the staff team tried to encourage people to gain employment where possible. West House had an employment officer who supported people to get paid or voluntary work and who supported people in their work placements. The organisation ran independent businesses comprising of cafes, a garden centre and a therapeutic centre. These were situated in busy towns in Cumbria and competed with other businesses. These businesses were set up to give people with learning disabilities either paid work or work placements. We also learned that people with learning disabilities worked in the West House offices. We judged that this was an empowering way to give people meaningful experience, support them to gain skills and allow them to be part of the community. These businesses were popular and successful. Several people had completed apprenticeships in these work places and some people had gone on to other employment.

We looked at the complaints log and we saw that there had been some issues that people had brought to the attention of the registered managers. These had been investigated and dealt with appropriately. Some issues had been dealt with by the nominated individual for the organisation while others were dealt with by service managers. The organisation had a clear complaints policy in place and people told us they could complain to staff and things would be 'sorted'. We judged that complaints and concerns were managed appropriately.

We spoke with professionals about some of the changes that had been happening in the organisation. There had been some new people receiving care from this part of the organisation and we learned that this had been done in tandem with the local authority and with health. We learned from professionals that these moves had been "spot on...really good collaborative work". Another professional told us, "Initial meetings between West House and commissioning team were positive, informative, realistic in terms of understanding the shift in how progressive we want to be in accommodating people." We spoke to the management team about the transition work and we learned that although some staff found the changes from residential care to supported living very difficult they had supported them to work through the changes.

## Is the service well-led?

### Our findings

The people we met knew the registered managers and the chief executive and told us that, "They come round here and you can talk to them..." People spoke about the management structure, "There's [a service manager]...then the people from the office...they run things..."

The service had two registered managers. Both of these people were suitably qualified and experienced. They were jointly responsible for this complex and varied service. They also had operational management responsibilities for the organisation's care homes.

We met with both of these registered managers during the visit. We were impressed with the range of knowledge they displayed about each individual person's needs, the staff in each service and the operational issues in each service. Some of their management tasks were delegated down to service managers and they made sure that the delegation was completed appropriately. Some of the service managers were also registered managers for small care homes but other service managers were responsible for a group of supported living services.

We met with two of these service managers during the inspection. Prior to the inspection we had also discussed the arrangements with managers who ran homes and supported living services. They confirmed that these management arrangements worked well for them. We learned that managers' strengths had been identified so that services had immediate line managers with suitable skills and knowledge. For example one service manager had good skills supporting people with learning disabilities and physical disability. This person's services reflected their specialist skills. We also met a service manager who had an interest in community integration and who approached the management of outreach support along with the support of people in supported living with verve and enthusiasm. We judged that despite the management arrangements being complex they were suitable to meet the needs of people in the service.

The organisation had a suitable quality monitoring system in place. There was a manager who was responsible for overall quality monitoring. The monitoring of quality and the auditing systems were delegated in a number of ways. Service managers had responsibilities for monitoring quality in each service. The registered managers monitored the audits undertaken by service managers. They also visited services to ensure that quality was being maintained. There were monthly audits of complex services so that the registered managers were aware of accidents or incidents. These were then analysed and care planning changes made. Where the incidents were related to behaviours that challenge a full review was completed to ensure the person remained safe. We saw a number of these monthly quality audits and judged that they were of a good standard.

In services where needs were less complex there was a three-monthly audit of all aspects of the service. These were completed by the quality manager, the manager responsible for human resources and by the registered managers. We saw a number of these and we noted that this had been done in great detail and that any issues with quality were identified and dealt with. We also saw that the staff within each service were responsible for monitoring things like health and safety, medicines management, care planning

updates and ensuring that appointments were kept. We judged that quality monitoring was of a very good standard. The policies and procedures of West House, the statement of purpose and literature they provided for the general public all included the vision and values of the service. When we met with staff and people who used the service we saw that these values were strongly upheld. The organisation believed in promoting the rights of people with learning disabilities and we saw evidence to show that this was upheld both in theory and in practice.

During our inspection we saw a variety of records kept in the main office and in one of the services. These were detail and up to date. The registered managers told us that they were moving towards a 'paperless office' system and that already much of the work was held on computer. We learned that the system was password protected and staff had access to records that related to their job role. Some paper records needed to be scanned and stored but we were given evidence to show that this was being dealt with.

We spoke with a number of professionals who told us that the service worked well with them and that the registered managers were open to discussion and negotiation. One person said that they were impressed with the way the organisation was trying to progress. We spoke with social workers and learning disability nurses who had no issues with the organisation and one person told us, "The management team are always willing to work with us. "