

West House

Floshfield

Inspection report

Floshfield Bungalow
Cleator
Cumbria
CA23 3DT

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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

Floshfield is a care home situated in Cleator. It is operated by West House, a charitable organisation that provides care and support to people living in Cumbria with a learning disability or autism. Floshfield is registered to provide personal care to six adults. Accommodation is in single rooms in this dormer bungalow set in its own grounds.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service

People told us they felt safe and, where they found it difficult to express themselves, they were relaxed in their own home and interacted well with staff. Staff had received suitable training about protecting vulnerable adults. Accidents, incidents, complaints and concerns were responded to appropriately. People told us they had good support from staff. The registered manager kept staffing rosters under review as people's needs changed. People or their relatives were involved in recruitment. New members of staff were specifically selected to work with individuals in the home and had been suitably vetted.

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. Staff had extensive knowledge of different disorders people were living with and were skilled in working with people's needs.

People saw their GP and health specialists. People were supported to get involved with preparing healthy meals and looking after their health. Staff took the advice of nurses and consultants. The staff team completed assessments of need with health professionals and with the learning disability teams. People were happy with the arrangements for medicines support. Medicines were suitably managed with people having reviews of their medicines on a regular basis.

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

Risk assessments and care plans provided detailed guidance for staff in the home. People in the service, their social workers and relatives, where appropriate, had influenced the content. The registered manager had ensured the plans reflected the person-centred care that was being delivered. People indicated that they enjoyed the activities and outings on offer. Staff could access specialists if people needed communication tools like Makaton or other sign languages. Staff worked with psychologists and psychiatrists when necessary.

The service had a registered manager who dealt with all aspects of the service. He was suitably skilled and experienced to manage the home. He consulted people and their representatives in a number of different ways.

The provider was in the process of analysing quality monitoring reports for all services to complete the new business plan, 'Transforming West House'. There was an action plan for Flosfield to ensure that quality care and services continued to be provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

At the last inspection the service was rated Good (published 12 January 2017).

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.

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 remained good.

Details are in our safe findings below.

Good ●

Is the service effective?

The service remained good.

Details are in our effective findings below.

Good ●

Is the service caring?

The service remained good.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service remained good.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service remained good.

Details are in our well-led findings below.

Good ●

Floshfield

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.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Floshfield 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 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:

This 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 had received regular updates from the provider based on their quality monitoring. We used all of this information to plan our

inspection.

We met with all six people in the home and with four support workers, the senior support worker and the registered manager.

We read three care files and related forms and documents. We looked at daily notes and records related to nutrition and medicines.

We saw rosters and training records for the team.

We saw records related to fire and food safety. We had been sent copies of quality audits for this service as part of the regular updates we receive from the provider.

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 and staff understood how to protect people from harm and abuse. Staff told us they would report any abuse and they understood how to do this because they had ongoing training in this matter. Staff discussed any potential harm in a timely fashion with the registered manager. People confirmed that, "Everything is fine...".

Assessing risk, safety monitoring and management

- The provider had good risk assessments and risk management plans. Risk was lessened because of the planning. Good assessment and planning was supporting people to take risks to support skills and independence building. Some people had complex needs and they had detailed risk management plans for moving and handling, support with eating and drinking and communication. We observed moving and handling and this was done efficiently, effectively and with due attention to dignity and privacy.

Staffing and recruitment

- The provider followed good recruitment processes and made appropriate checks and sought references before staff were employed. Recruitment was specific to the needs of individuals. People had been involved in second stage interviews. The provider had systems in place to deal with matters of discipline and competence. There were enough staff to meet people's needs by day. The registered manager was considering changes to the way staff were deployed by night because of changing needs of people.

Using medicines safely

- Medicines were ordered, stored, administered and disposed of appropriately. Staff asked health care professionals to review medicines so people were receiving suitable medicines. The registered manager checked on staff competency and staff received suitable training. Checks were done to prevent errors. We observed correct administration of medicines by varied methods.

Preventing and controlling infection

- People were protected from the risks of infection. The house was clean, fresh and free from odours. The home had benefitted from refurbishment of bathrooms and toilets with wipe clean surfaces and improved flooring. Cleaning routines were used and protective equipment available. People's bedrooms were clean, tidy and personalised.

Learning lessons when things go wrong

- The provider had systems to learn and share lessons learnt when something went wrong. The provider had reviewed their processes for managing people's finances and managing medicines. Staff had been made aware of new processes to ensure people's money and medicines continued to be safe. Staff

confirmed they discussed how to improve care and services at team meetings, away days and in supervision.

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

- The provider ensured thorough and ongoing assessment so that the care delivery was of a high standard. Staff asked people about their needs and wishes. Staff worked in creative ways to offer people options and choices. Where people had necessary restrictions placed on them, this was done correctly and appropriately to ensure they were kept safe and well.

Staff support: induction, training, skills and experience

- Suitably experienced, skilled and trained staff gave people good levels of support. Staff had good knowledge of people's needs, preferences and wishes. Staff told us they received regular supervision and appraisal. The new senior support worker explained how she was being inducted into the service. Staff were enthusiastic about the Positive Behaviour Approach training being delivered across the provider's services.

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

- The home was suitably designed, adapted and decorated to meet people's assessed needs. Flosfield is a dormer bungalow in a residential area. It had suitable adaptations, like overhead tracking, to help people with restricted mobility. The house had recently been redecorated and new flooring was on order. Some shared areas were a little untidy but the new senior support worker was helping staff to make the home more orderly. People spent time in their own rooms and these were personalised, comfortable and reflective of their personalities. Private space was respected in the house.

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

- People received good levels of support through planning and monitoring to ensure they were getting good nutrition and hydration. People were supported, where possible, to participate in shopping and preparing meals. People told us they enjoyed their meals. Staff were aware of how to help people with special diets. The team was developing the planning for people who needed help maintaining a healthy weight. We saw a detailed plan for a person who had complex nutritional needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- The provider ensured good working relationships had been built with health and social care professionals. One person had moved into the service supported by a multi-disciplinary team approach. People had good access to social work and health care professionals. Psychologists, psychiatrists, geneticists and other health care professionals supported people and advised the staff. The local community nurses and specialist nurses visited people in the home. People had hospital passports and staff supported people with hospital visits and in-patient stays.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had assessed people's mental capacity and no one had any unfair restrictions imposed on their liberty. We observed staff asking permission and helping people to make decisions. Signed consent forms were used where possible. We observed staff asking people for permission. Legal requirements were addressed appropriately.

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.

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

- People were treated with respect and their diverse backgrounds and cultures were taken into consideration. Equality and diversity were part of induction and ongoing staff development. Staff treated people with dignity and were non-judgemental and accepting of difference, background, culture and personal history. Affectionate and appropriate interactions took place during our visit. Humour was used in a suitable way. People approached staff for emotional and practical support.

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

- The provider had suitable systems to gain people's views and to influence decision making. Some people were very good at explaining their needs and wishes and they had input into their care plans. Other people found this difficult but staff were able to pre-empt needs, offer choices and staff had recorded people's responses so their preferences were understood.

Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness and respect. Their private needs and wishes were respected. People were helped to be as independent as possible, given their needs. We observed affectionate and sensitive interactions where people's dignity and privacy were maintained. A Positive Behavioural Approach was being developed so people could continue to be supported to have dignified and meaningful lives.

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 person-centred care was provided and people's needs and wishes were met, wherever possible. Staff reviewed people's care plans and they gave good guidance on the personal care and psychological needs of the individual. Where people had complex personal and physical care needs the plans gave good details of the way people wanted and needed to be supported. The plans recorded details of daily routines and personal preferences. Skills and independence building were also included in plans. A Positive Behavioural Approach was being used to ensure holistic, person-centred care was being delivered.
- New technology was being used where people had problems communicating and the staff used a laptop with pictorial prompts so people could indicate their wishes. The registered manager said that staff would be trained if a person used communication tools like Makaton or other sign languages.
- People went to day services, cultural events and on holidays and outings. One person had just returned from a holiday to Mexico and said he had "a great time". Activities and outings reflected peoples choices and were age appropriate. People could take communion in the home or go out to church. On the day of our visit one person went out to Whitehaven harbour for a trip out and to do some shopping for the house.

Improving care quality in response to complaints or concerns

- The provider managed concerns and complaints appropriately. The provider had made changes and improvements across all services when concerns had arisen. People and their relatives had access to the complaints procedure. This was available in an easy to read format. No active complaints or concerns were seen during the inspection.

End of life care and support

- The provider had end-of-life procedures and staff had attended in-house training to ensure people's needs could be met. People and their families were consulted, where possible, about future wishes, fears and hopes for the last stages of life. The registered manager was mindful of changes in people with life limiting conditions and was planning the necessary support. G.P and district nursing support had been used in the past so people could die peacefully at home.

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 with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered provider ensured support was person-centred, of a good quality and appropriately planned. The provider had been open with people, and their families, if appropriate, when the person's needs had changed or when something had gone wrong.

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

- The provider had a clear structure for how the service was managed. The service had a registered manager who was suitably skilled, experienced and qualified. He was responsible for the performance of the team, compliance with legislation and the well-being of the people in the home. Senior officers of the provider visited regularly and produced quality monitoring reports that the registered manager followed when there was a need for change and improvement.
- The provider ensured on-going quality improvement was in place. The staff and people who used this service and other local services had contributed to an action plan called 'Transforming West House'. The senior team and the management board of the provider were analysing the outcome of their extensive quality monitoring before they finalised their future planning. There was a plan in place for Flosfield and this included on-going changes to the environment, new approaches to care delivery and a review of staffing.

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

- The service had an open and equitable approach to all individuals and had strategies for consultation and involvement. Some people engaged with staff and management and they confirmed that their wishes were respected. Other people found this active participation more difficult. Communication strategies were in place and advocates or relatives, where appropriate, were part of the engagement and consultation processes.

Continuous learning and improving care

- The service ensured improving service delivery was high on the agenda. The registered manager and staff were supported and encouraged to access up to date training and information. Changes had been made when quality outcomes or potential problems had been identified. The team had started to adopt Positive Behavioural Approaches and had achieved good outcomes in personalised recruitment, financial management and systems for managing medicines.

Working in partnership with others

- The staff team worked with other professionals and with families to ensure the best outcomes for people. The provider also had services for children, cafés and horticultural projects which allowed for cross sector working that benefitted people using the service. We saw records showing detailed joint working with social and health care professionals.