

West House

Briarfield

Inspection report

42 Stainburn Road
Workington
Cumbria
CA14 1SN

Tel: 0190066733
Website: www.westhouse.org.uk

Date of inspection visit:
31 October 2017

Date of publication:
13 December 2017

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 was an unannounced inspection that took place on 31 October 2017. The inspection was carried out by one adult social care inspector. At the last inspection in September 2015, the service was rated as good. At this inspection we found the service remained good.

Briarfield is a care home for seven people who have a learning disability. West House, a local not for profit organisation, is the provider who runs the home. People living at the home have a range of needs including learning disabilities and some people also live with a physical disability. The home is a dormer bungalow and all living space is on the ground floor. The house is in a residential area near to the centre of Workington and people have their own transport so they can access all the amenities of this town. Accommodation is in single rooms with suitable shared accommodation and a large garden.

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

The staff team understood how to protect vulnerable adults from harm and abuse. Staff had received suitable training and understood their responsibilities. Good risk assessments and risk management plans were in place to support people. Suitable arrangements were in place to ensure that new members of staff had been suitably vetted and were the right kind of people to work with vulnerable adults. There had been no accidents or incidents of note in the service.

Staff were suitably inducted, trained and developed to give the best support possible. We judged that staffing levels were suitable to meet the assessed needs of people in the service.

Medicines were appropriately managed in the service with people having reviews of their medicines on a regular basis. People in the home saw their GP and health specialists whenever necessary.

The registered manager was aware of her responsibilities under the Mental Capacity Act 2005 when people were deprived of their liberty for their own safety. We judged that this had been done appropriately and that consent was always sought for any interaction, where possible.

People told us they were happy with the food provided. We saw that the staff team made sure people had appropriate nutrition and hydration. The staff had helped someone to lose a considerable amount of weight without feeling hungry or deprived.

Infection control was suitably managed and the home was clean and comfortable when we visited. The registered manager made sure the home was maintained and redecorated and that the house was a

comfortable home for people.

We observed kind, patient and suitable care being provided. Staff made sure that confidentiality, privacy and dignity were adhered to. People were encouraged to be as independent as possible. Staff had good relationships with people in the home and we saw affectionate, yet professional, interactions.

Assessments and care plans were up to date and met the needs of people in the service. Staff were very centred on the needs of individuals and understood their needs, wishes and goals.

People were happy with the activities and entertainments on offer. Some people liked going out and about whilst others preferred quieter activities in the home. Everyone was given the opportunity to follow their own interests. The registered manager had introduced Reiki as a form of therapy and people told us they enjoyed this.

The service had a suitable complaints policy in place and no formal complaints had been received.

The service had a quality monitoring system in place which was monitored by the registered manager and by the registered provider. Future planning for change was based on the outcomes of this monitoring and action was taken if improvements were needed.

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 remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

Briarfield

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 31 October 2017 and was unannounced. The inspection was carried out by an adult social care inspector.

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

We met six of the seven people who made Briarfield their home. We spoke with them and we observed how staff interacted with them. We looked at three care plans in depth and at two person centred plans. We checked on all the medicines managed in the home. We also looked at everyone's daily notes of care and support delivery.

We spoke with two visiting relatives and met with three visiting health care professionals.

We spent time with the registered manager, a senior support worker and with three support staff on duty. We also spent time with the operations manager at the end of the visit. We looked at four personnel files and at three staff files that contained evidence of recruitment, induction, training, supervision and appraisal.

We saw rosters and records relating to maintenance and to health and safety. We checked on food and fire safety records and we looked at some of the West House policies and procedures. We had already received copies of quality monitoring reports and we saw audits of quality in the home.

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

Is the service safe?

Our findings

When we last inspected the home in September 2015 we judged that the rating for 'safe' was good. We again judged at this visit that the home was rated as good for safe.

People told us it was, "All right". Relatives told us that they were happy with staffing levels and said that they had, "Never heard or seen anything to worry about...the staff are fine. No concerns about staffing levels or attitude."

We met with the staff on duty who could talk in depth about their responsibilities in relation to safeguarding. They told us that they had been trained in safeguarding and that this was also discussed in supervision and in team meetings. Staff were aware of how to contact senior management and outside agencies if necessary.

There were suitable risk assessments and risk management plans in place for each person. When the registered manager felt concerned she took the appropriate steps to keep people safe.

We looked at rosters for the four weeks prior to our visit. We saw that there was one waking night support worker and one person asleep in the home who could be called on at any time. Normally by day there were four staff on duty in the morning, two for a short period in the afternoon and three during the evening. Staff told us that these levels were, "Fine...we can do all the work with these levels". We judged staffing to be suitable to meet the needs of people in the home.

We looked at recruitment in the service and spoke to members of staff who confirmed that background checks were made prior to them having any contact with vulnerable people. We looked at personnel records and these were in order.

The registered provider had suitable disciplinary procedures in place and we had evidence to show that the registered manager followed these when necessary. She told us that she had received training in managing staff disciplinary and competence issues.

We checked on medicine records and looked at stored medicines. These were in order. Some medicines were prescribed by GPs but some of the stronger medicines were prescribed by psychiatrists and monitored by the staff and by the specialist community learning disability nurses. Staff ensured that they kept medicines under review. Suitable monitoring of administration was in place with staff training and competence checks being undertaken.

Staff had suitable training in infection control and could talk about how they managed this task. We walked around all areas of the home and found them to be clean and hygienic. One person took a lead on this and there were local arrangements in place to ensure the home was clean and hygienic. The house was clean and fresh when the visit started at around 8.30 in the morning.

Is the service effective?

Our findings

When we last inspected the home in September 2015 we judged that the rating for effective was good. We again judged at this visit that the home was rated as good for this outcome.

Relatives we spoke to told us that they judged the staff, "Know their jobs", "They seem to be well trained and understand people with disabilities." We spoke with people who told us that the staff were, "Good", "Fine ...Ok."

We also learned from people that the staff were, "Good cooks...make us nice food." One person told us they got plenty of, "Coffee because I really like it..." and this person had lost weight by changing their diet but, "Don't feel hungry."

We looked at some staff files and discussed training, supervision and development with staff and with the registered manager and the operations manager. We learned that every staff member had attended induction and all the training the provider judged to be mandatory. We spoke with staff who told us they had training in safeguarding, moving and handling, understanding learning disability and equality and diversity issues. Staff were also encouraged to gain nationally recognised qualifications and we saw a portfolio for a diploma at level 5 which had just been approved.

We read supervision and appraisal notes. These were detailed and up to date. They showed that staff had the opportunity to discuss their personal development and training needs. Supervision notes showed that staff could discuss how they worked with individual people and how they used their skills and knowledge in the workplace. We noted that staff competence in things like moving and handling and administering medication were routinely checked.

The registered manager was aware of her duty of care under the Mental Capacity Act 2005. 'Best interest' reviews had been held and the team had considered that some people had been deprived of their liberty to ensure they were kept safe. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found that the authorisations were in place, where necessary, and that new applications were waiting approval by the local authority. Staff supported people in the least restrictive way possible to comply with the authorisations.

We observed staff asking people and giving them options about their lives. We saw that, where appropriate,

people were asked for both formal and informal consent. When people lacked capacity to make major decisions the team had consulted in 'best interest' reviews with social workers, specialist nurses and, where appropriate, family members. A visitor told us, "I am always asked about things ... [my relative] needs me to speak for them and they ask my opinion".

Restraint had not been used in this service and it was not the policy of the registered provider to restrain anyone. The registered manager told us that they did not admit people who needed this kind of intervention but that they had contingency plans in place if this were ever to be necessary.

We saw people at breakfast and lunchtime enjoying their meals. We noted that people were also given healthy snacks and plenty of drinks. We had evidence to show that the team would call on the services of specialists like dieticians if this was necessary. One person had been supported to eat a healthier diet to reach a healthy weight. This had been done very successfully with a very good weight loss. The person told us they were happy to have help with losing weight. We saw that nutritional planning was in place and that the staff team had a very detailed plan in place for someone who needed a complex approach to their diet. We judged that people were given good levels of support.

We saw in notes and by talking to staff, people in the home and visitors that people were given support for both physical and mental health needs. On the day of our visit a psychiatrist and specialist nurses were visiting to help someone with complex health needs. We saw evidence that people saw specialists like opticians, dieticians, chiropodists and dentists. One person had been supported through complex eye surgery and also had support from the specialist social worker for visual handicap. We learned that one person was going to have support from a specialist in physiotherapy who was developing new approaches for people who had very limited mobility.

The house had been specially adapted to meet people's needs. The home was a seven bedded dormer bungalow. All bedrooms and shared areas were on the ground floor and the building was suitable for people with physical disabilities. The home had overhead tracking systems, wet rooms and specialist baths, hoists and stand-aids. Outside the home had a pleasant patio area and a large garden. The home was nicely decorated, suitably furnished, tidy and warm. The house was also very homely and people were encouraged to personalise their rooms.

Is the service caring?

Our findings

When we last inspected the home in September 2015 we judged that the rating for caring was good. We again judged at this visit that the home was rated as good for this outcome.

People told us that they staff were, "All right", "My friends", "Lovely" and a relative told us, "The staff are fabulous...really kind and caring. They take the lead from [the registered manager] who is lovely." Another visitor said, "They are good at caring for [my relative]. I have no worries as the staff are all nice".

We observed how people responded to the staff on duty. We saw that they responded warmly and confidently when interacting with staff. People were able to make their needs and wishes known even when they did not use speech to communicate. Staff responded appropriately and were able to give sensitive and empathic care. Staff understood people's communication and they were also able to pre-empt people's needs for support.

We saw that staff ensured that people had privacy and dignity when they were supported in personal care matters. Staff encouraged people to be dressed appropriately and helped them to make the most of themselves.

Staff explained any interactions to people in a pace they found appropriate. We also heard staff discussing more complex issues with a person both before and after the review of their care needs. We could see that the staff member understood this person's psychological, health care and social needs. Daily notes, care plans and other documents were written appropriately without any judgemental comments. People could have support from an independent advocate if they wished.

People were encouraged to be as independent as possible. One person went out alone to visit a family member and staff had weighed up risks with this person's rights. Staff encouraged people to undertake tasks, rather than doing these for them. One person was being encouraged to do some chores around the house as part of their skills building. Support for people to be more independent was written into care plans. We also noted that where people were more dependent then the staff delivered sensitive care to these people.

Staff told us that they had training on equality and diversity matters and that they were able to discuss these in supervision. The staff on duty could discuss their approach to the work from this perspective.

We saw evidence that the staff team had supported someone at the end of life and were with this person in hospital at the very end. There were memorials to this person both inside and out of the house. We also noted that the staff team helped people to understand the natural process of grieving when they were bereaved.

The registered manager and another team member had done specialist training for end of life care and had started to explore people's wishes using a specially adapted form for people living with a learning disability. Relatives were also being consulted about end of life wishes. We judged this to be a really good approach to

this sensitive subject.

Is the service responsive?

Our findings

When we last inspected the home in September 2015 we judged that the rating for responsive was good. We again judged at this visit that the home was rated as good for this outcome.

One person asked to see their care plan so they could talk to us about it. They confirmed that they were, "Asked about what I wanted and we wrote it down." Relatives said that they had been involved with assessment and care planning, "Right from day one...we can help with background and likes and dislikes... and because [my relative] can't speak for themselves I help the staff to understand."

We looked at three care plans in depth which gave detailed and up-to-date descriptions of how to help people to move, take nourishment, receive support with personal care and also with psychological needs. Where people had mental health needs or needs related to their safety and well-being these were also written into care plans. We noted that people were given support to keep in touch with family, friends and partners. There were really good examples of how people's relationships were supported and maintained and any risks assessed and managed. A member of staff told us, "We give support [to one person] to maintain their romance...we give them space to spend time together."

We learned from staff that they were working on updating the person centred planning as some people needed to re-set their personal goals and one person, fairly new to the service, was busy working on deciding on their aims. We also learned that the registered provider was working on a new format for care planning and goal planning. The plans covered health and social care needs. Some people in the home had very simple needs and we saw these were being met and that staff were giving them suitable levels of support. We had evidence to show that care plans were regularly reviewed. We noted that people had reached goals. One person had lost nearly six stone in weight, other people had visited places they had wanted to go to and people had been on holidays.

Everyone in the home had complex and varied needs and activities and entertainments reflected these needs. Some people went out swimming and to sports, to concerts and to the theatre and cinema. Some of these activities were unsuitable for some people and we saw that the team provided sensory activities in the home for individuals and that people enjoyed some treatments brought into the service. People were offered Reiki, an alternative therapy that creates a relaxed state so that the body can replenish and restore itself. This was popular with people in the home. We also learned about specialist cycling activities for people with profound disabilities. We saw photographs of these activities that showed just how much people had enjoyed the activities on offer. Staff were thinking of different activities to continue to improve what was on offer.

There had been no formal complaints made by people in the home, their families or advocates. The service had a suitable complaints policy and procedure in place. Relatives told us they would feel comfortable talking to the registered manager or to the registered provider.

We spoke with social workers about a recent admission and they were satisfied with the work done by the

registered manager and the team to help this person's transition into a care setting. The person told us that they had visited and been able to speak to people and ask questions before they came into the home.

Is the service well-led?

Our findings

When we last inspected the home in September 2015 we judged that the rating for well-led was good. We again judged at this visit that the home was rated as good for this outcome.

We spoke to people about the registered manager and we looked at how people responded to her. People told us she was, "Lovely..." Visiting family members said, "She is very good with [my relative] and is good with me...I can get a bit upset sometimes and she will talk to me and explain things. I think she has good staff and they know their job." Another visitor said that, "You can't fault her...very well managed little home."

We saw that the people in the home responded well to the registered manager and it was clear that they knew her well. Staff told us that she was very visible in the home and, "Really easy to talk to...very approachable..." Several staff also described her as "Lovely..." One staff member said, "You know where you stand but she is all for our residents so it's right that no matter how nice she is she makes sure we look after people properly."

We saw that the registered manager was an advocate for people living with a learning disability. She was working with the local hospital so that their staff could understand the needs of people living with autism, learning disability and other complex disorders.

The registered manager was suitably qualified and experienced in the delivery of care and the management of staff. We saw that there was a good scheme of delegation in the home that promoted good governance of the service. Staff understood the responsibilities each role had.

The people we spoke with confirmed that the culture of the home was based on a positive and equitable approach to the care delivery and to the staffing arrangements. Staff said that it was a "Kind and caring place...because we work as a team to give the best. [The registered provider] has these values and they are not hard to follow. Our manager makes sure we do." A new member of staff could talk about the vision and values of the organisation and told us, "I love working here and the manager and the staff help me to understand the [theoretical background] that's expected of us all."

West House had a suitable quality monitoring system in place. A senior officer of the organisation was responsible for overall quality monitoring. This person sent us quality audits of all locations on a regular basis. These were detailed and we saw that where there were any issues the registered manager was expected to put an action plan in place. This service was judged to be operating well with no need for major actions. Part of the quality monitoring processes for this provider included service users visiting other services to comment on quality. This had happened in this home and quality was assessed from the views of a person living with a learning disability.

The registered manager had responsibilities for monitoring quality in the home and we saw audits of all aspects of the service. Things like health and safety, medicines and care planning were audited on a regular basis. There were checks on people's money if the staff supported them. We saw that these checks showed

that good quality of support was in place. Staff also spoke to people to ensure they were happy with things in the home. Families and other interested parties were sent questionnaires and were also asked their views on a less formal basis. There were individual reviews of care and support, staff meetings and records of supervision and appraisal. All of these things were used to ensure the quality of care and support met with the standards set out by West House. We read some policies and procedures and these were of a good standard.

We noted that menu planning, activities, supervision formats and changes to the environment had all come about because there was on-going monitoring of quality standards. A visitor told us that people in the home and their families were always being engaged in the business of the home. They told us, "The manager and her team talk to us and ask our opinion...you don't need to wait for reviews or surveys. They want to know we are happy."

Records were well managed and securely stored. All the information we needed was easy to access and written clearly. Some of the records were held on computer. We learned that the system was password protected and staff had access to records that related to their job role. Staff recorded in an objective and professional manner. People could be supported to look at their records and there were 'easy read' reports for most aspects of records management.

We spoke to health and social care staff as part of a regular update to registered services. No one had any concerns about the service. A professional told us that, "[The registered manager] works very well with us, keeping us informed and making sure we are aware of any changes." We met three health care professionals who were happy with the way the team worked with them. Notes showed that staff contacted health and social care professionals to make sure that people got good support.