

West House

# Home Farm

## Inspection report

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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

Home Farm is a residential care home providing personal care and support to two people living with a learning disability at the time of the inspection. The service can support up to six people living with autism or a learning disability. The service provides short stays for people. This may be for respite care or as a transition to more independent living.

The house is in a rural setting on the outskirts of a village that is near to Workington. The house can support up to six people in single rooms. There are suitable shared areas and a pleasant garden that has an area for sport. The house has a small office and a sleeping-in room for staff.

### People's experience of using this service and what we found

People in the service were safe because staff had a good understanding of how to protect vulnerable people from harm and abuse. Risk management, recruitment and the management of medicines were all managed appropriately. Infection control was in place and the service had been free of Covid-19.

Staff were inducted, trained and supervised. They had accessed training to ensure they could support people. The team worked with other professionals and took their advice about care and support.

People told us they were happy with the food provided and had been encouraged to eat a balanced diet and to start to prepare their own snacks and drinks. They were encouraged to have a healthy lifestyle and were supported to access health care support.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

#### Right support:

- Model of care and setting maximises people's choice, control and independence

#### Right care:

- Care is person-centred and promotes people's dignity, privacy and humanrights

#### Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

We observed caring and respectful interactions between staff and people in the service. People were treated as 'guests' and their care and wellbeing was the primary focus of the team. People were encouraged to be as independent as possible and to make their own decisions about their life choices.

The team helped people to develop their care plans. The plans included all the person's need and their aspirations. People were also encouraged to look at their social, recreational and emotional goals. Staff had supported people during the pandemic so that they could maintain relationships and develop social and recreational skills, despite the lockdown measures.

The service was managed by a suitably qualified and skilled person who was registered with the Care Quality Commission. She was highly motivated, very committed and enthusiastic. The staff were supportive of her and empowered by her leadership.

Quality in the service was monitored internally and externally by senior managers of the provider. The operations manager had started to visit the house again to give the registered manager support and to assess the quality of the service. We saw evidence of audits and staff and service user meetings. Staff supervision, appraisal and training was all up to date. Service users' opinions were routinely sought. Planning was in place for ongoing improvement and development of the service.

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

This service was registered with us on 31 October 2019 and this is the first inspection.

#### Why we inspected

We inspected this service as it had not been rated since registration in October 2019

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.  
Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.  
Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.  
Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.  
Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.  
Details are in our well-Led findings below.

# Home Farm

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was conducted by one inspector.

#### Service and service type

Home Farm is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they, and the provider, are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our

inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager and support workers.

We reviewed a range of records. This included care records, two current care plans, two care files from people who had previously used the service and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Systems and processes to safeguard people from the risk of abuse

- The registered provider had suitable systems and processes to protect people from risk and abuse.
- Staff had received appropriate training and could talk about preventing, reporting and managing potential abuse. The registered manager had worked with the safeguarding team to ensure continued safety for a vulnerable person.
- The people in the home had access to 'easy read' safeguarding guidance. Both people were relaxed in their environment and responded well to staff.

### Assessing risk, safety monitoring and management

- The registered manager assessed and managed any identified risks.
- Care files showed that risk was assessed prior to a person coming to the service and that this assessment continued throughout their stay.
- The provider had guidance in place to support staff to manage risk. The registered manager ensured risks around the environment, maintenance, fire and health and safety were up to date and risk management plans in place.

### Staffing and recruitment

- The provider ensured that recruitment and staffing were appropriately managed.
- Staff were appropriately recruited with a detailed interview and selection process. Service users were involved in this selection process. All background checks were completed before a new recruit came to work in the service.
- The provider had suitable policies and procedures to manage any problems related to staff performance.
- The service employed enough staff to ensure people were given care and support and that they could go out or take part in activities in the house.

### Using medicines safely

- Medicines were appropriately managed in the service.
- People were supported to access their medicines. Staff helped people to have their medicines reviewed by a G.P or a consultant, where necessary. They also assessed and supported people to take some or all of their medication themselves in a safe and controlled way.
- Medication was ordered, stored, administered and disposed of appropriately. Staff understood how medicines needed to be administered and the importance of medicine. Staff received training about medicines for specific conditions, like epilepsy.
- Any issues around medicines were dealt with swiftly. For example, staff might receive refresher training and have their competency checked to ensure good management of medicines continued.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

### Learning lessons when things go wrong

- The provider continued to assess all their services and ensured the organisation learnt from any gaps or omissions.
- The registered manager and the team looked at any issues and considered any improvements needed. Staff could record any learning at work on a day to day basis by using a system the registered manager promoted to ensure continuous improvement.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- Assessment was carried out in line with good practice and with legislation.
- Individual assessments were completed prior to admission. This was usually done with a social worker and sometimes with input from a learning disability nurse. Assessment continued throughout the person's stay.
- Care records showed that physical, emotional and psychological needs were assessed and steps taken to meet any risks. Health needs and behavioural assessments were included in the assessment and delivery of care and support.

Staff support: induction, training, skills and experience

- The provider had suitable systems in place to induct, train and develop staff.
- This service is relatively new. Prior to opening, new team members were recruited alongside staff who transferred from other West House services. The team received full induction before the service opened and training was ongoing, using e-learning and in-house training.
- Staff were supported to develop in their role. Supervision and appraisal were completed in depth and in detail. This allowed the registered manager to identify staff needs. Staff we met were happy with the day to day and formal support they received. They were encouraged to set their own goals and enjoyed being 'champions' for different aspects of the service.

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

- People were well supported to maintain a balanced diet and to stay hydrated.
- People told us the food was good and they got plenty and that there was choice. People also went out to eat sometimes. The food choices were age and culturally appropriate.
- The kitchen had plentiful supplies of a wide range of food. Healthy, balanced meals were provided and people in the service had been encouraged to try new dishes and one person spoke about trying different vegetables.

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

- Staff worked with health and social care professionals to ensure efficient and timely support.
- Health and social work professionals confirmed staff worked well with them and were able to give relevant feedback on assessment, satisfaction and progress of the people in the service.

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

- The house was suitably decorated, adapted and designed to meet the needs of respite care

- The house had previously been a permanent home and the provider had closed this service. The building was refurbished and opened as a temporary measure to provide respite and temporary care. The provider had plans for future respite care provision that may include this location.
- The property was an older converted building that had been adapted to provide care for up to six people in single rooms. There was a kitchen/dining room and two separate lounge areas, one of which had some gym equipment. Both areas have TV, games and electronic devices. The house was well decorated and bedrooms and shared spaces were clean, homely, light and airy. The home had a garden and an area for sports.

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

- People were supported to live as healthy a life as possible.
- People were supported to access any necessary health care during their temporary stay. People were also helped with health prevention measures. People in the house were supported to access vaccines for Covid-19. This was done through the use of pictorial guidance, reassurance and practical help.
- People were encouraged to exercise, eat a healthy diet and were supported in emotional and psychological health needs.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The principles of the MCA were being met in full by the staff team. Staff were aware of their responsibilities and had received suitable training.
- 'Best interest' reviews were carried out with any person who found decision making problematic. The registered manager applied for DoLS authority if they considered they had to deprive a person of their liberty to keep them safe.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 well supported in the service and due consideration made to matters of equality and diversity.
- People in the service expressed their views in their preferred way and we judged that they were well treated by the staff. Staff on duty had an easy manner which helped people feel at ease. Humour, affection and reassurance were given, where necessary.
- Staff displayed good values and confirmed that these were reinforced by the registered manager and by the provider. The team displayed values that reflected the provider's adherence to the principles of equality and diversity. Staff understood different cultures and personal choices in lifestyle.

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

- People, and their families, where appropriate, were encouraged to express their views and make their own decisions.
- People in the service were able to express their views. They were involved in reviews and people were able to take part in menu planning, deciding on group activities, care planning and participating in recruitment of staff. People confirmed that they were fully involved in care planning and one person guided the inspector through their plan.
- The provider used various formats to hear people's voice in future planning, recruitment and decision making. The provider was keen to give people as many opportunities as possible to air their views.

Respecting and promoting people's privacy, dignity and independence

- The staff team ensured people were treated with dignity, given privacy and their independence promoted.
- People told us they were being supported to become more independent in things like personal care, preparing snacks and drinks and carrying out household tasks. Care files showed how the team had helped people to become more independent. Former 'guests' had moved on to more independent living.
- Staff treated people with dignity and gave them privacy. A health care professional told us, "I have always observed the team to have a positive and empathetic approach to each of their clients and genuinely want to support them in the best way possible." Staff only entered people's rooms with permission and any interventions were completed with consent. We saw this in practice and on file.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care planning met individual needs and preferences.
- One person showed the inspector their care plan. It was in an 'easy read' format and the person agreed it covered their needs and wishes. The care file had detailed documentation of health and social care needs.
- One person spoke about their progress and their plans for the future. This was reflected in the care plan. Plans of previous people were accessed and these showed how they were supported to become more independent and to move on from this service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had suitable systems in place to ensure they could meet people's communication needs.
- The provider could support people who used Makaton or other forms of sign language and had training courses available. Staff understood individual signs that people used and we saw this in practice. The registered manager had a Makaton 'sign of the week' to keep staff skills up to date.
- Training could be accessed if any new person had AIS needs that were not covered by the provider's training. These issues would be covered and training given prior to admission, wherever possible and necessary.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- During the pandemic people were supported to maintain and develop relationships and to follow activities and interests.
- People were supported to use virtual means to maintain relationships. They had used things like Facetime and video and telephone calls. The registered manager had arranged socially distanced outdoor visits and had recently started indoor visits. They had given family members test kits so that these visits could be carried out smoothly. Staff had been trained in how to support relatives to visit safely.
- People were going out to activities and entertainments where the lifting of lockdown permitted. Sport, craft and domestic activities like cooking were part of the programme for people. These were enjoyable activities that also helped people's confidence and independence.

Improving care quality in response to complaints or concerns

- West House had policies in place to respond to concerns or complaints.

- We had received an anonymous whistleblowing concern and senior management investigated this and found the concerns to be unfounded.
- People had 'easy read' complaints guidance but no one had made any complaints about the service.

#### End of life care and support

- End of life support could be given by the provider
- This service is a short stay provision and would not normally provide end of life care but the provider could access training and support if necessary.

# 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. This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Home Farm provided an open and inclusive service and good outcomes were seen for people. The provider had a range of services to help people to be empowered through training, employment and social engagement.
- Staff told us that they 'loved' their job and enjoyed working for the provider and the registered manager.
- People were able to express their needs and wishes and staff spoke openly. We observed an open and inclusive culture in the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider acted on duty of candour appropriately and kept people and their families informed.
- People confirmed that they were kept informed. Entries in files showed that people, or their families were given relevant information.

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

- Staff understood their roles and responsibilities.
- The registered manager was suitably experienced and qualified and was clear about her role. Staff understood the responsibilities related to their roles.
- Care plans, risk management plans, medicines and other systems were routinely audited. The registered manager and the provider analysed these to ensure good quality care and services were provided. Staff meetings were held and people and their families consulted. These were used for future planning for Home Farm and other services.

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

- The provider had systems in place to engage and involve all stakeholders.
- Prior to the pandemic the staff had engaged with the village community and there had been positive involvement, even during lockdown. People and their families were consulted and involved. The provider engaged with people in all of their services and used questionnaires and meetings to gauge their opinions. People were involved in future planning, recruitment and community projects. A social work manager told us that the provider had regular contact with them in relation to quality matters, concerns and future plans.
- Staff told us they had received training in matters of equality and diversity. Their attitude and acceptance

of diversity was apparent in the way they spoke about their work.

#### Continuous learning and improving care

- The provider and the registered manager were committed to improving the delivery of care and services through continuous learning.
- The provider was committed to delivering care and support services to empower people living with autism or a learning disability, to support them in education, training and social inclusion. The provider ran cafes and other workplaces, provided education and training as well as care homes and supported living settings. People at Home Farm were looking forward to accessing these services, when safe to do so.
- Staff told us that they were keen to learn and that they could readily access e-learning or receive guidance from the registered manager or other experienced staff who work for the provider. The team continued to update their learning. For example staff used positive behavioural support and reviewed their competence in using this approach.

#### Working in partnership with others

- The provider worked appropriately with other providers and with health and social care providers.
- Talking with staff and people gave us evidence to show that the staff team worked with health care providers regularly and that people had contact with their social workers.
- A health care professional told us, "For each client, [the registered manager] and the team at Home Farm could not have been more supportive, engaged and enthusiastic with any ... recommendations that we tried with the clients." Social work managers said they had a good working relationship with the service.