

West House

Floshfield

Inspection report

Floshfield
Cleator
Cumbria
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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

This was an unannounced inspection that took place on 1 December 2016 and was completed by an adult social care inspector. When we last visited the service on 20 February 2015 we judged that the staffing did not meet people's needs and the service was in breach of Regulation 18. Nutritional needs were not being met and the service was in breach of Regulation 14. The service was also in breach of Regulation 12 because assessment, care planning and delivery did not always meet individuals needs. The provider sent us a detailed action plan that assured us they were working on these breaches. At this visit we judged that these three breaches had been met.

Floshfield is a dormer bungalow situated in a residential part of the village of Cleator. It can accommodate up to six people living with a learning disability. Accommodation is in single rooms with shared facilities. The service is operated by West House, a charitable organisation that runs other services in Cumbria for people with a learning disability

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

The service ensured that staff were suitably trained to identify and deal with any issues of abuse or harm. Suitable safeguarding arrangements were in place.

Risk management plans were in place for all aspects of the service. The provider had an emergency plan to deal with any potential problems. This had been put into action during the floods of 2015.

Recruitment and disciplinary matters were managed well. West House had detailed policies and procedures in place about these matters

When we last visited the service was in breach of Regulation 18, staffing, because we judged that the staffing levels did not meet peoples' needs. At this visit we saw that staffing levels were kept under constant review to reduce risk and give suitable levels of care. Staffing levels were suitable to meet needs.

Medicines were appropriately managed with staff receiving training and checks on competence. People had their medicines reviewed on a regular basis.

The home was clean and orderly when we visited. Staff were aware of the need to prevent any cross infection and took suitable action. There had been some improvements made to the environment with redecoration and new floor coverings being planned.

Staff received good levels of training, supervision and appraisal. The staff we spoke with were happy with

the support they received.

The staff understood their responsibilities under the Mental Capacity Act 2005. We saw that appropriate action was taken if the registered manager thought anyone was being deprived of their liberty. Restraint had not been used in the service but staff were trained in how to manage behaviours that might challenge.

At our last visit we judged that the service did not meet Regulation 14, meeting nutrition and hydration needs. We saw at this visit that the staff team had worked on the problems and we found that people now received a balanced and wholesome diet. Suitable support was sought if anyone was underweight. People had good support from their GP, community nurses and health care specialists.

We judged that the staff team were kind and caring towards the four people who lived in the home. We had evidence to show that the staff supported people to have as much privacy as they wanted. We observed staff ensuring that people could retain their dignity. Everyone in the home had access to independent advocacy services.

We also had evidence to show that the staff team tried to support people to be as independent as possible.

We had also identified a breach in Regulation 12 when we last visited because assessment and care delivery did not always meet individual needs. At this visit we saw that staff were now supported to be fully aware of individual. New assessments and care plans were being worked on where peoples needs had changed. This had happened because good assessment of need was in place. Other plans had been updated after assessment and review. We judged that the breach in the regulation had been met.

We also looked at activities and person centred plans. These were suitable but the registered manager had identified that some more age appropriate activities might be welcomed by some people in the service. We have made a recommendation about involving people in the home and taking guidance from a reputable source so that people in the service will have access to entertainments and activities they will find appropriate.

There had been no formal complaints received but the provider had suitable policies and procedures in place.

People were given suitable support if they had to move from or into the service.

The home had a newly registered manager who was experienced in the care of people living with a learning disability and who had already led staff teams. We had evidence to show that he had started to help staff look at their practice so that people would continue to receive appropriate care.

West House had a detailed quality monitoring system in place in all the services. We saw that senior managers visited this service on a regular basis to ensure that quality standards were met. The registered manager also completed audits of all aspects of the service. Action plans were in place to deal with some of the issues that quality monitoring had highlighted. We saw that the registered manager had started to streamline the records in the home.

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.

The registered manager and the staff team were aware of their responsibilities in protecting vulnerable people from harm and abuse.

Recruitment and disciplinary arrangements were working well so that only suitable staff were employed.

Medicines were suitably managed.

Is the service effective?

Good ●

The service was effective.

Staff had received good levels of training and personal development.

The team had worked hard to help people have a balanced and healthy diet.

The premises met people's needs and further improvements to the environment had been planned.

Is the service caring?

Good ●

The service was caring.

Staff treated people kindly.

People had good access to advocacy.

The registered manager was planning to develop the team so they could support people at the end of their life.

Is the service responsive?

Good ●

The service was responsive.

Assessments were on-going and staff understood individual needs.

Care planning had been updated and the staff were involved with continuous review of individual needs.

People in the home went out into the community and new activities and entertainments were being planned.

Is the service well-led?

The service was well led.

The home had a newly registered manager who had been in post for only a short period of time.

Quality audits had been completed, peoples views sought and improvement plans put in place.

Records management had improved and plans were in place for further changes.

Good ●

Floshfield

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 1 December 2016 and was unannounced. The inspection was conducted by an adult social care inspector.

Prior to the inspection we reviewed the Provider Information Return (PIR) which had been sent to the registered manager for completion. The PIR 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. This was completed in some detail and we asked for further updates on this information when we visited the service.

We also spoke with representatives of the adult social care team, the local authority commissioners and with health professionals.

We met with the four people who lived in the home, spoke to them about their experience of living in the house and we also observed how they interacted with the staff on duty. We read all four service user files which included assessments, health plans, care plans and person centred plans. These gave an overview of the needs and preferences of the four people in residence. We also looked at records of medicines, finances and at records of meals provided.

We met with the registered manager, the operations manager and with the two staff on duty. We looked at supervision records and records of staff training.

We saw some quality audits and had regularly received quality reports from the provider. We looked briefly at records related to the budget and to individuals' finances. We were sent copies of rosters and general risk assessments.

We walked around the home with the registered manager and heard of his plans for updating and improving

the environment. We received a copy of his interim plan for the future development of the home.

Is the service safe?

Our findings

The people we met were relaxed in their own home. They told us that they were safe in their own house. Where people felt anxious staff reassurance was effective.

People told us that there was always, "plenty of staff" and that they felt, "Ok... safe."

West House had detailed and up to date policies and procedures about protecting vulnerable adults and children. We had evidence to show that staff received suitable training in understanding their responsibilities in keeping people safe from harm and abuse. We saw that potential or actual harm was discussed in supervision and in team meetings. We also had evidence to show that, where harm was suspected, staff were quick to 'blow the whistle' and that the registered manager was responsive to any disclosure of potential abuse. He was confident about dealing with any issues and we had evidence to show that this had been done in practice.

This service had been in breach of Regulation 18: staffing, when we last visited because staffing arrangements did not always meet the needs of the people who lived in the home at the time. We had evidence to show that the provider had kept staffing in the home under constant review. We judged that the service was no longer in breach of this regulation.

We looked at rosters for the month of November 2016 and we saw that there were always two staff members on duty by day. There were some times when the registered manager was also in the home. At night one member of staff slept in the building. We asked people in the home and the staff on duty and we learned that the four people in the house had fairly settled nights. The registered manager said that risk had increased slightly at night and he was in the process of moving the 'sleeping-in' room so that the staff member would be next door to the people who had increased risks. The registered manager and the operations manager were keeping the staffing arrangements by night and day under review because there were some changes in people's dependency levels.

West house had an emergency plan for all their services and systems in place to ensure that the organisation could respond in times of crisis. Quality assurance systems included general risk assessment and risk management plans for all aspects of the organisation and the individual services. This was used to good effect during the floods of 2015.

We were told that there had been no newly recruited members of staff who had come to the service. There were new staff in the home who had moved from other services but no new recruitments. One new person was being considered for the service. All recruitment documents were kept at the head office and we had checked on some of these prior to this inspection. These were in order. The organisation had detailed recruitment processes. All new recruitment went through West House's human resources department and new staff had no contact with vulnerable adults until all checks were completed and the staff member had completed a basic induction.

The organisation had detailed procedures about staff performance issues. We had evidence to show that

disciplinary matters were dealt with in a fair and measured way. Staff were given training and support if any errors were discovered. More serious issues were dealt with through formal disciplinary processes. The registered manager said that the human resources department and other more experienced managers had given him support to deal with this management task. Training was available for managers and senior support workers on both recruitment and disciplinary tasks.

We looked at the medicines kept in the home. These were kept in secure cupboards in a locked room. Two staff normally administered medicines. Medicines administration records were up-to-date. We had evidence to show that GPs, specialist nurses and psychiatrists kept medicines under review for the people who lived in the service.

The home was clean, neat and orderly on the day of our inspection. One member of staff was responsible for ensuring that infection control measures were in place. The staff told us that they had suitable personal protective equipment and that they were careful about preventing cross infection. Staff had received training in infection control.

Is the service effective?

Our findings

The people we spoke with told us that staff were, "Very good". They also told us that they were given choices. People told us that, "The food is very nice here".

We look at records of staff induction, training and supervision. We had evidence to show that staff in this service received all of the training that the organisation deemed to be mandatory. Staff had training that was related to their job roles and registered manager told us that he had plans to send individual staff to more specialised training events.

The registered manager had been in post since August 2016 and had given every member of staff formal supervision, had worked shifts with them and observed their practice. We saw detailed notes of supervision meetings and we judged that staff were being given good levels of support.

The people who lived at Flosfield needed the support of staff to make decisions about their day-to-day lives and about more complex decisions. We had evidence to show that 'best interest' meetings had been held to support people. Where possible staff asked people for consent and we judged that, as one staff member told us, "The service is led by what the people who live here want and need."

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 and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager was aware that staff, in order to keep people safe, had deprived people of their liberty. We judged that this was done in the least restrictive way possible. Deprivation of Liberty authorities were in place for some people and the new registered manager was reapplying because some people's needs had changed.

Staff in the home had received training on how to support people who may display behaviours that challenge. The service had not used restraint. Staff told us that this would be a last resort and that people in this service were responsive to reassurance and behavioural approaches.

When we last visited the home we judged that nutrition and hydration needed to be improved. We had received an action plan which gave us assurances that these matters had been dealt with. At this visit we saw people having breakfast, snacks and lunch. The food was wholesome and well-prepared. People in the

home were given balanced meals and healthy snacks. They still had treats but these were carefully controlled. Where a person was underweight staff gave fortified foods, contacted dieticians and monitored any weight loss. We judged that the service was no longer in breach of Regulation 14.

We found evidence in care plans, incident logs and daily notes to show that when people were unwell staff team called for a doctor or nurse to visit. On the day of our inspection people went out to the surgery for their 'flu' jabs. People saw dentists, opticians and chiropodists on a regular basis. A consultant psychiatrist for people with learning disability was visiting the home on the day of our visits to support a person whose needs had changed.

Floshfield is a dormer bungalow located in a pleasant residential area. Each person has their own single room. Bathrooms and toilets were shared. The house had a pleasant lounge and dining area. There were suitable adaptations on the ground floor for people who needed support with their mobility. The new registered manager was aware that some decorative work was needed and that some floorcoverings needed to be replaced. Arrangements were in place for this refurbishment work. We also heard about plans to develop the extensive garden to meet the needs of people in the home.

Is the service caring?

Our findings

People told us that the staff were, "very good", "...nice...they are my friends".

We observed staff interacting with people who lived in the home. Staff were respectful and were mindful of people's privacy and dignity. We saw that people in the home approached the staff with confidence that they would be responded to. They made eye contact with staff and staff responded warmly to them. We noted that staff would sit down to interact with people who were seated. We saw other examples where staff used body language to ensure people felt comfortable with the way they were supported. Interactions were appropriate and people responded well to reassurance. Staff gave support but allowed people to be as relaxed as possible in the home environment.

Staff supported people to be as independent as possible. We heard staff encouraging people to help set the table or do some washing up. They asked people about their preferences and encouraged them to make their own decisions. Some people were being supported to be more independent outside of the home.

We looked at daily notes and other records. These were kept securely so that all information was kept confidential. Recording was respectful. Staff were non-judgmental and merely recorded the events. We had evidence to show that a person centred approach was fundamental to the culture being promoted by the registered manager. Staff spoke (and wrote) about all the positive abilities of each person as well as those things people needed support with.

We talked to staff, looked at minutes of staff meetings and supervision notes. These showed us that the principles of privacy and dignity were upheld in the home. We also had evidence to show that staff were not afraid to challenge each other's practice if they felt that these principles were not being followed.

The daily notes showed us that staff acted as advocates for each person in the home. People also had the support of social workers, learning disability nurses and independent advocates.

Some of people who made Flosfield their home were older people. The registered manager and his staff team were aware that they might have to support people at the end of life. We learned that they had good support from community nurses and were confident that they work together if necessary. The registered manager told us he would be including end of life care in his training plan.

Is the service responsive?

Our findings

People told us that they had their own person centred plans. One person told us, "[The staff] talk to me about what I want to do and about my holidays...and it is in my plan." People also told us that they, "Go out to town and the shops...and to anything else I want."

When we last visited the home we judged that care planning was not always up-to-date or detailed enough to give staff guidance about how to care for people. At this visit we noted that care plans had been updated and that staff were fully aware of the content. We judged that this breach of regulation 12 had now been met.

We read all four care files of the people living in the service. Each person had a suitable assessment of needs in place. We also had evidence to show that the registered manager have completed in-depth assessments of potential new service users. He had assessed individual needs and had taken great care to consider issues of compatibility before going ahead with new admissions.

We noted that the previous manager had ensured that all care plans had been updated over the months since our last visit. The new registered manager was in the process of continuing with these updates. Some people had very few changes to their needs and their care plans were up to date. Other plans were being updated as people's needs were changing. One file had extensive new assessments in place and draft notes showing where the care plan needed to be revised. This was to be completed once advice and guidance was gained from health and social care professionals. Care planning was being done in a measured way to ensure that people received good levels of care.

We also looked at the person centred plans for the four individuals. These plans help staff to support people in achieving their preferences, goals and needs in a person centred way. We saw that person centred plans gave staff a good understanding of the individual but we also judged that some new goals and re-visits of preferences were now needed. The registered manager and the operations manager were aware of these issues and had started to work on these matters.

People in the home told us that they went out to shop or go to appointments. On the day of our visit people went to appointments with the practice nurse and out for walks. Some people went swimming and to other sports. Staff took people out to the pub and to cafes and restaurants. Staff encouraged people to go to church and members of the clergy visited to give communion. Everyone had been on holiday in the summer. Some people told us they no longer wanted to go out as they, "cant be bothered...don't want to...am happy in the house." We discussed this with the registered manager. People's needs had changed in the house and he felt that the four people in the house now needed more age appropriate entertainments and activities. He was developing a plan with people in the house and with the staff group to look at new activities and entertainments.

We recommend that the service seek advice and guidance from a reputable source about age appropriate activities and entertainments that meet the changing needs of people in the home.

There had been no complaints received by the organisation. West House had a suitable complaints policy in place. There was an 'easy read' complaints policy available for all of the residents of the home. People had advocacy services in place and there were frequent visits by senior officers of the organisation. People told us that they could complain but had nothing worrying them.

We noted that one person had come to the home in an emergency due to the flooding of December 2015. We judged that this transition had been managed well. We also saw that the registered manager was working with social workers and health care professionals because there might be a need for another person to receive different care in the home or in another setting. This was being done in a measured way to ensure good outcomes for everyone in the home.

Is the service well-led?

Our findings

We spoke with people who lived in the home and they were aware of how the home was managed. One person said, "That's [the person who manages the home] and I can go to him".

The previous registered manager had taken a sabbatical and the provider had decided to register a new manager. This had been done in a planned way and the new registered manager was settling well into the role. The registered manager had extensive experience of working with people with a learning disability, including those people who may have behaviours that challenge. He also had specialist knowledge of nutrition and of the ageing process. We spent some time with him discussing his plans for developing the care approach in the service.

We also noted that he was developing the training and supervision systems in the home and was confident in developing staff. We had evidence to show that he was aware of his responsibilities in challenging staff practice. Staff told us that the team were happy with his appointment and wanted to work with him in developing the service. We look forward to seeing changes being put in place.

West House had an extensive quality monitoring system in place. This included a variety of ways to ascertain the views of people who use services, their families and friends and professionals. Senior officers of the organisation visited on a regular basis and completed quality audits. These included audits of the environment, staffing and care delivery. The provider sent copies of these reports to the Care Quality Commission. These reports had noted a number of development needs in all areas. We saw evidence to show that these were being dealt with. There were quotes for improvement work to the environment available and the registered manager was talking to service users about décor. Work had started on training and staff development work. The operations manager told us that the provider was discussing future needs of the service with the senior management team.

We also noted that care planning, medication, health and safety and staffing needs were audited internally by the registered manager and by the staff team. For example medicines were monitored on a daily, weekly and monthly basis. Where issues had been identified the registered manager and the operations manager had taken appropriate actions to lessen the risk of further problems.

We looked at a wide range of records in the service. We saw that personnel and staff development files had been reviewed were well organised and up to date. The registered manager told us that some of the care files needed to be 'weeded' and old information archived. The formats for recording 'handovers' from shift to shift were to be updated to ensure continuing confidentiality. Other minor changes were planned to make recording more robust.