West House

Midtown Farm

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This was an unannounced, comprehensive inspection which was undertaken by an adult social care inspector on 7 March 2017. We last inspected the service on October 2015 where we judged that the service was not in breach of the legislation but that some improvements were necessary. Recommendations were made at this inspection in 2015 in relation to one part of the main house, the reporting of safeguarding and managing risk.

At this inspection in March 2017 we judged the service was in breach of Regulation 15: Premises and equipment because there were some repairs and improvements needed to the environment. We judged that appropriate improvements had been made to managing risk and reporting safeguarding.

Midtown Farm consists of a main house for two people, and two separate living areas created for sole occupancy. The home can accommodate up to four people with learning disabilities. Each of the houses provides people with single bedrooms (some with ensuite facilities) suitable toilets and bathrooms, kitchen and dining areas and lounge areas for each person. There were suitable outside areas where people could walk or sit in good weather. The home was situated in the village of Broughton Moor and is near to the amenities of the village and within easy travelling distance of the larger towns of Maryport, Cockermouth and Workington. Each person had their own transport which staff used to take them out.

The home has an experienced and suitably qualified registered manager who had been in post since the home opened. 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.

People in the home were now protected from potential harm and abuse because staff understood their responsibilities and had received suitable training in understanding and reporting safeguarding. The properties were safe and secure and there was a suitable emergency plan in place.

All four people in the home had a risk assessment that covered their care needs and risks around activities. There were suitable risk assessments in place regarding the building and the grounds. Accidents and incidents were rare and suitable risk management was in place to lessen or prevent any accidents.

Staffing levels met the assessed needs of people in the service. The registered manager had ensured that the staffing arrangements were constantly under review to ensure staffing ratios met people's needs.

Staff were suitably recruited and West House had human resources policies and procedures in place. The organisation had grievance procedures and less formal ways of staff being able to 'whistle blow' if necessary. We had evidence to show that matters of a disciplinary nature were dealt with appropriately.

Medicines were suitably managed with staff receiving training and checks on competence. People were only given sedative medicines on the recommendation of specialist consultants and were kept under constant review.

Suitable arrangements were in place to minimise cross infection and staff had ready access to personal protective equipment.

Staff received good levels of support through supervision, appraisal and checks on competence. Staff had been given a thorough induction and then received both formal and informal supervision. Staff had support that helped with their overall personal development. Records showed that the staff team discussed best practice issues in supervision and in team meetings as well as informally during their shifts.

The registered manager and her team had a good understanding of the Mental Capacity Act 2005 and staff had received training on making decisions in people's best interests, Deprivation of Liberty authorities and on consent.

People in the home sometimes had difficulties managing their emotions and behaviours but careful delivery of care and management of these had resulted in very low reporting of incidents. Restraint had not been used and staff had received suitable training on behaviours that challenge and how to manage them.

People in the home were given good quality food and meals and snacks were as nutritious and as healthy as possible. Some people needed some extra support to maintain a healthy weight and we recommended that the staff team gain support from professionals and formalise nutritional planning for some people.

People saw their GP, specialist and community nurses, opticians, dentists and other specialised health care practitioners where appropriate. People had been under the care of specialist psychiatrists for people with learning disabilities and had the support of psychologists where necessary.

The care staff team were respectful and patient when working with people and they supported people as much as possible to retain their dignity and privacy. We judged the team to have a person centred approach to care. We spoke with relatives who confirmed this.

We saw evidence of on-going assessment of need and we saw that the registered manager contacted health and social care practitioners to support her in this. Each person had a good, detailed health action plan, a care plan and a person centred plan. These covered people's social, emotional, personal and practical needs. Staff understood the content and could deal with emergencies as people had contingency plans to cover every eventuality.

People were encouraged and supported to attend events and activities. They went for walks and to swimming and games. They attended West House entertainments and some people had the support of the organisation's day services. People went out for meals and coffees and did their own shopping where possible.

Staff used the registered provider's quality monitoring systems and were audited by senior people in the organisation. These had ensured that the delivery of care was of an adequate quality but we noted that the quality monitoring systems had failed to deal with some of the environmental issues and nutritional planning issues we discovered. We recommended that the outcomes of quality monitoring be reviewed and suitable action taken to prevent a repeat of these problems.

Staff were good at recording details of care and activities and the records were accessed for us. We judged that the team now needed to archive some records and deal with the back log of filing for some records. We recommended that records management be reviewed in the service.

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 staff team understood what was abusive and knew how to report any concerns.

Staffing levels were suitable to meet the needs of people in the home.

Medicines were appropriately managed in the home.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were suitably inducted, trained and supervised.

The staff team were aware of their responsibilities when they judged people to be deprived of their liberty.

Nutritional planning needed to be improved.

Some areas of the home were in need of improvement and maintenance.

Some aspects of the environment needed improvement.

Is the service caring?

Good

The service was caring.

We observed the staff team giving people empathic and appropriate care.

Privacy and dignity were maintained because staff supported people appropriately.

Independence was promoted in relation to people's needs and abilities.

People had access to independent advocacy if necessary.

Is the service responsive?

Good

The service was responsive.

Assessment and care planning were of a good standard and gave staff suitable guidelines.

Staff ensured that people went out to activities and entertainments where possible.

Complaints policies and procedures were suitable.

Is the service well-led?

Requires Improvement

The service was not yet well-led.

The registered manager was suitably qualified and experienced to lead the staff team.

The home had a quality monitoring system in place but there were some matters that had not been identified by the system.

Records were detail and up to date but some filing and archiving was needed to ensure more efficient records management.

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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 7 March 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. This was returned to us in good time and with suitable details.

We also spoke with the local authority adult social care team and health professionals who visited the service.

We met all four people who make Midtown Farm their home and we observed how staff supported them. We also spoke, by telephone, to two relatives of people in the home.

We met six support workers and observed them interacting with people in the home. We spent time with the registered manager and the deputy manager.

We looked at all four care files and these included care plans and assessments, individual person centred plans and health care files. We looked at medicines management records and checked the stored medicines.

We looked at four staff files which included recruitment, induction training, supervision and appraisal records. We also looked at a disciplinary record.

We looked at policies and procedures and we saw a wide range of documents that gave us evidence of how the home was managed. This included documents related to infection control, health and safety, fire safety

and food hygiene.

We walked around all areas of both buildings and we looked at equipment in the home. We checked on the food provided and on other supplies kept to ensure the home was clean and well cared for.

Good

Is the service safe?

Our findings

People who lived in Midtown Farm found it difficult to express themselves and we were unable to ascertain how safe they felt in the service. We did however observe people to interact well with staff and their well being was given high levels of attention.

We spoke with a relative of one person who told us, "They are much more settled...safer than other places they have been in. Its great." Another relative said, "I do worry but on the whole I think [my relative} is quite safe in the home."

We spoke to staff about safeguarding vulnerable people and they were able to talk to us about what would be considered abusive and how they would manage any concerns they had. Staff had a good understanding of their responsibilities. We looked at training records and saw that all the staff had received training about safeguarding and had the opportunity to talk about the issues in staff meetings and in individual supervision. There had been no safeguarding referrals made in relation to the service since our last inspection. We had recommended that staff awareness of safeguarding should be raised and we had evidence to show that this had happened to good effect.

We saw a wide range of risk assessments when we looked at records. There were general risk assessments related to the building and to activities. There were good assessments of the risks to people and to staff. The service had an emergency plan. The registered provider had updated emergency planning as part of their on-going updates to procedures. Risk management plans were also in place. There had been no accidents recorded in the service for some time and those recorded in the past were minor. Good accident and incident management was in place so that risk was lessened.

We looked at the last four weeks worth of rosters and we saw that staffing levels were suitable to meet the current needs of people in the service. We saw that the registered manager paid careful attention to individual needs. For example rostering was planned around need and around the lifestyle of individuals. Staff were around when people were getting up or planning to go out but fewer staff might be on duty at times in the week when people might still be in bed or choosing to stay at home. Records and discussions with staff showed that people in Midtown Farm were fairly settled at night so the registered manager arranged for four staff to sleep in the property but judged that a waking staff member was not needed. She told us that this was kept under review so that people living and working in the service would be safe. Staff used wireless communication to talk to each other and could go to where there was the greatest need.

We looked at staff files that were brought to us by the registered provider's human resources department. These gave us evidence that suitable recruitment procedures were in place. New members of the staff team had suitable background checks in place before they have any access to service users. We looked at policies and procedures and saw that the recruitment, disciplinary and grievance procedures were suitable and that staff could access these easily. We had evidence to show that the registered provider had dealt with disciplinary matters in a fair and equitable way and had taken action to prevent a repeat of any problems.

We looked at medicines management in home. There were suitable systems in place for the ordering, storage and disposal of medicines. There were regular checks of medicines on a daily basis. The registered manager audited medicines on a regular basis. People in the home had their medicines kept under review and any sedative medicines were only given after a specialist consultant had considered other options for people. 'As required' medicines were carefully monitored. Arrangements were in place to keep strong medicines ('controlled' medicines) safe.

The provider had suitable policies in place in relation to infection control. There was also local procedures in place. Staff said that they had received training in infection control and that personal protective equipment was always available. There had been no major problems with infection in the service.

Requires Improvement

Is the service effective?

Our findings

People in the home were unable to comment on how effective they felt the service to be. We observed them interacting well with staff, enjoying the food provided and being as relaxed as possible in their own environment.

Midtown House is an older property that has been extended, adapted and converted to provide a home for up to four people. There are three distinct areas in the home. There is the main house where two people live. In this area one person had an ensuite bedroom and the other person had a large bedroom and access to a bathroom. Each person had their own lounge/dining area. The main kitchen and laundry room were in this building. The third person lived in an extension built onto the main house. This had lounge, bedroom bathroom and kitchen. The fourth person had a small house created from a barn conversion with lounge, kitchen, bedroom and bathroom. All of the areas were of a good size and suitably equipped and furnished.

We did however discover that there were some issues around the environment. When we inspected in October 2015 we made a recommendation about improving the surfaces in one bedroom and ensuite bathroom. We saw that this had been done to good effect. We saw that the person living in this room did not tolerate blinds or curtains and that this meant that the person might be seen from the road.

We went into another bedroom and we noted that there was damp and mould around both windows. This was either from water ingress or from condensation. The person was sleeping in this damp room.

We also noticed a number of problems in the service where furniture and fittings had been damaged but not removed or repaired. There was a broken table and a broken cupboard left in the house with the possibility of someone being hurt by these objects being pulled over. Some kitchen cabinets and window blinds had been broken and not repaired or replaced. Repairs were needed to a shower and to a bathroom wall.

We also noted that there were some things around the building that were not of a suitable standard to meet the needs of the people in the service. There were some window sills that were not secured to the wall and several radiator covers were loose. We also judged that more attention needed to be placed on housekeeping standards. The hygiene standards were adequate but staff were not always supporting people to keep the house as orderly as possible. These matters could put people and staff at some risk of harm.

This was a breach of Regulation 15: Premises and equipment because some areas of the building were not suitable for purpose or were not properly maintained.

We looked at a number of individual staff training records. We saw that staff received training in what the registered provider considered to be core skills. This included safeguarding, health and safety, moving and handling and the principles of person centred care. The registered provider encouraged staff to gain national qualifications in care and we spoke to staff who had completed their diploma in care. Staff told us that they felt they were well supported and suitably trained.

Staff files we looked at contained detailed and up-to-date records of both supervision and appraisal. These meeting records showed that staff were given space to talk about the way they worked with individuals. We judged that this was done very well and staff told us that they appreciated being able to talk openly about any difficulties they might have working in complex and challenging situations. We saw that the registered manager and the deputy manager worked with staff and provided support and training to ensure people had appropriate levels of care. Staff were able to voice any worries in supervision and these were taken seriously and suitably dealt with. Detailed annual appraisal was in place for staff and these were used to support team and individual development.

We learned from staff and from looking at care planning and training records that staff in this service were helped to understand what was the best practice approach when working with vulnerable adults with complex needs. All of the staff had received updates to training on how to support people who may be living with behaviours and emotions that could be challenging. Staff displayed good levels of understanding of the care and support needed and how to meet individual needs and preferences. Restraint was not used in the service because the staff used other techniques to de-escalate the behaviours people might display.

People who lived in Midtown Farm had complex needs due to living with learning disabilities and other disorders. Some people did not communicate verbally and needed support with all aspects of personal care and social support. This meant that people needed to be kept safe in the house and could only leave the building or manage most aspects of their lives with support from staff. Everyone in the home had constant attention from at least one and often two support workers.

People in the house found major decision making to be extremely difficult because they were unable to understand options, choices or consequences. People had come to the home to be protected from harm and this involved staff giving high levels of support on decision making and consent. Sometimes staff had to support people in care that they did not necessarily consent to. Staff then held best interest reviews about care and other activities. We saw evidence that best interest meetings were held with a group of people helping to make decisions for people. These might include the GP, a social worker, a psychiatrist, a learning disability nurse, staff in the home and, where appropriate, a family member.

The registered manager, social workers and health care professionals had assessed that everyone in the service had to be deprived of their liberty for their own safety and well being. Everyone had deprivation of liberty authorisations in place and these were being reviewed. Staff had received training about their responsibilities under the Mental Capacity Act 2005.(MCA)

The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service was working within the principles of the MCA.

We went into the main kitchen and the two kitchens in the separate houses. We checked on menus, records of food provided and on the food in the kitchen. We saw that people were given a varied and nutritious diet with plenty of choice. We also noted that, wherever possible, staff tried to cook 'from scratch' and people received good, home made food.

The staff team encouraged people to eat well and to follow the principles of healthy eating. We saw that

care plans included details of food preferences and likes and dislikes. Staff had a good working knowledge of nutrition that they had gained through their qualifications and from information and guidance in care plans. Staff weighed people regularly and tried to support people through the general care planning support. We noted that some people in the home had problems maintaining a healthy weight. We saw that the staff had helped these people to lose a little weight but that this had been done without formal nutritional planning. We spoke with the registered manager and staff about ways to improve the nutritional planning in the house when people had these kind of needs. The registered manager was in the process of accessing support from learning disability nurses and dieticians.

We recommend that the provider consider seek information from a reputable source on nutritional planning for people living with complex cognitive, physical and psychological needs so that good practice on dietary matters may be enhanced.

People who lived in Midtown Farm were able to visit their GP when necessary. The registered manager ensured that people saw the doctor or community nurses when they needed support with physical health care or health prevention. We noted that, if possible, people also saw health practitioners like dentists and opticians. Learning disability nurses visited the service and people saw consultant psychiatrists and psychologists who supported staff in providing appropriate care and attention.

Good

Is the service caring?

Our findings

The people who lived in Midtown Farm found it difficult to express themselves verbally or to discuss the concept of "caring" at any length. We did, however observe people taking a lead in their choices and behaviours from the registered manager and her staff. One person was a little upset because of some changes to their daily routine but was easily reassured by the approach of the registered manager. People were as relaxed and comfortable as possible in their own environment.

We observed the body language of people in the home when staff were supporting them and they responded well to staff. The staff told us that each person in the home had a core team of people who worked with them. This, they felt, allowed people to feel they could trust the staff and feel safe with them. We saw evidence in supervision notes and from talking to the team, that relationships between staff and people in the home were considered on an almost daily basis so that people would be comfortable with the care provided. This was important to individuals who might be living within the autistic spectrum or who had other disorders that meant they found change difficult.

Staff used humour and affection appropriately. They explained things simply to people and at a pace they could understand. They showed empathy and were patient and understood the barriers each person might have. We saw genuine regard for people from all the staff on duty. Staff made sure people were given privacy and told us that they had been trained to maintain confidentiality.

The deputy manager explained how he and the registered manager ensured that staff understood the balance between the rights of individuals and the duty of care the staff had in protecting them. He told us that the team adhered to a specific principle when working with people who could challenge the care delivery because of difficulties in managing their emotions or behaviour. The team worked to the belief that; "I care too much about individual people in this service to let their behaviour or choices get out of control." He told us that he taught this to staff as part of his role as a "Team Teach" facilitator. This was the approach the registered provider took when helping people who displayed behaviours that might endanger them, the staff or the public. The staff team understood that this approach was a way of caring for the person. We saw that this worked in practice and was used in the least restrictive way possible.

This home had a fairly regular flow of relatives who visited and people went out to meet family members. Some of the relatives, where appropriate, helped to make decisions and give support to people. Where this was not possible the team asked for the help of social workers and specialist nurses. Independent advocates could be used if there was a major, controversial decision to be made.

We saw some evidence of people being supported to be as independent as possible. One person kept hens in the garden and was given staff support to care for them. We saw that staff prompted people to do some of their own personal care where they could and were given choices if at all possible. The registered manager said that, for some people, promoting independence was a slow process but that this was written into their care planning if appropriate.

Good

Is the service responsive?

Our findings

People in the service were unable to comment on how responsive the team were but we observed staff being responsive to need. Where people expressed a need staff were swift to meet this need. Care plans and risk assessments were written around the characteristics and needs of individuals.

We looked at all the care files and we saw that each person had a detailed assessment of needs and strengths. Some aspects of the assessments had been completed by specialist learning disability nurses or social workers. We noted that the staff team updated assessments regularly. Where there were major changes they asked for the support of other professionals. We saw health based assessments and letters from psychologists and psychiatrists. These had been used to devise, review and update care plans.

Each person had a health care plan and a person centred plan. These gave details of health and social needs and how best to meet them. People also had a care plans which guided staff in the specifics of care and support delivery. These included details of how to deliver personal care, how to communicate with people, their health needs and any necessary behavioural or psychological approaches. These were detailed, current and appropriate. Staff told us that they were careful to follow the care plans, "To the letter...for our own safety and for the good of the people we care about."

During our inspection people went out in their own individual transport. We learned that people went swimming and to sporting activities and out for coffee or for meals. We had evidence to show that some people attended social events that West House provided and also attended local events. People were encouraged to go out for walks. In the home people were encouraged to do some household chores, if possible and to help out with cooking. People enjoyed music, DVDs and television. Individuals had their own preferred games and hobbies. All activities were subject to risk management because sometimes people might endanger themselves or others. Any activities were well staffed to ensure on-going safety for everyone involved.

The provider had a suitable complaints policy and the procedure for making complaints was readily available. There had been no formal complaints received by the provider, by CQC or by the local authority. The registered manager made sure that relatives and other stakeholders had access to the policies and procedures.

Requires Improvement

Is the service well-led?

Our findings

People in the service were unable to comment on the governance arrangements in the home but we saw that the people who lived in the home were able to turn to the registered manager and her deputy for support and reassurance. We observed one person who wanted the registered manager to reassure them about a meeting that had been held earlier in the day. We noted that this was done with patience and skill and that the person trusted the registered manager's explanation.

A relative told us, "The registered manager is really good...its the best place [my relative] has been in."

The registered manager and had very detailed knowledge of individual backgrounds, needs and preferences. The registered manager was suitably qualified and experienced to lead a team who cared for people with complex needs. She had experience of team leadership and the management of people and resources. She had developed or maintained networks with other professionals. We learned from social workers and health professionals that the registered manager and her team worked very well with them.

We spoke with staff who told us that the registered manager, her deputy and senior managers from West House were approachable and very focussed on the care and welfare of vulnerable adults. Staff said that they worked well as a team under the leadership of the registered manager. Staff were aware of the ethos of the provider and understood the culture of the organisation and of the home they worked in. Many of the staff had worked for the provider over many years and they felt that, "West House have the kind of approach that I like...they really care about people and they give staff good support. I really like my job." Another person told us, "We are a good team and we work well together for the good of the people who live here. I am very happy working here."

West House had an extensive quality monitoring system in place. 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. We also noted that care planning, medication, health and safety and staffing needs were audited internally by the registered manager and by her deputy. Some issues had been identified and the registered manager and the operations manager had taken actions to lessen the risk of further problems. We noted that some of the issues around the environment and nutritional planning had not been identified as needing to be improved on.

We recommend that the auditing of all aspects of the location be reviewed so that any issues are brought to the fore and dealt with in a timely manner.

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 care files were up to date but some old information could be archived. Daily notes were detailed and of a good standard. The registered manager could access all information but we judged that filing and storage could be more organised.

We recommend that records management be reviewed as part of the review of quality monitoring.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Some areas of the building were not suitable for purpose or were not properly maintained.