

Review of compliance

<p>West House West House - 2A Waterloo Street</p>	
Region:	North West
Location address:	Cockermouth Cumbria CA13 9NB
Type of service:	Care home service without nursing
Date of Publication:	May 2012
Overview of the service:	<p>2a Waterloo Street is a care home for ten people who have a learning disability, the majority of whom are older adults.</p> <p>The home is situated in a quiet side street near to the centre of the town of Cockermouth. The home blends into the surrounding community and there is level access to local amenities and facilities. Each person has their own bedroom and adapted bathing facilities are available. West House, a local not</p>

	for profit organisation, is the provider who runs the home.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

West House - 2A Waterloo Street was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 12 April 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

The home is registered for 10 people and when we visited there were two vacancies. On the day of the inspection we spoke with the four people who were at home that day. Three other people were out at day services for the day, and one person was in hospital having a planned routine operation.

The four people we spoke with all had good things to say about the home and the care they received. All said they got on very well with the staff who were kind and caring, and listened to what they had to say.

People told us:

"I can do what I like, staff always ask me what I want to do"

"I go out into town to the cafes"

"I like spending time with my friend and chatting with staff"

"If I want a lie-in I can have one, and staff support me to do things I like to do"

What we found about the standards we reviewed and how well West House - 2A Waterloo Street was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We observed that people's privacy and dignity was upheld and staff seek their views to influence the care, treatment and support offered.

When we spoke with people in the home they said they were asked what they would like to do and helped by staff to make choices.

We observed that people were treated as individuals and each person was helped to develop lifestyle choices that were individual to them. For example each person had an individual style of dressing, how they like to look and how they wanted to display their bedrooms. This translated into their lifestyle where people were making choices on how to spend their time day to day through to personal relationships.

Other evidence

People were supported in promoting their independence and involvement in the community. When we looked at care plans and observed people in the home it was clear that staff were skilled at supporting people to lead meaningful lives of their choosing. The home used an approach called person centred planning to work with people. This entailed using appropriate communication methods to gain people's views and wishes and any future plans and aspirations they had. We saw how these plans

were put into practice and how people were given choice on how to spend their time. As well as following care plans we saw staff frequently asking people about choices and supporting them to make decisions.

People who use the service were given appropriate information and support regarding their care or treatment. This was seen in the way the home was introducing a new person to the home. Information was given to them and their family, in a format they could more readily understand, and they had been given opportunities to visit and spend time in the home in order to help them make an informed decision.

The home used a number of ways to involve people in the running of the home which included frequent residents meetings. The organisation who run the home, West House, also promotes involvement and its published aims are: "Striving to maximise choice and control. Ensuring people are included in all aspects of the life as society as active citizens. So that people enjoy the same lifestyle as any other community member." We judged that these aims were being met for people living in the home.

This was demonstrated by the individual and active lives that people were supported to lead that ensured that people's diversity, values and human rights were respected.

Our judgement

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 02: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- * Where they are able, give valid consent to the examination, care, treatment and support they receive.
- * Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- * Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us

We received no direct comments from people about consent.

However people told us that staff always asked them and involved them about important decisions. They showed us person centred plans that they kept in their bedrooms. These showed that wherever possibly staff had supported people to think about important issues and consent. For example one section was headed "When I die" and staff had explored this issue with people.

A visiting professional commented "The manager has been fully aware of the process around the Mental Capacity Act for someone who needs serious medical treatment and was proactive in seeking the Independent Mental Capacity Advocate (IMCA) involvement for her resident".

Other evidence

Before people received any care or treatment they were asked for their consent and the home acted in accordance with their wishes. Staff told us how they helped people to make informed choices and to give consent to treatment. When a person required hospital treatment they were given information in a way that helped their understanding. We saw details of how this had been carried out and the options that had been explained to people to help them make an informed choice.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. Staff told us that they had received training on how the Mental Capacity Act should be applied to the people they support. This included being aware of, and making referrals for a deprivation of liberty assessment when it was felt that someone did not have capacity to agree to restrictions being placed on them in their best interests. This ensured that the Deprivation of Liberty Safeguards were only used when it was considered to be in the person's best interest.

People in the home had access to independent advocacy services who visited the home regularly. We saw how an advocate had supported people to make more informed decisions about treatments that were offered regarding health conditions.

The person-centred plans assisted in helping support people to make informed decisions. For example the use of healthcare passports meant that when a person was in hospital or being looked after by staff less familiar with them there were clear instructions on the care and treatment they wished to receive.

Our judgement

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People told us that they were happy living at the home. They had person-centred plans that they held in their bedrooms and they took ownership of these plans. These plans set out peoples life stories, backgrounds, interests and future plans.

People told us that they were accessing the community on a regular basis, and we could see that this was linked to people's care plan and support needs. People were supported to attend local leisure facilities and carry out hobbies and interests. While at the service we saw people going into town, as well as doing everyday chores of tidying and cleaning.

People told us they had been supported by staff to organise holidays, and frequently went out on day trips and visits. Some people attended day services while others chose not to go and staff did activities in the home.

Other evidence

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We spoke with staff about how care plans were developed in the service. They stated that person centred care plans were based on the detailed assessments completed as part of the admission procedure and by making use of previous knowledge from a variety of sources. We saw that people were receiving individualised care that was planned with the help of a range of professionals, the person, their families, previous care providers and by the use of independent advocates.

People's care and treatment reflected relevant research and guidance. There was evidence that people's cultural needs, values and diversity were taken into account. When interviewed staff demonstrated a strong value base and ethos to promote person centred planning. People had good access to independent advocacy services to support them in decision-making and to have a voice in their plans and care.

We found that people had received an annual health check and told us they had good access to local GPs, dentist and other community services. Health action plans were being developed for those people that either did not already have one or needed one updating. Staff liaised with community healthcare professionals to ensure plans were up to date. We saw evidence that people's medication was being regularly reviewed and where this was to help manage behaviours that may challenge this had involved a consultant psychiatrist.

A professional visiting the home stated "The staff have shown considerable concern for the welfare of the resident and have been proactive in ensuring that all medical investigations are pursued and the implications carefully thought through in the "best interests" of the resident".

By examining people's records and observing the care we could see how care plans were providing staff with clear instruction on the delivery of care and support. Over the inspection we observed people receiving care as set out in their care plans. We observed people being supported by staff to undertake meaningful tasks and activities. The delivery of care had a focus on enabling and engaging people to develop skills to become more independent.

Our judgement

People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

The people we spoke with told us that they felt safe and were comfortable approaching staff with any concerns.

People said the following:

"Its all right here, the staff are nice to us"

"I feel safe, I like all the staff".

Other evidence

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. When interviewed staff were aware of their responsibilities in relation to safeguarding. They were aware of the action to take if there were any suspicion of alleged abuse. Staff told us about the on call procedure which was in place should staff need support when managers were not at the service. We saw that appropriate referrals were being made for investigation to the local social work team. These were also reported to us, CQC, as required by legislation.

Staff also had a sound understanding of whistle blowing procedures. They were able to explain to us what they would do if they needed to use these procedures to raise concerns or to make a safeguarding referral. When interviewed staff were also clear about the signs and symptoms of abuse and they said they had regular training

updates.

We spoke with staff on how they implemented the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) within the service. We saw evidence that each person's capacity to consent was being assessed and that, where necessary meetings were being held in their best interests. Multi disciplinary meetings were recorded and the rationale for making decisions in people's best interests was noted, along with family involvement and advocate input.

The service demonstrated a good working knowledge of the legislation to ensure that people's rights were safeguarded.

Our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People we spoke with said that the staff looked after them well and their needs were being met.

We observed staff engaging with people in ways that demonstrated that they were trained and experienced to deliver appropriate and sensitive support.

Other evidence

People were cared for, or supported by, suitably qualified, skilled and experienced staff. Staff were able, from time to time, to obtain further relevant qualifications. Based on our discussions with managers and staff the organisation had sound systems in place to ensure the training and development needs of staff were assessed at the start of their employment and they were provided with suitable training for their role.

Staff provided examples of recent training they had undertaken to make sure they had appropriate skills and knowledge. This included moving and handling, person-centred planning, team teach for managing challenging behaviour and dementia care. In addition to specific training courses the organisation also provided National Vocational Qualification training for staff that reinforced and supports good practice.

Staff received appropriate professional development, and support through regular supervisions and annual appraisals. Staff we spoke with said that both the manager and the organisation offered good support in helping them to carry out their roles. They spoke of enjoying their jobs and getting a great deal of job satisfaction.

Our judgement

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People told us that they can have a say in the running of the home. They told us they were involved in regular meetings and through their own care planning meetings.

Other evidence

The organisation had a good quality monitoring system and the manager and staff in the home adhered to this system. We saw reports completed by the organisation's quality manager and records of quality checks completed by the home manager. The organisation, West House, had a number of different ways that ensured the quality of the service delivered to people. For example, people who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on to ensure high standards were maintained. This included peoples forums, monthly checks from a senior manager, and surveys.

The organisation takes account of complaints and comments to improve the service. An example of this was the response to some people not wanting to attend day services and staff had supported people to have activities based in the home and local community. Staff said that they felt it was important to respond to people's wishes in this way, particularly as some people were elderly and enjoyed a slower pace of life. They were still however offered a range of activities across the day, and we observed people doing arts and crafts and puzzles.

The home has had no complaints in the last 12 months, staff felt this was due to the homes proactive approach of actively seeking peoples views on an on-going basis. This

means that issues were dealt with and resolved before they had become a complaint.

The home was well maintained and furnished to good standards; also being clean and tidy. Staff spoke about the ongoing monitoring of standards and their understanding of what was expected of them by the organisation and the registered manager. For example the rosters also included regular checks allocated to staff. Staff clearly took pride and an interest in making the home a pleasant and a safe place to live.

Our judgement

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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