Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

West House - 2A Waterloo Street

Cockermouth, Cumbria, CA13 9NB

Tel: 01900827749

Date of Inspection: 19 April 2013

Date of Publication: May 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✗ Action needed
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	West House
Registered Manager	Ms. Beverley Ann Steele
Overview of the service	2A Waterloo Street is a care home for ten people who have a learning disability, the majority of whom are older adults. 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 for profit organisation, is the provider who runs the home.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 19 April 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and talked with other authorities.

What people told us and what we found

People we spoke with said they liked living in the home and that the staff treated them well. One person said, "I really like it here, staff are great to get on with. They take me out to the places I like to go." Another said, "The staff are helping me to get my room as I like it. We've been shopping and staff have helped me get nice things."

We observed lively and positive interactions between staff and people in the home which made for a relaxed and friendly atmosphere. During our visit people were coming and going into town shopping, out to a cafe and some relatives dropped in for a visit. Relatives we spoke with said the home was always very welcoming and their relative was receiving "the very best care". We also observed staff responding sensitively to people and picking up cues from body language when they needed assistance or reassurance. Staff were well trained and supported to offer care and support to people in a skilled and sensitive manner.

We judged that people were leading interesting lives of their choosing and were being supported to stay healthy and well. We saw that there were effective managerial systems in place to monitor that people living at the home received a good standard of care and support.

The building was well maintained and people had communal and bedroom spaces that met their needs. However we found that the downstairs kitchen, dining room and laundry arrangements were not suitable to comfortably or safely meet people's needs.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 05 June 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

We have referred our findings to Environmental Health. We will check to make sure that action is taken to meet the essential standards.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Where people did not have the capacity to consent we saw how 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 someone did not have capacity to make decisions or agree to restrictions being placed on them in their best interests. This ensured that any Deprivation of Liberty Safeguards were only used when it was considered to be in the person's best interest. In this way the home demonstrated that it was acting in accordance with legal requirements. When the person was assessed as lacking capacity to make decisions to care or treatment best interested parties had been consulted to act on their behalf.

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, wherever possible. 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. 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.

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. The organisation had developed risk assessment forms to help staff identify were restrictive practices may be taking place in people's best interests. For example to realise that when bed rails were used they may be classed as a physical restraint or with prescribed medication that may be used to calm people down.

A visiting professional commented, "The home continues to use the services of our

advocacy group appropriately and we have an on going working relationship with them and we come out to see people. They are willing to be open and act in the best interests of people living in the home".

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We saw that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. One of the ways we checked this was by looking at the care records for people living in the home. We found these to be relevant, informative and up to date; covering all aspects of care from social needs through to healthcare needs. Two plans were checked, and these contained details of what people had done and what they hoped to do. For example, care plans set out in detail people's life stories, backgrounds, interests and future plans; these were individual to each person.

The plans we examined were set out in a way that made them easier for the person to understand and therefore to be more involved in planning their care, wherever possible. The home used a document called 'person centred' with some people. These documents used more accessible formats to help people have a better understanding and to be able to participate more fully in their plans and decide what support they wanted from staff.

People living in the home, or their representatives, were given appropriate information and support regarding their care or treatment. Each person had a health action plan that gave details of all their health care needs and how these were to be met. Records showed that people had access to chiropody, dental and optical treatment. Details of these appointments were well recorded, with advice and follow up visits. We discussed an healthcare appointment with one person living in the home and they told us they had been helped to understand the treatment.

We saw evidence that advice from healthcare professionals was used to update people's care plans. During our visit one person had a health related incident that required intervention by staff. We saw that this was well managed in line with the procedures set out in the person's care plan and risk assessment. This was handled in a discreet and sensitive way by staff and this ensured the person was safe and that their dignity was protected. The home had supported people at the end of their life to remain at home for as long as possible with the input of specialist healthcare professionals. The staff team had experience and training to care for older people and were skilled at managing the associated health problems.

We looked at records to see how risks were documented and these, like the care plans,

were reviewed and updated regularly especially if there had been any change in a person's condition or circumstances. For example one person had become more prone to falls and this was being carefully monitored to ensure the person remained safe. Another person was being monitored for the risk of developing pressure sores.

Staff gave examples of work carried out with healthcare professionals such as the involvement of an occupational therapist to promote independence and ensure that people were safe in moving around. This had included training in the use of specialist equipment in the home. These sorts of measures ensured that people were accessing healthcare services that helped them to stay well and that promoted good health.

Safety and suitability of premises ✖ Action needed

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was not meeting this standard.

The building was generally well maintained and people had communal spaces and bedrooms that met their needs. However we found that the downstairs kitchen, dining room and laundry arrangements were not designed or laid out in a way that provided people with a safe or comforable enviornment.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The home was situated in a quiet side street near to the centre of the town of Cockermouth. The home blends into the surrounding community and there was level access to local amenities and facilities. The home was arranged over two floors each floor had a separate living, dining, kitchen and bedrooms for five people. There was a stair lift to the first floor for people with more limited mobility. A ramp with hand rails was available to the entrance of the home.

The home was an older property adapted to the current needs of people living there, having walk-in showers and specialist baths. The home had recently requested an assessment from an occupational therapist to see what adaptations were needed for one person to ensure they could safely move around the home. As a result additional hand rails were being added to the stairs.

Each person had their own bedroom that included a hand wash basin. The fixtures, fittings and furniture in the bedrooms were of a high standard. The bedrooms had been personalised to the individuals taste and preferences. People in the home told us they were pleased with their bedrooms and how they had been involved in choosing how they were decorated.

We were told that staff in the home were responsible for cleaning and doing household chores. We saw that these tasks were written up on rotas to ensure that the home was well maintained and kept clean and hygienic. Staff had received training in infection control measures, food handling and in using cleaning products appropriately. We found that all areas of the home were clean and free from any unpleasant odours.

We spent time in the home and observed how people were using the space available. We found that the design and layout of the ground floor presented problems to people living in the home and to staff. The downstairs kitchen had the dining room table in the middle and

the kitchen also contained two very large industrial washing machines and driers. When people were seated at the table there was not room to get round to the table. We saw how this caused problems for people. One person didn't want to move while they were eating which meant another person could not sit down. While another was sat with their back up against the cooker, which had just been used to heat the dinner. Staff were careful to watch this person so that they did not touch the cooker.

While a domestic washer and drier can be expected to be part of a family style home, which this care home was, consideration needs to be given to the infection control issue and risk assessments put in place to manage any risk to people or staff in the home. The home needs to reconsider the kitchen arrangement so that people can safely and comfortably use the space.

Assessing and monitoring the quality of service provision ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment. A formal survey was sent out by the provider and people who lived in the home were asked about their care at each review meeting. The results of these findings were examined and any issues were acted on. Staff said that the person centred planning they used with people ensured that their views were constantly sought and checked. This had led to people having a variety of different hobbies and interests that were personal to them.

In addition to this a senior manager from the organisation carried out monthly visits to audit the quality of care, staff training and supervision and the environment. These records were examined, and found to be robust and thorough in checking that the systems in place to measure quality and safety had been adhered to and were met.

We saw appropriate assessments had been carried out of the potential risks to people using the service and care staff. The measures to be taken to protect people were clearly identified in individuals' records. The risk assessments had been updated regularly to make sure they contained accurate information about how to protect people.

We saw that the home had an up to date risk assessment file for the environment where hazard risk assessments had been undertaken. These looked at all potential risks within the home environment and identified control measures to reduce any risk. These were communicated to the staff through one to one supervisions, staff meetings, a staff message book and by staff signing each new risk assessment and policy to indicate they had read and understood them.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We looked at a sample of the records the service held about people. We saw that these had been improved upon recently. Staff said they had been sorting and updating files to make sure any out of date information was archived. Staff had just finished an exercise to make care plan notes more orderly and easier to access important information. This had been as a result of a quality audit from the organisation to ensure that standards were high across all the services they managed.

We found that each person had a care file that contained risk assessments, needs assessments, care plans and person centred plans. The staff also kept up to date check lists to record things like doctor's visits, weight monitoring and food and liquid intake. All of these were kept to a good standard.

We saw that risk assessments were written in a positive way so individuals' rights and independence were protected. The records we looked at, were written in a respectful and positive way. The records had been updated as an individual's needs changed. This ensured care staff had the information they needed to provide people with safe and appropriate care which met their needs. The care staff we spoke with confirmed that the records held about people gave them the information they needed to provide a good quality of care. We saw that people had been included in developing the information held about them, wherever possible.

The manager and staff in the home carried out regular checks on the services provided, records held and the environment to ensure people continued to receive a good quality of service which met their needs and ensured their safety. For example we saw records and instructions of cleaning rotas and tasks for staff to sign on completion in order to keep the home safe and hygienic. We also saw that staff had signed important documents such as recent changes to risk assessments.

We saw that the manager and provider monitored the quality of record keeping to ensure information was accurate and up to date. These records were stored securely to protect confidentiality and protocols had been developed on sharing information with other professionals.

We checked on staff records and we could see that there were good systems in place to record recruitment, induction, training and support. These were stored appropriately with only the manager and some senior staff being able to access these. The records contained all the relevant information necessary for the home to be well managed. The company also stored some personnel records at a central head office. We had checked on a sample of these in the past and had found that these were kept appropriately.

This service used the recording systems set up by the company for most aspects of the smoothing running of the home. The manager also used some recording tools that she had devised for tasks in the home, as mentioned. The records were kept mainly in paper form but we were told that some records were electronic. Staff did not have access to a computer in the home, however the manager told us that she printed off the latest copies of records that staff may need. However the provider may wish to note that we found that the home's file that contained many of the policies was not as well organised and some policies were not dated making it difficult to know which the most recent guidance was.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010** **Safety and suitability of premises**
	How the regulation was not being met: People who use the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 05 June 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – 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.

Moderate impact – 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.

Major impact – 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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