

Review of compliance

Whitmore Vale Housing Association Westlands	
Region:	South East
Location address:	West Hill Road Woking Surrey GU22 7UL
Type of service:	Care home service without nursing
Date of Publication:	December 2011
Overview of the service:	Westlands is a care home providing personal care for up to seven male adults with learning disabilities. The large, two-storey detached building has a passenger lift and provides all single occupancy bedrooms on the ground and first floor. Communal areas include accessible bathing facilities, a spacious combined lounge/dining room, an activities/meeting room, sensory room and smokers lounge. Off- road parking

	is available and an enclosed garden.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Westlands was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

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 9 December 2011, 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

People using the service at the time of this inspection visit had special communication needs. On this occasion, it was not possible to obtain feedback on their care experience owing to the limited time available for contact with them. In order to obtain this information it would have been necessary to involve staff familiar with their individual methods of communication in discussions with them. There was no opportunity to do this as people and staff were busy getting ready for an imminent pre-arranged community based activity involving the whole group.

What we found about the standards we reviewed and how well Westlands 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

Systems and communication tools ensured people using the service understood the care and support options available to them. Their views had been taken into account, so far as possible, in the way services were provided and delivered. Their privacy, dignity and independence was respected.

Overall we found Westlands was meeting this essential standard.

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

Whilst people who use the service evidently experienced safe and appropriate support that met their needs, this was not fully demonstrated in risk assessments and care plans.

Overall, we found that Westlands was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

The home's policies and procedures minimised risk of abuse. Staff had been trained to identify indicators of abuse and to know what action to take. Observations indicated staff respected and upheld the rights of people using the service.

Overall we found Westlands was meeting this essential standard.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

The environment was safe and accessible, promoting the wellbeing of people using the service.

Overall we found Westlands was meeting this essential standard.

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

People using the service were supported and cared for by suitably trained staff, ensuring their safety and wellbeing.

Overall we found Westlands was meeting this essential 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 ensured that people who use the service were safe. The quality of care provision was risk managed and a culture of improvement was evident.

Overall we found that Westlands was meeting this essential standard.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any

action we have taken.

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.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

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 did not, on this occasion, speak with people about this outcome so cannot report what people using the service said.

Other evidence

At the time of the visit there were seven people using the service, all of whom were over fifty years of age. Their social activities tended to focus more on meaningful, age-appropriate leisure and social activities at home and in the community, rather than educational or training opportunities. With the exception of one individual, all others attended day services. The person without access to day services had additional care hours allocated to them, providing support from two staff, three times a week, enabling them to engage in community activities of their choice. These activities usually included a weekly trip to the coast in the home's vehicle and long walks. People had enjoyed holidays of their choice this year. Some engaged in shopping trips and accessed mainstream entertainment and other leisure amenities. On the day of the visit the atmosphere was one of excitement and expectation as people were getting ready to go out as a group to see a show. A buffet lunch had been arranged at the venue. Some people were going out again that evening to see an Elvis impersonator at their Gateway club. Records evidenced that people were supported to maintain relationships with families and friends and had invited them to the home's recent Christmas party.

A person-centred approach to meeting needs was evidenced by records viewed. Information about peoples' social and family backgrounds, their interests and hobbies and what and who was important to them had been sought and recorded. Staff had drawn on this knowledge when organising peoples' individualised social activity programmes. Practice observations and records demonstrated good understanding of and promotion of the social model of disability. Support plans included people's wishes and preferences regarding the way their support needs were met and how they spent their time. Their preferences had been established using a range of communication tools and methods. These included use of signing, objects of reference and interpretation of peoples' behaviours, mood and body language.

A flexible and individualised approach to care and support practice was evident, affording continuity of structures and routines. By using pictorial symbols, people were informed of matters affecting them. Examples included provision of pictorial staff rotas, fire and complaint procedures and menus. Pictorial tools had been used to involve people in menu planning, enabling their choice of meals. Staff encouraged and empowered people, within individual levels of capacity, to be as independent as they could be, enabling choice in their daily lives.

Records showed that recognition of equality and diversity was embedded in the home's culture, underpinning its policies, procedures and practice. Staff demonstrated understanding of the concepts of privacy, dignity, independence and human rights and how to apply these to their practice. They respected people's privacy and dignity by following individualised guidelines for the management of risks and behaviours and their support plans. For example the care plan sampled for one person stated staff should ensure bedroom curtains were drawn before the person undressed, that net curtains in their bedroom must be in place at all times and the person should be encouraged to wear their dressing gown over their pyjamas when in communal areas. The same person had a care plan stating that staff must be aware of their whereabouts at all times without intruding on their privacy and autonomy.

Peoples' records evidenced effort had been made to assist peoples' understanding and of others acting on their behalf of care, treatment and support options, involving them in these decisions. People using the service were noted to have limited capacity to make treatment decisions. Where necessary, best interest decisions had been made on their behalf within a multi-agency framework, involving family members.

Our judgement

Systems and communication tools ensured people using the service understood the care and support options available to them. Their views had been taken into account, so far as possible, in the way services were provided and delivered. Their privacy, dignity and independence was respected.

Overall we found Westlands was meeting this essential standard.

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

We did not, on this occasion, speak with people about this outcome so cannot report what people using the service said.

Other evidence

The registered manager was responsible for producing all care plans and carrying out risk assessments, involving staff in these processes. Since taking up post in May 2011 she had reinstated a key worker system. The registered manager said that she planned to delegate responsibility for these activities to key workers, in due course.

The care records viewed were clearly written and mostly up to date. They evidenced a person-centred approach to planning peoples' personal and healthcare support. They were underpinned by needs and risk assessments and took account of peoples' aspirations, so far as could be established. The care planning approach promoted self-directed care and support within peoples' individual capacity levels. This ensured consistency in the way needs were met whilst enabling a flexible response to changes in needs.

Peoples' care files contained personal and medical profiles and details of individual social and medical histories. Descriptive support plans informed staff of peoples' communication methods and their likes and dislikes. Care records clearly reflected peoples' needs, preferences and diversity, identified risks and how these should be managed. Personal files also contained individualised medication and hospital profiles and health action plans. The registered manager confirmed work in progress included

obtaining end of life wishes and consultation with families and care managers regarding funeral plans and making Wills.

People were all registered with a general practitioner. They had access to all relevant NHS primary and specialist services and social services provision. An individualised approach to health screening was demonstrated, identifying and meeting health care needs and changes in health status. Baseline assessments and review processes promoted good health.

Records examined included those of a person with epilepsy, with a focus on the management of this condition, control of associated risks and recording of seizures. We were informed that staff had recently received epilepsy awareness refresher training. They had also been trained to administer a prescribed drug to be used in the event of the person having multiple seizures. A written protocol had been produced to guide staff in the administration of this medication. Discussions with the registered manager included the need to update and further develop this protocol. The need to carry out a risk assessment and produce a care plan to ensure this person's safety in the event of nocturnal seizures was also identified. A senior staff member told us that waking night staff carried out two hourly checks on all people using the service. Whilst a monitoring device was no longer used to alert waking night staff to seizures in between their rounds, the senior staff member expressed confidence that this person was safe at night. They told us that a second staff member on night duty slept in the bedroom next to this person's room and would hear any seizure activity.

Our judgement

Whilst people who use the service evidently experienced safe and appropriate support that met their needs, this was not fully demonstrated in risk assessments and care plans.

Overall, we found that Westlands was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

We did not, on this occasion, speak with people about this outcome so cannot report what people using the service said.

Other evidence

People using the service appeared relaxed and comfortable in the presence of staff. Staff were observed to be respectful in their interactions with them. Minutes of staff meetings evidenced that the registered manager monitored staff practice including their management of behaviours. Records indicated the home had an open culture which encouraged and supported people and those representing them to express their views and any concerns. Staff had access to policies and procedures for safeguarding adults, also an effective system for reporting concerns about colleagues and managers. There had been no safeguarding referrals involving the home in the past twelve months.

Information provided by the staff confirmed staff recruitment practices were safe. All statutory checks were carried out on prospective employees. Staff had been trained to recognise indicators of abuse or neglect and to know what action to take. Corporate procedures were in place for reporting abuse in accordance with the local multi-agency safeguarding protocol and for whistle-blowing. The home also had a copy of the local multi-agency safeguarding protocol.

The registered manager was aware of their obligations under the Mental Capacity Act deprivation of liberty safeguards (Dols). We were informed at the time of the visit that all of the people living at the home had a standard Dols authorisation. This was specific to

the practice of keeping the front door and garden gates locked at all times in response to the high risk to people if they were to leave the home unaccompanied by staff. The Dol's authorisation sampled had been put in place in 2009 following an initial assessment by a Best Interest Assessor. Observations confirmed this individual was not deprived of supported access to the community and had unrestricted access to all communal areas of the home and to the garden.

Our judgement

The home's policies and procedures minimised risk of abuse. Staff had been trained to identify indicators of abuse and to know what action to take. Observations indicated staff respected and upheld the rights of people using the service.

Overall we found Westlands was meeting this essential standard.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

We did not, on this occasion, speak with people about this outcome so cannot report what people using the service said.

Other evidence

We observed the environment to be safe and secure, clean and tidy, overall well-maintained and domestic in character and style. Most areas were nicely decorated and comfortably furnished. People had recently been involved in choosing new lounge furniture which was on order. New curtains were also on order for some bedrooms and the lounge/dining room. People had their own bedrooms and the one viewed was furnished to a high standard. This room had been personalised, reflecting the person's taste and interests.

Bathing facilities included a good standard wet room and a choice of two bathrooms, one containing a walk-in bath. The other bathroom, though functional, would benefit from work to refresh the décor and replace the bathroom suite. We noted an ongoing programme of routine maintenance and renewal of the fabric and decoration of the premises. A new kitchen had been fitted since the home's last inspection by the former regulator.

Our judgement

The environment was safe and accessible, promoting the wellbeing of people using the service.

Overall we found Westlands was meeting this essential standard.

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

We did not, on this occasion, speak with people about this outcome so cannot report what people using the service said.

Other evidence

We observed staffs' interactions with people during the visit to be friendly, age appropriate and respectful. Staff told us they worked flexibly to meet peoples' needs and lifestyles. They had received a comprehensive induction which took account of recognised standards within the care sector and was relevant to their work place and role.

A planned programme of mandatory staff training was evidenced. Arrangements were in place for regular team meetings and for staff support.

Our judgement

People using the service were supported and cared for by suitably trained staff, ensuring their safety and wellbeing.

Overall we found Westlands was meeting this essential 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

We did not, on this occasion, speak with people about this outcome so cannot report what people using the service said.

Other evidence

People using the service and/or those acting on their behalf had been involved or supported to make care and treatment decisions through the home's policies and procedure. Staff used visual communication tools to enable people to participate in support plan reviews and house meetings.

Records evidenced that people benefited from safe quality care, treatment and support owing to effective decision making and risk management. This was achieved through a range of quality monitoring and quality assurance systems. These included monitoring visits carried out by an assigned senior manager on behalf of the nominated individual. We saw evidence of continuous assessment of peoples' needs, care plans and delivery of care and support. These assessments included most risks and how these would be managed, monitored and reviewed.

Quality monitoring processes included regular audits. Also an annual survey, the latest carried out in September. The survey had sought feedback from people using services or others acting on their behalf, also from professionals with an interest in the service. Comments from those surveyed were very positive and highly complimentary about staff.

Our judgement

The provider had ensured that people who use the service were safe. The quality of care provision was risk managed and a culture of improvement was evident.

Overall we found that Westlands was meeting this essential standard.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>Why we have concerns:</p> <p>Whilst people who use the service evidently experienced safe and appropriate support that met their needs, this was not fully demonstrated in risk assessments and care plans.</p> <p>Overall, we found that Westlands was meeting this essential standard but, to maintain this, we suggested that some improvements were made.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

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 within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

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.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, 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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