

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

Westlands

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Whitmore Vale Housing Association
Registered Manager	Mrs. Claire Caroline Gatum
Overview of the service	Westlands provides accommodation and support for up to seven people who have a learning disability.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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'.

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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 27 March 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We inspected Westlands as part of our planned schedule of inspections. The inspection was unannounced, this meant that the manager, staff and people that used the service did not know we were going to visit.

People that used the service who were in the home were not able to communicate verbally with us during our inspection or had a limited ability to do so. So we observed interactions between staff and people that used the service to determine how their needs were met and their experiences.

We saw that people's care records provided good information about how people's care needs should be met. The records we looked at were detailed and provided staff with the information they needed to support people appropriately.

We spoke with all of the staff on duty during our inspection. We found that staff on duty had a good understanding of the care needs of people and observed how they supported them to meet their needs. Staff had been trained in areas relevant to the specific needs of people who used the service.

Staff had knowledge about safeguarding procedures in the home. This meant that they knew and understood how to recognise and report any concerns or suspected abuse.

We saw that the provider had procedures in place for managing and investigating complaints. The records we looked at confirmed that any complaints were properly recorded and looked into.

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

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

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

When we visited the service some people who used the service had plans to go on activities of their choice. Some people were not comfortable having an unknown person in their home. We were therefore only able to observe and engage with people for short periods of time.

During our inspection we saw that staff supported people who used the service to be as independent as possible and to make choices about their daily lives. We saw that staff knew what people's needs were and how they needed to be supported. We observed that there was a relaxed atmosphere between staff and people who used the service.

We saw from records that people who used the service were involved in meetings or discussions to ensure that they could choose the things they wanted to do. The registered manager told us that meetings were held regularly but records we looked at did not corroborate this. The provider may find it useful to note that although a meeting was recorded for 23 March 2013 the previous meeting was recorded for October 2012.

Weekly discussions were held to establish what food people wanted to eat and their daily activities. We saw that some people received aromatherapy treatments regularly. The provider may find it useful to note that there was a lack of risk assessment or evidence of discussion about the benefit or risks associated with this type of treatment. This was discussed with the registered manager for her action during our inspection.

We were told about the range of activities people who used the service were involved in such as attending day care services and leisure activities. We observed that people could go out on activities of their choice. The registered manager told us that there was an emphasis on ensuring people were treated as individuals. That care was taken to source activities or to provide people with opportunities they were known to enjoy and expressed an interest in. This meant that people were occupied throughout the day and involved in the community.

A social care professional we spoke with confirmed that during reviews of people's care there was always evidence of person centred approaches to care and treatment. In one set of records we noted that the person wished not to have involvement in care planning or to sign care plans, the persons wishes had been recorded. This meant people's views were respected.

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

Through a process called pathway tracking we looked at the care records of two people who used the service. We spoke with people about the care they received, observed how support was delivered and spoke with staff about how they provided support. Pathway tracking helps us understand the outcomes and experiences of selected people and the information we gather helps us to make a judgement about whether the service is meeting the essential standards of quality and safety.

We looked at the care plans of two people living at the home. A care plan is a document which details the care needs, choices and preferences for each person. It gives staff detailed information on how each person wants and needs their care delivered. It is important that people, and where appropriate their families have the opportunity to contribute to the development of their care plan.

We saw that plans detailed each person's care needs and how staff should support them to ensure their care needs were met. We saw that care plans were reviewed periodically, usually at least every six months. This meant that people could be confident that people's care plans were up to date and reflected the support they needed.

We saw that where people may be at risk because of their vulnerability or where their behaviour could be a risk to others, assessments had been completed. These detailed the action staff should take to protect people from the risk of harm. The provider may find it useful to note that not all of the risk assessments had been reviewed recently. There were examples where the last review of risk assessments had taken place in 2011. This may mean that the information relating to the area of risk was not up to date.

We saw that people who used the service had records of health action plans in place, detailing their specific health needs and the support they required to stay well. We noted that people had access to community based health services and specialist health professionals to ensure that their needs were met. There was evidence of GP, chiropody and dental appointments. A social care professional commented that the service maintained good links with health services and always sought advice from them to ensure people's health needs were met.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at the way medicines were managed, to check that people received their medicines safely and as prescribed. We observed that medication was secured and stored safely. We spoke with a member of staff about training; they confirmed that they had received medication training.

We looked at the medication administration records (MAR) of two people who used the service. All records were appropriately maintained and medication had been signed as administered. We saw that the service had systems in place to record and monitor the medication received in the home. A check of a sample of medication stocks against the records in the home showed that the systems in place were effective.

Regular audits of medication meant that the service was confident that any error would be noted and reported without delay and there was an accurate account of all medication in the home.

We saw that where people were prescribed medication on an occasional basis (PRN), there were clear instructions and protocols in place. These informed staff of the circumstances under which the medication could be administered. These instructions had been agreed and signed by the GP. This meant that people could be confident that staff were clear about when the medication could be given, and any administration of it would be consistent and in line with agreed protocols.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke with three members of staff. Staff told us they were up to date with their essential training. Records we looked at confirmed this. This meant that staff received opportunities to update their knowledge to enable them to meet people's needs.

Staff told us they received regular supervision and appraisals. Records we looked at showed that each member of staff had received supervision sessions with their manager and also had sessions planned throughout the year. We checked to see how often staff met as a team, we saw that meetings were arranged periodically. This meant that staff's performance and development needs were regularly assessed and monitored and staff had the opportunity to meet to discuss the service and how people's care needs were being met.

Staff told us they felt supported by the registered manager. One member of staff said: "I like working here. I have done some training and the manager supports me".

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We spoke to the registered manager about complaints, how they were recorded and managed. The procedure was explained and we looked at the records of complaints received. The last recorded complaint was dated 29 August 2012; there was evidence of the action taken to resolve it.

We saw that the service retained any records of compliments they received from relatives or other interested parties. We noted that one record from a relative said: "I couldn't wish for a better place for x".

We asked how people who used the service were supported to express any concerns. We were told that key workers met with people on an individual basis to ensure that they could talk about any concerns they had. We were told that most people had support from relatives or professionals, or that an independent advocacy service would be sought if there was a need for further support.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.

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