

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

West Lodge Residential Care Home

32 Palmerston Road, Buckhurst Hill, IG9 5LW

Tel: 02085044542

Date of Inspection: 14 September 2012

Date of Publication: October 2012

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 ✗ Action needed

Safeguarding people who use services from abuse ✓ Met this standard

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

Requirements relating to workers ✓ Met this standard

Details about this location

Registered Provider	Dr S Seyan and Mr J Kotecha
Registered Manager	Mrs. Carol Knight
Overview of the service	<p>West Lodge Residential Care Home is regulated to provide accommodation for people who require nursing or personal care. The people who use the service may be older people, or people who are living with dementia.</p> <p>The service is regulated to provide accommodation for up to 19 people. On the day of our inspection, there were 15 people living at the service.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 14 September 2012, observed how people were being cared for 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 spoke with two people who used the service and one relative of a person who used the service.

People said that they felt safe living at the service and that staff were, "Lovely and caring." They told us that staff were respectful and that they were, "Very well looked after."

People said that they felt involved in their care and that staff treated them as they would like to be treated. However, one relative said, "There is a strong routine: get up at between 8.00am and 8.30am, have a bath every Tuesday. Drinks are at set times but they will get you one if you are thirsty." A person who used the service said, "Getting up time is 8.00am." Another person said, "I don't get given cornflakes when I want them. I get given porridge."

We were unable to communicate verbally with all of the people who used the service to gather information as a result of their limited verbal communication or poor cognitive ability. We spent time directly observing care or listening to everyday interactions to help us to determine what it was like for people living there. We saw sensitive interactions during the lunchtime, demonstrating that people were treated with consideration and respect.

We asked people if they thought there was enough to do at the service. One person said that they liked listening to people singing at the service, whereas the other two people we spoke with said that there wasn't much to do. One of these people said they were, "Bored stiff."

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 01 November 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

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

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 privacy, dignity and independence were respected.

Reasons for our judgement

During our inspection, we looked at three care plans. We saw that people were offered appropriate support in relation to their care and treatment and that they were provided with opportunities to maintain their independence. For example, one person's care plan stated, 'Has a normal diet but requires food cut up.' There were considerate social aims and objectives to promote community involvement such as, 'try to encourage [the person who used the service] to mix with other residents [as they don't] seem to mix well at the moment.'

The cook informed us that they spoke with the people who used the service every day to establish what they would like to eat for their lunch or their dinner. Whilst we were at the service, we saw people eating their choice of lunch either fish and chips or cooked meat. This demonstrated that people could express their views in relation to their food choices.

We saw sensitive interactions during the lunchtime, demonstrating that people were treated with consideration and respect. For example, we saw people being supported to eat their lunch as members of staff offered encouraging words and gestures. Staff were seen to understand people's needs, cutting up their food and offering serviettes as required.

We asked staff how they ensured that people were involved in their care. One person said, "I can understand what they want. I look for signals such as trying to get out of their chair when they want the toilet." Another member of staff said, "[I] communicate with them. I know what they prefer...If they do not understand, I show them. If I think they want something, I ask, such as toilet or water." This ensured that people who used the service were able to participate in making decisions relating to their care.

We spoke with two people who used the service and one relative of a person who used the service. People said that they felt involved in their care and that staff treated them as they would like to be treated. However, one relative said, "There is a strong routine: get up at between 8.00am and 8.30am, have a bath every Tuesday. Drinks are at set times but they will get you one if you are thirsty." A person who used the service said, "Getting up time is 8.00am." Another person said, "I don't get given cornflakes when I want them. I get

given porridge." The provider may wish to note that it would promote further choice and autonomy if people were offered more flexibility and choice in their morning routines.

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

Our judgement

The provider was not meeting this standard.

People did not experience care, treatment and support that met their needs. There was not a full assessment of the risks to the person who used the service to ensure their safety and welfare. People's activity needs were not being met.

We have judged that this has a minor 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

We looked at three care plans. We saw that there was a detailed assessment of needs carried out prior to admission. This looked at the dependency level of the person, as well as their needs relating to personal hygiene, nutrition, continence and skin integrity. This ensured that the service was able to meet the needs of the person.

We found that relevant risk assessments had not always been carried out. For example, in the 'Multi-disciplinary Record' in one care plan (which detailed attendances of external professionals) we found that a pressure sore was being treated. However, there was no risk assessment relating to the person's skin integrity and therefore, no information concerning the management of the risk. Similarly, we saw care plans which referred to a person living with diet controlled diabetes and incontinence, yet there was no risk assessment in place to provide information as to how the risk was to be managed. This meant that care and treatment was not planned in a way which met the needs of the person who used the service.

We were informed by the Registered Manager that a person was employed by the service on four mornings a week to co-ordinate activities. This person was not scheduled to be working at the service on the day of our inspection.

We saw people watching television and a person reading the newspaper. Music was being played. We asked people if they thought there was enough to do at the service. One person said that they liked listening to people singing at the service, whereas the other two people we spoke with said that there wasn't much to do. One of these people said they were, "Bored stiff."

We looked at three 2012 feedback forms that had been completed by people who used the service or their relatives. These all raised issues with the lack of activities at the service. One said, '[I] feel more could be done to help keep minds active – more activities.' This demonstrated that people's activity needs were not being met.

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

Our judgement

The provider was meeting this standard.

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.

Reasons for our judgement

We found local safeguarding procedures at the service to ensure that the provider could respond appropriately to any allegation of abuse. All of the people we spoke with said that they felt safe living at the service. One person said, "There's nothing not to feel safe about."

The Registered Manager informed us that there had been no safeguarding concerns raised at the service prior to our inspection.

Staff received training in safeguarding to teach them about the aspects of the safeguarding process that were relevant to them. We looked at training records. These confirmed that staff who had not been able to attend safeguarding training last year were signed up to attend the training this year.

The three members of staff that we spoke with were unsure what the term 'safeguarding' meant. One member of staff incorrectly said that it meant, "Watch them, don't leave them on their own, respect them." Another member of staff said, "Handle residents with the safety method, prevent accidents." However, all of the staff that we spoke with said that they would report a safeguarding incident to the Registered Manager, demonstrating that they would respond appropriately to an allegation of abuse. The provider may like to note that staff may be unable to identify the possibility of abuse as they are unsure of what would constitute abuse.

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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We saw that forms were sent annually to the people who used the service, their relatives and other professionals to obtain their feedback on the way the service was delivered. The Registered Manager informed us that although they do respond to feedback given in these forms, there was no audit trail or analysis of the findings. They told us that they have changed the 2012 feedback forms and that they will be conducting an analysis of these once all of the forms have been received. This demonstrated that, although during our inspection there were systems in place to assess and monitor the quality of the services delivered, there will be improvements made to addressing the feedback received.

There was a folder which contained complaints raised by the people who used the service. In January 2012, a complaint was raised about the departure of the activities co-ordinator. We saw that in February 2012, people who used the service were informed that a new activities co-ordinator had been found and that they would be starting work in May 2012. This demonstrated that the provider had regard to the comments and complaints raised by the people who used the service.

We saw that a monthly visit and report was completed by the provider. In their report, the provider looked at issues around the service, such as whether records and repairs were up to date. None of the reports we viewed found any concerns to be remedied, although they did detail what improvements had been made to the service in the relevant month. For example, improvements included building a canopy and fitting a new stainless steel worktop in the kitchen. In carrying out the monthly inspection, the provider had systems in place to regularly assess the risks around the service.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

The three staff files we looked at showed that staff had a range of identity and other checks undertaken before they commenced employment. These checks included Criminal Records Bureau (CRB) checks and photographic and address identification. Two references were taken and verified before a post was offered. Interview records and application forms were present on the files. If overseas staff had been recruited, copies of visas and residents permits were taken as required. This demonstrated that there were robust recruiting procedures in place.

Staff files confirmed that staff had received an induction after taking up their employment. They informed us that they had been shown around by the Registered Manager and had been shown the provider's policies and procedures. They confirmed that they had shadowed a more experienced member of staff to ensure that they had the skills and experience necessary to fulfil their role.

People that we spoke with confirmed that new members of staff were trained by the manager. One person said, "New staff get in their stride in a day or two."

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 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
	How the regulation was not being met: People did not experience care, treatment and support that met their needs. There was not a full assessment of the risks to the person who used the service to ensure their safety and welfare. People's activity needs were not being met.

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 01 November 2012.

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, 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, primary medical services 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 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.

 **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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