

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

Westlands

3 High Street, Olney, MK46 4EB

Tel: 01234711545

Date of Inspection: 22 November 2012

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

| | |
|--|---------------------|
| Care and welfare of people who use services | ✓ Met this standard |
| Safeguarding people who use services from abuse | ✓ Met this standard |
| Requirements relating to workers | ✓ Met this standard |
| Supporting workers | ✓ Met this standard |
| Assessing and monitoring the quality of service provision | ✓ Met this standard |

Details about this location

| | |
|-------------------------|--|
| Registered Provider | St Andrews Care Homes Limited |
| Registered Manager | Mrs. Salina Ballard |
| Overview of the service | Westlands provides residential care for up to 19 elderly people who may have problems associated with conditions such as dementia. |
| Type of service | Care home service without nursing |
| Regulated activity | Accommodation for persons who require nursing or personal care |

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 22 November 2012, 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 used a number of different methods to help us understand the experiences of people using the service, because the people using the service had complex needs which meant they were not able to tell us their experiences. We spoke with the relatives of two people, who told us that the home was very nice. One person said that they found the carers excellent and described them as very caring. One person told us "I can't fault the home, the carers are really good".

We found that Westlands met the needs of the people who used the service and provided appropriate training and support for staff.

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

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

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care plans for three people who used the service. We found that the care plans were based around each individual person and described how they were to be cared for. We saw evidence of care plans that had been changed to accommodate people's changing needs.

We saw care plans for people who required help with orientation to their surroundings; we observed that people remained calm as the staff communicated with them effectively. We saw that there was a facility for families to complete a life history for the people who used the service. Where the families had chosen to do this the people's bedrooms reflected their past lives, and staff demonstrated their knowledge about the person's history.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We saw that people had been assessed for the risks of not receiving adequate nutrition and had been weighed regularly. Where people had lost weight we saw evidence that they were referred to the GP for advice or nutritional supplements and investigations into their weight loss had taken place. We saw that one person required high energy snacks and had received these regularly. We saw that people were assessed for risks associated with their poor mobility and confusion. We found that people who were found to be at risk of falls or pressure ulcers had care plans to reflect this.

There were arrangements in place to deal with foreseeable emergencies. We saw that staff had received training in first aid. We found evidence that there was a close working relationship with the GP and district nurse. The daily logs and the care plans showed that when people became unwell, they had been referred to the GP practice in a timely way. This meant that they received medical treatment promptly when required.

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

The provider responded appropriately to any allegation of abuse. We found evidence that the manager had acted promptly to investigate and act upon information received about any allegations of abuse. We saw that on one occasion there was prompt action taken by the manager to ensure that the alleged abusers were immediately removed from the service and outside authorities such as safeguarding and the police were informed.

We saw that there was a whistle blowing policy at Westlands. Staff were advised that those who report bad practice were able to do so without fear of ridicule or victimisation. When we spoke with staff they told us they were aware of the whistle blowing policy and felt confident that management would act upon any concerns they raised about the quality of the care at the home.

We looked at the training records for staff. We found that they had received training in the safeguarding of vulnerable adults. When we spoke with three members of staff, they were able to identify the different types of abuse and how they would recognise signs of abuse. Staff also told us how they would report any potential signs of abuse to the manager. This was in line with the safeguarding policy held at Westlands. This meant that 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.

We looked at the records for the provision of financial administration for one person and found that there was a system in place to record, monitor and account for all the incoming and outgoing expenditure. This meant that the person's money was safeguarded from abuse.

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

We looked at the personnel files for three members of staff. We found that appropriate checks were undertaken before staff began work. We saw that people had supplied proof of identity and validity to work in the United Kingdom. We also saw that staff had Criminal Records Bureau (CRB) checks carried out prior to starting work. We found that people had supplied two references and undergone a probationary period to ensure they were suitable for employment at Westlands.

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

Staff received appropriate professional development. We looked at the records for staff training. We found that staff had received training that was relevant and met the needs of the service users. We spoke with three staff who told us they were supported by regular supervision and appraisals. We saw that the records for these included suggestions from the staff about areas of training that would benefit them in their work. We found that these suggestions had been followed up by management and that the training suggested had been supplied.

Staff were able, from time to time, to obtain further relevant qualifications. We looked at the records of three members of staff and found they had either completed or were undertaking further qualifications in dementia and National Vocation Qualification (NVQ) level 2 and 3 in care.

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 and they were acted on. We saw evidence of service user meetings where decisions were held about the types of activities they would like to take part in. A plan for assisting service users with their Christmas shopping had been made to accommodate their wishes. We saw feedback from the residents that showed that they preferred sweet food and this had then been incorporated into the menus.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. We saw evidence that staff kept the GP and district nurse informed so that they could make decisions about people's care.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. We found evidence from minutes of management and staff meetings that the home had shared the outcomes of investigations with staff. We saw that action plans had been devised and followed. This was so that they may prevent any further incidents occurring.

We found that there were regular audits carried out to monitor the quality of care given at Westlands. We saw that the results of the audits were analysed and where there were shortfalls in care, an action plan was made. We saw from manager meetings minutes that these actions had been implemented and their effect monitored in the regular audits. This meant that there was a system in place to effectively monitor the care.

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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