

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: 04 October 2013

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November 2013

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Supporting workers	✓	Met this standard
Complaints	✓	Met this standard
Records	✗	Action needed

Details about this location

Registered Provider	Dr S Seyan and Mr J Kotecha
Registered Managers	Mrs. Carol Knight Ms. Linda Williams
Overview of the service	West Lodge Residential Care Home provides accommodation and personal care for up to 19 older people, some of whom live with dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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

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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 4 October 2013, 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

During our inspection of West Lodge Residential Care Home on 4 October 2013, people told us they had been involved in decisions taken about their care and support. One person said, "I do feel in control. They let us decide what to do and how to spend our days."

We saw that staff treated people with respect and kindness while delivering appropriate levels of care and support. We also saw that care was delivered in a way that met people's individual needs and welfare requirements. One person said, "I am happy here. I am well looked after. It's very friendly and homely."

The premises were safe, suitable and fit for purpose. Adequate emergency procedures were in place and the safety equipment we saw had been regularly checked and well maintained.

We looked at records which showed that suitable arrangements had been put in place to ensure staff had been appropriately supported to perform their roles. One member of staff told us, "I am very well supported....I have regular supervisions [performance reviews] with my supervisors."

A complaints policy and procedure had been put in place and we saw evidence that people's comments, feedback and suggestions had been regularly sought.

However, some of the care records we looked at had not been reviewed in line with the provider's own procedures and contained information that was both inaccurate and out of date.

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 19 November 2013, 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

Consent to care and treatment

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Before people received care or support every effort was made to obtain their consent and act in accordance with their wishes.

Reasons for our judgement

During our inspection we spoke with people who lived at the home, observed care being provided, checked records and spoke with people's relatives, members of staff and a healthcare professional. We saw examples of where staff had made efforts to obtain people's views and consent about different aspects of their care and support.

Some of the people who lived at the home experienced difficulty in communicating their needs and requirements. We saw that staff used a wide range of both verbal and non-verbal communication methods to explain what was happening and ascertain individual preferences and choices about issues such as food, activities and personal hygiene.

One person told us, "I do feel in control. They let us decide what to do and how to spend our days." Another person said, "I decide what to do and when. They [staff] always explain and ask my views." A relative we spoke with commented, "We have been shown and have gone through the care plans together a couple of times. I am happy that we are kept fully involved and consulted about what goes on."

We looked at the care records relating to four people who lived at the home. We saw that arrangements were in place to assess and document people's ability to make decisions. This had been done in line with published guidance relating to the Mental Capacity Act (MCA) 2005.

However, the provider may find it useful to note that the capacity assessments we looked at had not been reviewed. This meant that the information provided about people's ability to make decisions may not have been as accurate or up to date as it should have been.

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 and support that met their needs and protected their rights.

Reasons for our judgement

During our inspection we saw that staff treated people with respect and kindness while delivering appropriate levels of care and support. One person told us, "I like living here. I get well looked after. I think it's quite a nice place. I am happy here." Another person said, "It's quite good here. You know what to expect. I am well looked after." A relative we spoke with commented, "The people who live here get very well looked after. All of the staff are very kind and caring."

We looked at care plans which showed that people's needs and preferences had been assessed and documented. They were personalised and gave staff guidance on the care and support each person needed. However, because some aspects of the records we saw were incomplete and out of date, the guidance provided to staff may not have been as accurate as it should have been in all cases.

A healthcare professional with recent experience of the home told us, "Staff here let us [district nursing team] know of any concerns very quickly. I have no concerns about pressure [skin] care, nutrition or hydration. People do get well looked after here by kind, caring and experienced staff."

The records we saw detailed people's preferences in areas such as food, activities, clothing and personal routines. They also showed that people had been given access to health care professionals such as GP's, district nurses, chiropodists and dentists when necessary. This meant that people's individual care needs had been met.

We saw that activities had been provided at the home by full-time activities co-ordinators and other members of care staff. These had included board games, playing cards, singing, piano playing and making cup-cakes.

However, the provider may find it useful to note that we found no evidence that activities had been planned and delivered in a structured way. For example, staff were unable to provide us with any schedules in which planned activities had been documented. In addition, we found no evidence that the activities provided had been specifically designed to stimulate people with dementia related needs. This meant that activities may not always have been planned and delivered in a way that met people's individual needs and

requirements.

People we spoke with also expressed mixed views about the activities provided. One person told us, "The problem is there is not a lot to do other than read and that gets tiring. We could do with some proper activities to keep our minds active." A relative commented, "They [staff] do try but activities are lacking here."

Safety and suitability of premises

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who lived at the home, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

During our inspection we noted that the premises were warm, well ventilated and clean with ample natural light. We saw that people who lived at the home appeared happy and relaxed in a comfortable environment.

One person told us, "I like my room. It's clean and very well kept." Another person said, "My room's a good size. We are fine to use the garden when we want." A relative commented, "The home is kept clean and fresh. [Name's] room is big and gets lots of natural light."

The provider had policies and procedures in place to ensure the premises were safe, secure, suitable and well maintained. Adequate emergency exits, lighting and fire fighting equipment were in place throughout, together with clear instructions about their use. Appropriate levels of security were in place to keep people safe without restricting movement throughout the premises and garden area.

Records we checked showed the provider had emergency evacuation procedures and fire drills in place. Fire and smoke detection systems were also in place and regularly tested, as were all electrical and gas installations.

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 and supported by suitably qualified, skilled and experienced staff.

Reasons for our judgement

The provider had arrangements in place to ensure that staff were appropriately trained and supported to perform their roles. For example, we saw that an induction programme, based on nationally recognised standards, had been introduced to help train and develop new staff.

Records we looked at showed that staff had their individual performance assessed, reviewed and documented during regular 'one to one' sessions ['supervisions'] with both their supervisors and the provider.

However, the provider may find it useful to note that, contrary to both published guidance and established best practice, no formal appraisal system had been put in place. This meant that the professional development of staff may not have been as effective as it should have been.

We saw that staff had received training relevant to their roles in areas such as safeguarding, pressure [skin] care, equality and diversity and care planning. Staff told us they had also been given opportunities for additional professional development appropriate to their work. For example, one member of staff told us they had been encouraged and supported to gain nationally recognised vocational qualifications in health and social care.

People we spoke with during our inspection were positive about the staff who worked at the home. One person told us, "I love the staff here. They are all very kind, helpful and willing." Another person said, "The staff are all very good and obliging." A healthcare professional commented, "The staff are all very experienced and look after the residents well and from what I have seen they know what they are doing."

Records we looked at showed that regular staff meetings had been held to discuss the services provided, care practices and staff matters. We saw that staff had been encouraged to contribute to the agenda and raise issues they felt were important for discussion during the meetings. This meant that staff had been properly supported to provide appropriate levels of care to people who used the service.

One member of staff told us, "I feel well supported by them [manager and provider], they are very approachable. The home is very good for training. The staff here are very good and experienced." Another said, "I am very well supported....I have regular supervisions with my supervisors."

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 saw that the provider had put a complaints policy and procedure in place. Information and guidance had also been included in 'service user guides' to help people understand how to make a complaint and the methods used to resolve it.

People had been made aware of the complaints system. Everyone we spoke with told us they knew how to make a complaint but had never had reason to do so. One person said, "If anything's wrong they [staff] put it right. I haven't had any complaints since I got here. We have forms in our rooms that explain what to do if we have concerns or complaints."

We looked at the complaint file and saw that concerns raised by people who lived at the home, and their relatives, had been properly documented, investigated and resolved to the satisfaction of all concerned.

The provider regularly sought feedback from people who lived the home, their relatives and staff by holding regular meetings with them to obtain their views, comments and suggestions for improvement.

This meant that people who lived at the home, and those who acted on their behalf, were supported to make complaints if the need arose and had been encouraged to provide feedback about the services provided.

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

Our judgement

The provider was not meeting this standard.

People had not been protected from the risks of unsafe or inappropriate care and support because accurate and appropriate records had not been maintained.

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

During our inspection we looked at the care records relating to four people who lived at the home. Whilst care plans had been personalised and gave staff good guidance about people's individual needs, some aspects of the records we saw were inaccurate and out of date. This meant that people who lived at the home may not always have been adequately protected against the risks of unsafe or inappropriate care and support.

In one of the records we looked at, charts used to record and monitor the personal care and support provided on a daily basis had 19 unexplained gaps between 1 January 2013 and the date of our inspection; 4 October 2013. We looked at other records and saw that one contained 13 unexplained gaps for the same period, while another had 26. It was therefore, unclear from these records whether or not personal care and support had been delivered to the people concerned for a total period of 58 days.

Although some aspects of the records we saw were incomplete and poorly maintained, people who lived at the home, staff and a health care professional told us that the levels of care and support provided on a daily basis had met people's needs. However, staff told us they found the care plans difficult to work with and maintain because they were complicated and not very user friendly.

We saw that the provider's own policy recommended that people's long term needs assessments should be reviewed and updated every six months or more frequently if necessary. However, one record we looked at showed that the long term physical needs of the person had not been reviewed since October 2012. In addition, their personal hygiene and medication needs had not been reviewed since January 2013.

The provider's own policy also recommended that identified risks should be reviewed on a monthly basis or twice monthly in cases where risks had been assessed to be high. In one record we looked at the person had been assessed to be at a high risk of suffering falls. However, records showed that the risk in question had only been reviewed once a month since September 2012.

We looked at records relating to another person which showed that risk assessments in the areas of falls and personal hygiene had not been reviewed since August 2013. Other records showed that another person had been identified as being at risk of developing pressure sores on their skin. However, we saw that the risk assessments in question had not been reviewed since May 2013.

Although we saw evidence that people's individual care and support needs had been met, the failure to maintain accurate records about the reviews carried out meant that staff may not have been provided with the most up to date information in all cases.

The provider's own policy recommended that dependency profiles, used to assess and monitor people's individual needs, should be reviewed on a monthly basis. None of the profiles we looked at had been reviewed during the two month period immediately prior to our inspection.

This meant that people's care and support records were not accurate or up to date and may therefore not have been fit for purpose. We spoke with the provider who told us that they were aware of the problem and in the process of drawing up new care plans that would be more effective and improve record keeping.

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 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records
	How the regulation was not being met: The registered person had not ensured that service users were protected against the risks of unsafe or inappropriate care arising from a lack of proper information about them. Accurate records had not been maintained in respect of each service user about the care and support provided. Regulation 20 (1) (a).

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 19 November 2013.

CQC should be informed when compliance actions are complete.

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

About CQC inspections

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

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

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

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

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

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

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

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

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

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

How we define our judgements

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

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

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

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

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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

Glossary of terms we use in this report

Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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