

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

## Westlands

West Hill Road, Woking, GU22 7UL

Tel: 01483761067

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

<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Complaints</b>	✓ 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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 November 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and received feedback from people using comment cards.

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### What people told us and what we found

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The people who use the service were not able to verbally communicate with us, or had very limited ability to do so. Therefore we spent time observing interactions with the staff and the people using the service to determine how their needs were being met and to understand their individual experience of the service. We also observed a number of activities being undertaken and how these activities were carried out.

We saw people's care records were person centred meaning that they were contained personal and up to date information specifically about the person and their needs and choices about their care. The care records had the information in them that staff required to support the people appropriately.

During the inspection we spoke to all of the staff on duty. We found the staff to be supportive and caring of all of the people and they had a good understanding of their care and support needs. We observed the staff and their interaction with people and saw that they arranged activities to suit each person's needs. Staff had received the appropriate training to support the people, many of whom could not verbally communicate their wishes.

Staff had knowledge of adult safeguarding procedures and how to report concerns. This meant that they were able to recognise suspected harm or abuse and what action to take to reduce the risk of harm and how to deal with it if it happened.

We saw that there was a variety of activities planned to meet the needs of people using the service and that the people were able to choose whether or not they wanted to take part in the activities. If people chose not to engage then staff helped them to choose other things to do.

We saw that the provider had procedures in place to manage and investigate complaints and concerns about the service. The records we saw confirmed that any complaints and concerns were properly looked into and responded to. Suggestions about how the service

could be improved were also dealt with properly.

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

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare

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### Reasons for our judgement

Through a process called pathway tracking we looked at the care records of two people who use the service. We spoke to staff and relatives about the care they received and observed how staff interacted and delivered care and support.

People's care records were relevant to their individual needs, choices and abilities.

Assessments and care plans included moving and handling, personal care, health needs, behaviour management and the likes and dislikes of the person. The plans also included what activities the person liked, communication needs, risks, safety and welfare. My hospital passport plan was on the person's care records, this helped to ensure all staff in the hospital would be aware of the person's needs and how they should be met. The plans were in easy read format so that the person could understand them.

We saw that families were asked to be involved in the reviews of assessment and care plans and if they chose not to be involved they were given the case notes of reviews. Mental capacity was also well documented on assessments. There was evidence of advocacy support in an end of life plan that we saw. The manager has recently reviewed all night time risk assessments and decided to re-introduce two hourly observations of people who use the service, this was because of the resident's age and health and individual support needs.

Care plans were reviewed every six months and more often if the needs if the person's care and support needs changed. Every person had a photograph of themselves, which they had chosen, on the front of their file so that people could recognise their own care records.

Reviews from external professionals were very positive. One professional had commented in a recent survey that "assessments show that people are encouraged to make choices about their care and about their everyday life" another commented that "service users have control over their everyday life"

We saw a clear policy for staff which outlined the assessment and care planning process and the persons support worker was fully involved in the assessment and review of the person. We saw that suggestions and ideas about the person's care made in supervision and team meetings were included in the person's care plan reviews. Each care plan that we saw included a risk assessment that outlined the procedure if the individual became ill or distressed. On our visit we observed staff interactions when a resident became distressed. The de-escalation plan was put into place and the situation was dealt with appropriately and sensitively.

We saw minutes of regular four weekly meetings with key support workers to discuss the individual needs of people who used the service. At the meeting care plans were discussed and updated, if necessary and concerns about people were discussed and evaluated.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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One person's representative told us that they felt that their relative was safe from harm or abuse and that they felt relaxed knowing their relative was being well cared for.

The provider was able to evidence that they had raised a concern using the untoward violent incident protocol. This was because of an incident that occurred when a person who used the service became distressed. We saw that the provider reported this and also requested a further assessment of the person to assess whether there were any underlying issues relating to the incident.

We looked at policies and procedures and saw that the provider had an up to date adult safeguarding policy and procedure. There was also a policy about restraint and de-escalation of risky situations. The staff we spoke to had recently attended training on the policies. On the staff training records we saw, staff had attended safeguarding training every year. The provider had a whistleblowing policy and this was reviewed in November and had been discussed with all staff in a recent team meeting. The staff we spoke to talked confidently about how to report concerns. They were able to identify different types of abuse and the situations in which they could occur. The staff we spoke with understood and were able to talk about the Mental Capacity Act and deprivation of liberty safeguards. Both safeguarding and mental capacity were also evidenced in the care plans we looked at. Safeguarding was discussed at every team meeting and we were able to evidence this from the minutes of the last two meetings.

From the care records we saw that none of the people who used the service required any form of restraint however staff understood when restraint may be needed and how to respond and report it. We saw a request for a deprivation of liberty which the provider had made to the local authority but was not granted. This was because the provider was taking all reasonable measures within the person's assessment and care plan as not to require a deprivation.

On the care records we saw there was evidence that safeguarding risks for people had been fully assessed and all staff were aware of how to minimize the risk of harm. There

were clear de-escalation plans in place and on our visit we evidenced how these were used.

Risk and safety assessments are undertaken for specific situations; for example, the provider was making adaptations to the property to accommodate the needs of residents and so assessments were undertaken to ensure that residents remained safe and did not become distressed whilst this work was being carried out.

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**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## **Our judgement**

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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## **Reasons for our judgement**

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We spoke to the manager, five members of staff and a relative of a person who lived at the home on the day of the inspection. We observed interactions between staff and people and looked at staffing records.

We saw that staffing levels were flexible according to the activities people were undertaking. We evidenced from staffing records and by talking to staff that there were appropriate levels of staffing throughout the day and in the night.

The provider rarely uses agency personnel as staff told us that they are happy to cover shifts if a colleague is not able to work and this was evidenced when we viewed the staffing records. The provider has one agency which it employs staff from if needed and only staff who have been inducted into the home and who know the residents can undertake a shift at the home. The provider felt that this ensured consistency for people who used the service. Staff told us that their shift patterns were discussed and agreed with them. People who used the service were not able to tell us about the staff on our visit but we evidenced good communication and one-to-one individualised care.

On the day of our inspection we saw a number of community activities taking place and the provider had a higher staff compliment to ensure that these activities were undertaken safely. The number of staff needed to undertake community activities was assessed according to people's needs and the activities they were taking part in. People were supported to attend hospital appointments by their key support worker to ensure that their needs were understood.

During the inspection we observed a handover from the morning to afternoon staff. Each resident and their daily activities and needs were discussed and staff discussed any concerns they had for specific people. The handover meeting was recorded by the manager.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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At the inspection we spoke to the organisation's diploma assessor who was at the service to assess the progress of staff in their diploma in health and social care. The assessor told us that the on-going development of staff was assessed in line with the specific needs of members of staff and this was evidenced in the supervision and appraisal records of two staff files that we saw.

Staff who worked night shifts had their hours changed if needed to enable them to attend training. Completion of training sessions and competence was assessed by the manager and was evidenced in the staff files that we saw. Staff had supervision every eight weeks but were able to raise concerns or issues as they came up, either individually or in team meetings.

The appraisal policy included staff skills, individual learning needs and performance. Appraisal took place annually and had been completed for the two staff whose files we saw. Staff told us that additional training was delivered if people who used the service had specific needs. Staff told us that they were encouraged to undertake all necessary training and this was evidenced in staff appraisal and individual supervision notes.

We spoke to one relative who told us that they thought the staff appeared to be very well trained and able to meet the needs of their family member. Much of the training was delivered corporately and there was a corporate training matrix which all staff must follow. All staff had a copy of the Department of Health, Code of Conduct for Health Care Support Workers and Adult Social Care Workers in England on their staff file and there was evidence it had recently been discussed in a team meeting.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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We talked with one family member who told us that they knew about the complaints policy, what they could complain about and who they should complain to. The family member told us that they felt comfortable raising a complaint with the provider.

We looked at records and saw that that the provider had a policy on recording and handling complaints appropriately. The provider had received no complaints since the last inspection but was able to show us how they had dealt with a concern that a professional had raised outside of the complaints policy. The person was responded-to promptly and appropriately.

We saw evidence of a meeting for people who used the service where the policy had been discussed with them. The policy is available to people in pictorial style to aid their understanding of it. The manager was able to evidence how she had encouraged and supported a person who used the service to raise concerns about a piece of furniture. The registered provider dealt with this in a timely manner and met with the resident to discuss their concerns. The staff we spoke with also said that they were encouraged to act as an advocate to the resident and help them to raise a concern or complaint or raise it on their behalf. There was also evidence from meeting notes that the complaints policy was discussed regularly in staff meetings.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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