

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

## Westview

2 Marten Road, Folkestone, CT20 2JR

Tel: 01303245629

Date of Inspection: 29 November 2012

Date of Publication: February 2013

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

<b>Respecting and involving people who use services</b>	✓	Met this standard
<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>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Lothlorien Community Limited
Registered Manager	Mrs. Kim Glennon
Overview of the service	Westview is a large detached property benefitting from modern facilities while retaining character features of large, light and well proportioned rooms. It is situated within a residential area, Folkestone town is a short distance away, a bus stop and rail station are nearby. Westview provides accommodation over two floors for up to 6 people. People who live at the service are younger people who receive support with learning disabilities and mental health needs.
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 2012, 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 and talked with staff.

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### What people told us and what we found

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Although most of the people who lived at Westview spoke with us, to help us more fully understand the experiences of all of the people who used the service, we also looked around the service and observed how staff interacted with people.

People we spoke with said they were happy living at Westview and liked the staff. Comments that people made included "I am settled here, it's a relaxed place to live" and "I am happy with my care".

People told us that they were involved in making decisions about their care and support. The people that we spoke with said they were given choices about their daily routines, such as when to get up and go to bed, what to eat and what to do each day. They said they had opportunities to choose and take part in activities and events which helped to develop daily living skills and offered access to the community. People said that they enjoyed their activities and that they had opportunities to offer their views and make suggestions about the service at regular meetings.

People said they were happy with their bedrooms and that they helped to keep the house clean and tidy.

All of the people we spoke with told us that they were satisfied with the care and support they received and spoke positively about the staff. We saw that staff were supportive and considerate of people's different needs, people were offered choices and we saw that their dignity and independence was respected.

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

**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

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. Their privacy, dignity and independence were respected

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### Reasons for our judgement

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An information pack was available for people interested in moving to Westview. It had been compiled with the assistance and involvement of the people who lived there and set out their experiences and aims of the service to promote choice for people and to support their development and independence. Discussion with people who lived at the service confirmed they felt they were given appropriate information about their support, care and treatment. They said that they felt supported and enabled to do things for themselves which helped them to develop independence, individuality and the opportunity to learn and practice life skills.

We saw that pre admission assessments were carried out that helped to ensure that people's needs could be met and that people were involved in decision and planning processes from the outset. People said they were encouraged to express their views and made or participated in decisions that related to their care and treatment where they could. We saw that in some instances people's friends or family had helped in care planning processes. This meant that people who used the service understood the care and treatment choices available to them and staff knew what help and support people needed and how they preferred it to be given.

We saw examples of comprehensive person centred support plans. The service considered physical, mental, social and cultural requirements, this helped to ensure that people's diversity, values and human rights were respected. We found that care plans had been developed for each individual. People's wishes and preferences were recorded in relation to how their care was provided, how they liked to spend their time and how they preferred to be supported. We saw records that included personal profiles, people's interests together with important events and people from their lives. There was other person centred information such as people's likes and dislikes and how they preferred to be addressed.

The manager confirmed that the plans, including risk assessments, were developed and

regularly reviewed with the people who they were intended to support. People told us that reviews of their care plans took place regularly, examination of records confirmed that this was the case. We found that the plans and risk assessments provided clear structure and guidance for members of staff, this helped to ensure that current and ongoing care and support needs could be met consistently and safely.

We found that pictorial prompts were used to encourage people to express their views and promote involvement in their care, treatment and activities. We looked at personalised activity plans for the people who lived at the service, they included access to a cookery course at college, visits to day centres, attending church as well as social activities such as bingo, cycling and trips to the pub. People were supported in promoting their independence and community involvement.

On the day of our visit we saw that one person was playing chess, another person had designed and printed their own Christmas cards using a computer, other people were in the communal lounge area and some people had prepared their lunch in the kitchen. People told us that they had been involved in deciding and agreed with their activity plans.

We saw that aims and goals were structured within people's activities which were intended to help people develop every day skills. For example some people assisted in food preparation, laundry, cleaning and other household chores. These activities helped to promote their sense of involvement and introduced achievable responsibilities.

We found that systems for consultation, interaction and communication were effective. People expressed their views and were involved in making decisions.

People had their privacy and dignity upheld. During our visit we saw that people were being spoken with and supported in a respectful and professional manner. We observed the positive interaction of staff who, through their support, demonstrated their awareness of the different challenges and requirements of the people they supported and cared for.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People we spoke with told us that they were happy living at Westview, they said that the staff helped them and had time for them. Our observation found that people looked relaxed and comfortable with each other and the staff.

We saw that people's needs were assessed and care and treatment was planned and delivered to compliment their individual care plan and in a way that was intended to ensure people's safety and welfare. People told us that they were happy with the health and personal care that they received.

Throughout the course of the inspection we observed good levels of interaction and communication between staff and people who lived at the service. Discussion with some of the people showed that they had confidence in the staff assisting them because they felt that their needs were understood. Some people were able to tell us about their involvement in aspects of their care and that their views and choices were respected.

Our observation showed that people were supported to make decisions where they were able to do so, we saw that this promoted a sense of individuality, motivation and positive self awareness. For example, one person told us that they looked after their own money and dealt with their own post, we observed that they enjoyed this responsibility and appreciated that their wishes to do so had been respected. Another person regularly attended and took part in voluntary work with the church, we were told of their sense of fulfilment and saw that the care and support provided met their needs, valued their beliefs and protected their rights.

We looked at care plans and saw that they each reflected the individual needs of the people concerned and said what assistance they needed and how they wanted to receive it. The plans included advice from health and social care professionals and they had been reviewed and were up to date. The plans included information and guidance about medical conditions as well as supporting people's development. We noted that each plan contained accounts of people's preferences and their wishes. This showed that people received care and support in ways that suited them and provided guidance for staff that helped them to deliver appropriate care.

Staff used daily records to monitor and comment on progress and any changes in people's

needs or behaviour, this information was clearly recorded. For example we saw that one person's mannerisms were described when they were happy and relaxed and how their mannerism would change if they became anxious or upset. Instructions for staff told them the best way to support the person when this happened. Care plans were sufficiently detailed to make sure that staff knew how to provide the care and support each person needed.

Written risk assessments were also in place that helped people to stay safe because risks were well managed. They covered aspects such as travelling on public transport, cycling and slips, trips and falls as well as day to day activities within the service. The assessments were reviewed regularly and were up to date.

We saw that people had access to other healthcare professionals such as doctors, dentists and chiropodists. They were supported to attend appointments both at the service and within the community.

There were arrangements in place to deal with foreseeable emergencies which included personal evacuation plans for each of the people who lived at the service.

Observation and discussion with people showed that staff knew each person well and understood how to provide care and support that promoted choice, development and independence.

**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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People told us that they felt safe and were well cared for by staff.

The provider stated that safeguarding was taken seriously and people were treated with dignity and respect. We saw training records that confirmed that all staff had attended safeguarding of vulnerable adult training. This enabled staff to understand the aspects of safeguarding which were relevant to them.

Staff spoken with showed a good knowledge of safeguarding people from abuse. Staff knew how to recognise the signs of abuse and that they must report all cases of concern to the appropriate person.

We looked at the provider's safeguarding policy and procedure and found that it included the local authority multi-agency safeguarding procedures. The manager confirmed that they worked collaboratively with the local authority to safeguard and protect the welfare of people who used the service when they needed to.

Staff had received training regarding the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Therefore, people could be sure that any decisions were made in their best interests and were reviewed in line with appropriate guidelines.

## Staffing

✓ Met this standard

**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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People told us that they felt that there were sufficient staff in place and that staff were caring and responsive.

The manager stated that there was an assessment of the needs of people who used the service. This was reflected in the skills, qualifications and experience that were needed for staff to provide care that was safe and effective, and which met those needs, protected people's rights and promoted independence.

Staff spoken with stated that there were sufficient staff in place to be able to give the care that people needed to a good standard. We observed that staff were available to support people on a one to one level for their various activities while other staff were able to spend time with and interact with the remaining people in a positive manner.

We looked at staffing rotas and noted that there was an appropriate level of core staffing in place with an appropriate skill mix at all times. This included cover arrangements for planned and sudden staff absences. The provider did not use agency staff, any short term absences were met from existing resources within the service or other resources from within the organisation.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive and effective systems in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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We saw that there was a record of identified risks and issues with action plans in place where needed. We were shown examples of regional manager audits of the service together with separate provider inspections. We also saw that the manager had completed monthly checks of the service and environment and that these results had been reported back to the provider.

We looked at minutes of residents' meetings. The manager told us that the views of people living at the home were sought daily through general discussions, and formally in monthly service user meetings in a forum called 'Your Voice'. These events enabled people who used the service to comment on any aspect of their support and make suggestions about the running of the service. We saw that discussion had taken place about day to day issues such as menu planning and food shopping as well as other events such as holiday planning and agreement for responsibility of household chores.

We were told that if people raised complaints or concerns about the service they were fed back to regional and provider levels to ensure that they were suitably resolved. We saw that there was a pictorial complaints process which was available to the people who lived at the service. The service was not dealing with any complaints at the time of our inspection. This demonstrated that the quality of the service was monitored and processes were in place for concerns to be addressed appropriately. We found that information about people's experiences had been gathered in such a way to allow for monitoring of risks and the quality of care delivery. Staff were confident and aware of how to raise concerns.

During our visit, we observed the support afforded to people included an assessment of their satisfaction and having their needs met.

## 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.

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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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