Inspection Report

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

Westbury Lodge

130 Station Road, Westbury, BA13 4HT

Tel: 01373859999

Date of Inspection: 31 October 2012

Date of Publication: December 2012

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Parkcare Homes (No 2) Limited
Registered Manager	Ms. Caroline O'Shaughnessy
Overview of the service	Westbury Lodge provides supports for up to nine adults with learning disabilities, mental health, dementia and sensory impairment with ages ranging from 18 - 90 years.
Type of services	Care home service without nursing Community based services for people with a learning disability Community based services for people with mental health needs
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'.

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 31 October 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

People told us staff supported their independence and respected their privacy and dignity. We found people were involved in their care planning and their views and opinions about the service were listened to.

People told us "staff are wonderful". We observed care which was kind and caring and provided in line with care plans which were reviewed and updated regularly.

We were told overall the food was "not bad". There was some choice and people's preferences were regularly included in the menu. People's nutrition and hydration needs were monitored and specialist advice sought if necessary.

People were protected from abuse because staff understood their roles and responsibilities concerning safeguarding. People who used the service were well informed about safeguarding and had access to relevant information.

We found staffing levels were improving and overall there were enough qualified and experienced staff to meet people's needs.

We saw the provider had an effective system to regularly assess and monitor the quality of service people received.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke with four people who used the service. They told us how staff supported their independence. One person said "they leave me alone and I am able to do what I want. One person told us how the manager had supported them to become "financially independent". Another person had a copy of their care plans and assessments in their room. People told us they were involved in their care planning and we saw from the key worker reports people's views were listened to and acted upon.

We saw in people's records that it had been recorded they did not have mental capacity to make certain decisions. The provider might like to note we did not see there were formal written mental capacity assessments for significant decisions which would impact on their care or independence. This included for example financial arrangements or medicine administration arrangements. We saw from the provider's policy clear guidance on assessing capacity and documentation to guide the process.

We saw staff respected people's privacy, knocked on their doors and entered once invited.

We saw staff communicate with people as equals with exchanges of humour and banter. The provider might find it useful to note the use of the term 'non-verbal' to describe people not able to communicate verbally does not respect a person's dignity and individuality. We observed one member of staff used signs to communicate with one person and staff told us how they understood the meaning of people's behaviours. For example we were told how one person danced when they wanted to go to a local social club.

We observed people moved freely in all parts of the home and used all communal rooms. The provider might like to note there were no sensory prompts in communal areas for people with sensory impairment. This may mean these people are less able to move about independently.

We saw people had individual activity plans which promoted some involvement within the community. For example one person was being supported to find voluntary work as a step towards increased independence. The provider might find it useful to note the activity plans of some people were not being implemented, and we observed some people spent limited time in social interaction with staff. This may mean people's social needs may not be met if they are not able to occupy themselves without support.

On the day of the inspection we were told a person was going out shopping for a party to be held in the home and another was going out for coffee.

We were told some people had just returned from holiday and others were preparing to go away with staff.

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 thei rights.

Reasons for our judgement

We spoke to one person who told us "staff are wonderful" and another who said the "staff are very friendly"

We saw from plans of care most people needed varying levels of support with their personal care. We observed care which was kind, caring and discreet. We saw one person refused to have their nails cut which had the potential to cause problems. The manager told us how they had sought specialist advice but this had not helped. The provider might like to note we saw no formal plan had been developed with the person to manage and monitor this care need.

We saw staff who managed people's behaviour and mood patiently and in a timely manner without the situation escalating. For example we saw how one person was distressed and how supported time out in line with their care plan de escalated the situation quickly and without further recurrence.

Each person had a key worker who was responsible for monthly review meetings. We saw from the review records these meetings were important in responding to people's short and long term support needs. We saw how the review helped one person manage how they spent their money on holiday and another how their cigarette consumption could be dealt with.

We looked at three sets of care records. We saw each person had up to date risk assessments and detailed plans of care which had recently been updated. Care needs were reviewed by staff each month in the end of month review and also in the key worker review and changes to care plans made as necessary. The provider might find it useful to note there were some minor discrepancies between the care plans and key worker records. This might be confusing for staff and may mean people do not receive appropriate care.

We saw appointments with health care professionals including the chiropodist and dentist were recorded regularly and were up to date.

We saw people had end of life plans in their records but these had not been fully completed. The manager told us she planned to complete these as the age range of

people for the home had been extended to include people up to 90 years of age. The provider might like to note the records did not include a place for recording discussions and decisions concerning cardiopulmonary resuscitation. This may mean people receive treatment they do not want in this emergency situation.

We looked at some daily records and saw a representative account of each person's behaviour and activities documented in a separate 'diary' for each person. The entries were detailed and of value in anticipating care
needs for the remainder of the day.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and hydration.

Reasons for our judgement

We were told by people that overall the food "wasn't bad and sometimes good". The provider offered a weekly menu to enable the flexibility to include people's choices. We were told by people food choices were discussed at service users' meetings and then included on the menu. We saw from minutes of these meetings this was taking place in practice.

We saw from the menu one simple hot option was offered at lunchtime and one hot option at dinnertime. The dinner menu offered meat, fish and vegetables. The food was mainly cooked by care staff on the premises although we were told the Sunday roast was sometimes cooked by one of the people in the home.

We observed lunchtime. We saw people were able to have an alternative meal to what had been prepared. One person required assistance to eat. We saw the member of staff was patient and the person received the help they needed to eat at the pace they wanted. We observed the member of staff did not use adaptive cutlery even though the person had some uncontrolled movement. We observed the person also tried to feed themselves by using their fingers. We saw this was discouraged and were told this was because food might be hot. The provider might find it useful to note the use of adaptive cutlery and crockery may help the individual to eat more independently and safely.

We noted one person had their food intake monitored and recorded in line with their plan of care because they had lost weight and were on a fluid diet. We saw from their care records specialist advice had been sought and nutritional supplements and a very limited range of higher calorie foods had been introduced into their diet. The manager told us this person refused to be weighed. The provider might like to note that although staff were able to recognise and provide support if the person's weight was fluctuating, no formal plan had been developed with the person and recorded in their care plan.

Safeguarding people who use services from abuse ✓ Met this standard

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.

Reasons for our judgement

We spoke to two people who told us they "felt safe" in the home and understood how to report any concerns. People were informed of the safeguarding process. This included an up to date safeguarding policy and contact numbers for external agencies on the notice board. We also saw from minutes of the most recent service users meeting safeguarding had been discussed.

We spoke with staff who were confident in their understanding of safeguarding. They were able to explain how abuse may occur, how to recognise it and were able to explain the procedure for reporting both to management within the home and to external agencies.

We saw that there had been some recent changes in staff shift patterns to make sure there were enough staff available to de escalate potential tensions between people in the home and ensure they felt safe.

Most of the staff were able to explain the general principles of the Mental Capacity Act (2005) and recognised how changes in behaviour and decisions may be linked to diminished capacity. One staff member gave an example of how a person's consumption of cigarettes and financial resources to pay for them was linked to changes in their understanding.

We saw staff received annual mandatory training in safeguarding and the Mental Capacity Act (2005). The home had an up to date safeguarding policy.

The manager had been involved in a Deprivation of Liberties Safeguard assessment and understood the process.

Staffing ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke with staff and from what we were told it was clear they had a good understanding of people's needs and how to meet them. We observed care was mostly responsive and timely to people's needs. Care was provided in an unhurried manner at the pace of the people being supported.

We were told the providers recommended staffing levels were four staff during the day and two staff at night (one sleeping). The manager told us these numbers were based on assessing people's needs and the hours people being funded by the local authority for one to one care. On the day of our inspection the provider might find it useful to note although there were four staff on duty one staff member was inexperienced as they had just started working at the home a week ago. The manager told us new staff 'shadowed' until they had settled in.

We saw from the staff rota the provider's recommended staffing levels had only recently been achieved in October. Because of staffing levels there had been a number of unfilled shifts during August and September. These had to be covered by bank staff, the manager, staff working overtime and agency staff. Staff told us there had been a high staff turnover in previous months although it had improved in the last few weeks.

The manager told us new staff had recently been recruited. We saw from the rota shift starting times had recently been adjusted to ensure there was an additional member of staff in the evening between 8pm and 9pm as it was busy.

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

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to regularly assess and monitor the quality of service people receive.

Reasons for our judgement

We saw the manager completed monthly internal quality monitoring reports. The report required the manager to audit a number of areas of the service including care records, the environment and staff records of training and supervision. The action plans were reviewed regularly by the regional manager and audited on an annual basis. On the day of the inspection the regional manager had undertaken an audit of the quality monitoring processes and provided written feedback and actions to complete.

We saw the provider had a quality monitoring system which involved people who used the service. We saw minutes from the quarterly 'Your voice' meetings which demonstrated feedback from people was acted upon.

We saw people who used the service also attended the Health and Safety meetings. We saw the health and safety and fire assessments were up to date. Complaints were recorded and responded to in a timely manner.

We saw the incidents log was up to date with completed follow up and actions. The internal quality monitoring report noted there had been improvement in this area.

We were told by the manager a medicines record audit had identified two failures to record medicines administered, demonstrating the effectiveness of the quality monitoring system. We were told an investigation was in progress and once completed the relevant staff would need to complete further medicine management training and competency assessment.

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.

Contact us

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