

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

Westlands

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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
Cleanliness and infection control	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard

Details about this location

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

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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	5
Care and welfare of people who use services	6
Cleanliness and infection control	8
Management of medicines	9
Staffing	11
About CQC Inspections	12
How we define our judgements	13
Glossary of terms we use in this report	15
Contact us	17

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 11 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 and talked with staff.

What people told us and what we found

We spoke with two people who used the service, they both told us that they enjoyed living at Westlands. One person told us "I like watching all the coming and going in the High Street".

We spoke with the family of one person who used the service, they told us that they were very happy with the care their relative received. They told us "the staff always answer our questions, and they helped us through the traumatic time we had when moving mum into a home".

We found that the staff treated people with dignity and respect. People had been assessed for risks, and care had been planned accordingly. The home was clean and staff took precautions to prevent the risk of infection. There were suitable arrangements in place for the management of medicines. There were enough experienced staff to meet people's needs.

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.

Reasons for our judgement

People who use the service understood the care and treatment choices available to them. We looked at the care plans for three people and found that they had been discussed with people where possible and family members had signed to say that they agreed with the plan of care.

We observed 14 people who used the service in the lounge and dining areas over a period of two hours. We found that staff knew every one very well. We observed that everyone was dressed appropriately in clean clothing. We saw that staff interacted with people in a compassionate way and ensured where possible that people understood what was going on around them. We saw that the home was decorated with poppies in recognition of remembrance day. We observed everyone taking part in the one minute silence for remembrance at 11 o'clock, and a subsequent acknowledgement and toast to a person who had recently died at the service whose funeral was taking place in another town. This meant that people were supported in community involvement and people's values were respected.

We observed that not all the people who used the service could be present in the lounge or dining areas due to their frail health. We saw that for one person their room was warm and had a light show being displayed on their ceiling. They also had classical music playing which we saw was their preference as written in their care plan. As with all the rooms we saw, there were personal items such as photographs displayed. We saw that the staff had taken great care to ensure the duvet had been tucked around the person to ensure that they did not feel any draughts. This meant that the staff had shown respect and ensured that the person was comfortable in their surroundings.

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

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.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care plans for three people. We found that each person had been assessed for their risks of under nutrition, pressure ulcers, falls and moving and handling. We found that where risks had been identified that care had been planned to minimise the risks. We saw that where pressure relieving equipment or bed rails were used, there were clear instructions and pictures in people's care plans to help explain how the care was to be provided. We saw that where specific moving and handling techniques were indicated, that there were very clear instructions about the technique and diagrams to illustrate people's positions.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We looked at the care and treatment records for three people who used the service. We found that they all had detailed care plans that explained the care required for each individual person in order to meet their needs. We saw that where people had been seen by other health professionals that this had been recorded and relatives had been kept informed of any changes to people's health. We observed staff arranging for emergency dental care for a person who was experiencing dental problems; we saw that the member of staff kept the person's relatives informed.

We found that people who used the service were allocated a key worker. We saw the key worker reviewed people's care and welfare monthly. We saw that the key worker looked at all aspects of the person's life and involved the person and their relatives in any changes made to the care they received.

There were records in the care plans that demonstrated that where people had had an episode of challenging behaviour the staff had recorded what had happened before, during and after the event. We saw evidence that this information had been used to inform staff how to help prevent any further challenging behaviour as they could recognise the triggers to the behaviour.

We saw that where people who used the service had an accident or incident that the staff had completed an accident form, observed the person for injuries and had contacted the

GP for medical assistance. We found that there were clear instructions to staff on who to call in an out of hours emergency as the system had recently changed. This meant that there were arrangements in place to deal with foreseeable emergencies.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed and people were cared for in a clean, hygienic environment.

Reasons for our judgement

During our inspection we noted that the home was clean, tidy and had no unpleasant odours. We found that there was a member of staff allocated to cleaning every day, and we observed that there was cleaning taking place. We found there was a clear cleaning schedule in place, with instructions on the methods that were to be used to clean all areas of the service, these included colour coding for each area to ensure that the correct equipment was used. We saw that the manager had assessed the quality of the cleaning on a regular basis.

We observed that staff used personal protective equipment such as gloves and aprons as required. This equipment was readily available throughout the home. We observed that there were hand-washing facilities in all areas of the home. We saw that each room had clean, dry towels and flannels in the bathrooms. There was a system in place where there were different coloured towels and flannels for people to use for their face to help prevent any infections. We observed care staff using the linen bags provided to store used linen and disposing of soiled waste in clinical waste bins.

We saw that there was a supply of indoor shoes available in the staff room. We spoke with one member of staff who explained that all staff had to change their shoes and clothes before and after each shift to ensure that infection is not brought into the home, or out into the community. We saw that there was a staff hand washing audit taking place, where they were observed when they washed their hands and their techniques. This meant that there were effective systems in place to reduce the risk and spread of infection.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We found that there was a system for ordering medicines on a regular basis and for when there were foreseeable shortages of medicine. This meant that there were appropriate arrangements were in place in relation to obtaining medicine.

We looked at the Medicine Administration Record (MAR) charts for 15 people who used the service. We saw that people's photographs were on the MAR charts for identification and people's allergies were clearly indicated. We found that the staff had recorded when people had received their medication or indicated when they refused or they were unable to take the medication. Where people had medicines as required, there were stock levels recorded. We looked at the stock levels of Paracetamol for two people and found that these were correct. This meant that appropriate arrangements were in place in relation to the recording of medicine.

We observed a senior member of staff administering medication, we saw that the medicines were placed into clean pots and dissolved where necessary. We observed that the medications were administered on a spoon. We found that some people required their medicines crushed and mixed with food, we saw that the GP and pharmacy had been involved with the decisions on administering the medicines in this way and had provided advice to ensure that the medicines were given safely. This meant that medicines were handled and administered appropriately.

We saw that people received the medication they were prescribed. Where people were prescribed short courses of medication such as antibiotics, we found that they had been given on the days that they were prescribed for. This meant that medicines were prescribed and given to people appropriately.

We found that the medicines were stored in locked cupboards, in a locked trolley and in a locked fridge. We saw that the fridge temperature was monitored daily, and the temperature was at the required temperature every day. This meant that where medicines require storage between 2 to 6 degrees centigrade to remain effective that the fridge was maintained at the correct temperature. The keys were only available to appropriately trained staff. We observed that during the administration of the medicines that the drug

trolley was locked in between each administration, which meant that medicines were kept safely.

We observed one person declining their medication. We saw that their medication was then placed in a container to be destroyed and this was then documented. We found that there was a system of recording and disposing of all medicines that were no longer required or destroyed. This meant that medicines were disposed of appropriately.

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, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We asked the manager how many staff were required on each shift to manage the needs of all the people who used the service. The manager demonstrated how many staff were required. We looked at the duty rota for the previous and forthcoming weeks. We found that there were the required amount of staff on every shift to meet the needs of the people who used the service. We saw that there were annual leave request forms which were up to date which illustrated when staff had taken annual leave. We saw on the duty rota that where people had taken annual leave that their shifts had been covered by existing staff and that no agency staff were used.

We spoke with two members of staff who both told us that there were enough staff to meet people's needs. In particular, they explained that there were four staff allocated to work in pairs for people who required two staff to assist with their needs, and one member of staff to help care for the people who only required one member of staff. We saw that in addition to these staff that there were kitchen staff, a cleaner and the manager. This meant that there were enough qualified, skilled and experienced staff to meet people's needs.

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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