

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

## Westview

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Tel: 01303245629

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Management of medicines</b>	✓ Met this standard
<b>Supporting workers</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 provides accommodation and support for up to six people 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

## Contents

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

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## Summary of this inspection

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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 2 August 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 and talked with staff.

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### What people told us and what we found

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There were six people living at Westview at the time of our inspection. People told us that they were happy with their care and support. One person told us "I am happy living here, there is lots to do". Another person said "The staff are kind, I am happy living at Westview".

We found that people had been asked about the care and support they wanted, it met their need and people had agreed to it. Processes showed that the quality of the service was monitored and people's views were listened to. We saw that medicines were stored and administered safely. We found that staff felt supported and had received appropriate training.

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

### Consent to care and treatment

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

Each person had a person centred support plan. It had been developed with them or their representatives and recorded their wishes and preferences about how their care was to be provided, how they liked to spend their time and how they wanted to be supported. People expressed their views and were involved in making decisions about their care. People had signed their care plans and assessments. This demonstrated that they had agreed and consented to the plan of care.

The service had systems in place which ensured that mental health assessments, required under the Mental Capacity Act 2005, were carried out. These assessed a person's ability to make decisions for themselves and ensured that any decisions made on their behalf did not compromise their human rights and rights of choice. Evidence of consideration of mental capacity was seen within the care plans, together with evidence of best interests meetings where needed.

People we spoke with told us they were happy with their care plans. They said they could speak to staff freely about their care and knew they had consented for staff to support them. People understood that any decision previously agreed about their care, treatment and support could be changed. Some of the people who lived at the service had written their own care plan. One person said "I talk about my care and what I want to do with my key worker. If things need changing, we change them".

Regular reviews of care plans and risk assessments, in consultation with people, meant that they were accurate and up to date. They provided guidance for members of staff to ensure that new and existing support needs could be met consistently and safely. This system of regular reviews enabled staff and people who used the service to provide, gain and review consent to care and support.

We observed during the inspection that people received the help they needed, they were encouraged to do things for themselves and staff acted in accordance with their wishes.

Staff sought consent and gave choices to people who used the service.

**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.

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**

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Needs assessments were carried out before people came to live at the service. These were completed by the manager and took place where the person currently lived or when people visited the service. This helped to make sure that people's needs could be met safely and consistently from the outset.

We saw that health action plans were in place where specific needs were identified. This helped the service to check that people's health and wellbeing needs were planned for and met through appointments and check-ups with healthcare professionals.

We looked at four care plans and found that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. There was guidance to staff about how a person's needs or wishes should be supported in areas such as personal hygiene and eating as well as detailed information about medical conditions and specific support strategies.

The care plans highlighted people's strengths and encouraged independence in these areas, they also identified people's particular support requirements and how this should be provided. This made the care plans individual and person centred. We saw that care plans had been regularly reviewed.

The plans were clear and easy for staff to follow. We saw that staff had signed care plans and risk assessments to say they understood them. The manager and staff told us they had spent time developing people's care plans with them. We saw that some people had written elements of their own care plan. People that we spoke with confirmed that their plans had been discussed with them and represented how they wanted to be supported. One person told us "I write my plan with my key worker".

There was sufficient detail and guidelines about the support needed to meet people's needs. The information available for staff helped to ensure that they supported people in the right way that helped people work towards their desired goal. For example, some people were supported in areas such as budgeting, development of life skills and management of their medical conditions which helped them to live more independently.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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During this inspection we spoke with people and staff about when and how medicines were given. Some people told us that they were fully supported by staff to receive the medicines they required, while other people managed aspects of this themselves. People were aware what their medicine was for and told us they received it when at the times they were supposed to. One person told us "I monitor my blood levels and do my own injections".

We looked at the medication administration records. They had been correctly completed and the manager had audited them. Staff who administered medication told us that they had received appropriate training and that it was updated when it needed to be. Training records confirmed this was the case.

Medicines were stored safely in dedicated cabinets in the main office and in one person's bedroom. Records showed that the temperatures at which medicines were stored were routinely monitored. We found that recorded temperatures were within an appropriate range. This meant that medicines were kept in suitable conditions where they would not prematurely deteriorate.

Care plans clearly recorded the medicine that people should receive and this corresponded with their medication administration records. There were appropriate risk assessments in place that helped to ensure that medicines were safely administered. There was a system which ensured that medicines were replenished before they ran out or had passed the expiry date. We saw that a sufficient stock of medicine was held and that it was within date.

The service did not hold any controlled drugs. We saw that medicines were appropriately disposed of and accounted for when they were no longer required.

**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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People said that staff understood the care they needed, they told us they had confidence in the staff and felt supported by them. One person commented "I can talk to any of the staff easily".

We looked at the training matrix. It showed that training was up to date for all of the staff and it detailed when training needed to be updated. We saw that staff had also completed training specific to the needs of people who used the service including autism and Prader-Willi syndrome. This helped to ensure that staff acquired the skills and understanding to provide the support that people needed.

Staff told us that staff meetings took place where they could raise any issues relating to their role, facilities or the people who lived at the service. Records showed that staff meetings took place every other month and had included discussion areas such as cleanliness and infection control. Staff felt that the meetings provided a good opportunity to develop best practice and a common understanding.

We saw that there was also a message book which staff signed to indicate that they had read any messages that required communication. This meant that staff had clear channels of communication with each other and with the manager.

Staff described the supervision and appraisal processes and confirmed that they had taken place. Records showed that all supervisions and appraisals had taken place when required and they were up to date.

## 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.

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### Reasons for our judgement

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People who used the service, their representatives and staff were asked for their views about the care and support provided and they were acted upon.

We saw that the service held monthly meetings called 'Your Voice'. These enabled people who lived at the service an opportunity to discuss what they wanted to.

Records showed that pictorial agendas were prepared in advance of 'Your Voice' meetings. They allowed each person the opportunity to add any items of their choice. We saw that meetings were chaired by people who lived at the service and discussion had included areas such as having guests for dinner at the service, visiting a zoo, shopping and other days out.

We saw that each meeting started with a summary of the last meeting. People looked at what had been discussed and then looked at what had happened as the result. We found that where people had requested particular things, such as having guests for dinner and specific days out, these events had happened. People told us "The meetings are good".

We found that staff also consulted with people on an individual basis both informally and as part of key worker meetings. This helped to ensure that people were able to speak with staff privately if they did not want to join in with group meetings.

An easy read complaints procedure was in place. It was accessible to people who lived at the service and any visitors. It set out how a complaint could be made, how it would be handled and how long the process should take. People that we spoke with knew how to make a complaint. Most people told us they would talk to staff if they had a complaint and were confident that staff would sort it out. None of the people who we spoke with shared any concerns with us about living at the service.

Regular safety checks had been completed by the manager in key areas such as fire and safety systems within the building. The building had also been regularly checked to ensure it was well maintained, in a safe condition and free from the risk of infection. We found that

risk assessments were in place where needed, they had been reviewed and changed as necessary. Records showed that the provider carried out checks of the quality of the service they provided. These focussed on each area of the service and were aligned with the Commission's Essential Standards.

## 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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