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: 20 June 2013

Date of Publication: August 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Records	✓ 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 20 June 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.

What people told us and what we found

We were not able to speak with all the people who used the service. This was because some were out taking part in community activities and not all of those who were at home could communicate verbally or wanted to speak with us. We spent time observing how staff communicated and supported people to see people's experiences of care in the home. We spoke with four staff and looked at four people's care records.

One person said "it's very good. It's open. I feel safe." Another two people told us "it's ok! We observed people were relaxed in their home. People were able to participate in a range of activities of their choice. People were supported to maintain their independence.

We observed people were asked for their permission before they were assisted with care. We saw people were supported to have an advocate to help them with decisions. People's capacity with regard to important decisions was assessed and best interest meetings held with people who knew the person.

Staff worked with other healthcare professionals to ensure people's care and treatment was co-ordinated and safe.

We found the provider had a system to ensure medicines were administered safely and effectively.

Staff said they were supported. There was a comprehensive training programme. Staff supervision was provided on a regular basis. There was just enough staff to meet people's needs safely.

People's records were reviewed and updated regularly.

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

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

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.

Reasons for our judgement

One person we spoke with told us "they always ask my permission and consult me." We observed staff checked people's agreement before they supported them with care.

We spoke with four staff. They were knowledgeable about the people they cared for. They told us people in the home had mental capacity to consent to and make their own decisions with regard to day to day care. Staff explained how an understanding of people's ways of communication and their behaviours helped them establish their consent to receive support. We observed people who communicated non verbally demonstrated what they wanted to do, by leading staff to where they wanted to go, shaking their heads and using other forms of communication, for example Makaton sign language.

We saw from people's records their capacity was assessed for more complex decisions which might affect the treatment and support they required. For example medicines management or consent to specific treatments such as blood tests. We saw consent had been obtained for sharing information with other health care professionals.

One member of staff gave an example of how they worked together with a person's GP and chiropodist to ensure the person received the treatment they had consented to. Staff understood how the person communicated their agreement to care and respected their decision when treatment was refused.

We saw from people's records, health care professionals and family members had been involved in best interest decisions when people were not able to make decisions for themselves about aspects of their care. Some people had received the support of the Independent Mental Capacity Advocate (IMCA).

We saw from the provider's training records all of the staff had completed Mental Capacity Act training. The provider may find it useful to note the staff we spoke with were not confident in explaining the principles of the Mental Capacity Act 2005 in relation to

consent. This may have meant they were not able to explain to people, other health care professionals and staff how decisions about treatment and care were reached.

The provider had a comprehensive and up to date consent policy.

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 their rights.

Reasons for our judgement

We were not able to speak with all of the people who used the service. This was because some were out taking part in community activities and not all of those who were at home could communicate verbally. One person who was able to tell us about their experience of living in the home said "it's very good. It's open. I feel safe." Another two people told us "it's ok! We observed people were relaxed in their home. People who were able to mobilise independently moved freely between their bedroom and communal areas including the kitchen and garden. People who required supervision to get about were assisted patiently and with care.

Staff were knowledgeable about the people they cared for. This included people's likes and dislikes, care needs and medical conditions. We observed staff communicated with people in ways people understood for example, using Makaton a form of sign language, with pictures, verbally and through touch.

During the inspection people were accompanied by staff to go out and about in the community. One person went out for a jacuzzi and another person was out shopping with a staff member. During the afternoon we observed some people were involved in chair exercises accompanied by music. This was facilitated by an external therapist. We saw people were enjoying it. Staff supported and encouraged people with some of the movements and sounds. We noted people who did not usually communicate or interact easily were involved and interested.
The provider may find it useful to note we observed there were periods of time when people who were not able to summon assistance easily were on their own in the lounge area. We noted staff were not always visible for people to ask for help. This may have meant people were not able to get the support they needed at the time they needed.

We looked at four people's care records. We saw the manager was auditing the documentation and had identified where records required updating or replacement. Overall we found people's support plans were based on appropriate risk assessment. Support plans included sufficient person centred information to enable staff not familiar with people's needs to care for them safely and effectively. For example people's communication plans and records detailed the most appropriate way to communicate and

recognise people's needs and emotions. People's personal care plans included their preferences for bathing and included attention to detail such as ensuring one person had their dressing gown as it was important to them. We observed people's care was delivered in line with their support plans.
We saw some people's support plans had enabled them to increase their independence. One person was working as a volunteer. Other people were supported by staff to understand the value of money and how they could budget.

People's keyworker notes provided additional information regarding their ongoing needs, future plans and desires and the support required to meet them. We saw from the daily records overall people were able to participate in the activities that were part of their support plan.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

We saw the provider had a system to ensure people received appropriate support and care provided by other health care services. One person we spoke with told us "whoever supports me to go to the doctor takes a list of my medicines to check compatibility. I feel safe."

We saw each person had a health care action plan which included important medical information about the person. This would assist other healthcare professional to provide safe effective support when necessary.

In one person's record there were shared plans of care with other health care professionals to manage specific medical conditions such as epilepsy. This ensured consistent appropriate care was provided. Shared care was reviewed regularly. One member of staff gave an example of how they had worked together with a person's GP and the hospital to ensure a person who had a fear of hospitals received the support they needed to attend for blood tests. This meant assessing the person's capacity to consent to treatment and assessing the risk to the person's health. Staff used anxiety management techniques to prepare the person and liaised with the hospital for a convenient appointment.

We saw there was a section in each person's care records for staff to document appointments and visits made to other health care services. This included the GP, the hospital and chiropodist. People were accompanied by staff who knew them to healthcare appointments. This ensured people were supported and accurate healthcare information was communicated. We saw appointments could be supplemented by an easy read summary of the reason for and outcome of the visit. This provided a reminder for people and information for staff to update people's records as necessary.

Management of medicines ✓ Met this standard

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 the appropriate arrangements in place to manage medicines.

Reasons for our judgement

We spoke with two staff about the medicines administration process. The information they gave us was in line with the provider's policy. This included washing hands prior to administering medicines, checking medicines against the medicines administration record (MAR), explaining to people about the medicines they were having, offering a drink of choice and ensuring the right person received their medicines. We saw people signed the MAR once they had observed the person had taken their medicines.

We observed a member of staff counting each person's 'as required' medicines following the medicines administration routine. We were told this happened four times per day and was recorded. This ensured people had received the medicines that had been recorded as administered. We noted there were protocols for as required medicines to provide staff with the necessary information to support people safely and effectively.

The manager conducted a monthly audit of medicines administration records. They explained when there were recording or administration errors staff received support to ensure they had the necessary knowledge and skills to administer medicines safely. This meant support through supervision meetings and further training if necessary.

We were told by the manager staff responsible for administering medicines had recently undertaken medications training in January 2013. Training was from an accredited training provider and also from the pharmacy provider.

From the four care records we looked at we found people had a medicine risk assessment to assess whether people could self medicate. They had a comprehensive support plan for the medicines prescribed for them.

People's MAR sheets were stored securely. The provider had a comprehensive and up to date medicines policy. We saw people's medicines were stored and disposed of in line with the provider's policy.

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 was just enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

At the time of the inspection there were nine people in the home. We were told by the manager the provider's recommended staffing levels were four support workers in the day. At night time there was one member of staff sleeping and one awake. On the day of the inspection we noted the number of staff working met the provider's recommended numbers. We looked at the staffing rotas for May, June and July 2013. We saw there were some shifts which did not meet the provider's recommended numbers of staff on duty. We noted on three occasions the manager worked unallocated shifts to ensure the shifts were covered and there were enough staff to meet people's needs. This meant the manager worked two shifts back to back. The manager told us they used agency staff to cover unfilled shifts if there was enough notice to request them. We were told they always used the same care agency and requested the same staff to work. This meant staff were familiar people's needs and the routine of the home.

We spoke with one person who told us there were occasions when there was not the provider's recommended number of staff working. Staff we spoke told us there was enough staff to meet people's needs except when staff went off sick at short notice. They said this sometimes meant people were not always able to participate in their activity programme. We saw overall people's care was delivered in line with their plans of care. The provider told us they were recruiting a further four staff to meet the shortfall in staff numbers.

Supporting workers ✓ Met this standard

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

Our judgement

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.

Reasons for our judgement

We spoke with four staff who told us overall they felt well supported by their manager. We saw from staff records people had supervision meetings with their manager every two to three months. These meetings provided an opportunity to discuss issues from practice which might impact on people's care. We saw people had an annual appraisal to discuss their progress and areas for development or support.

The provider had a comprehensive training programme which included subjects which would assist staff in supporting people safely and effectively. For example basic life support, safeguarding vulnerable adults and managing challenging behaviour. Staff told us there were opportunities to undertake further professional qualifications such as the Diploma in Health and Social Care which would develop their knowledge and skills further. We saw some staff had attended specialist training courses to manage challenging behaviour safely and effectively.

The induction programme for new staff was based on the completion of e-learning modules. The manager told us staff had to complete certain modules such as health and safety and safeguarding within a certain time period. The successful completion of the modules was monitored by the manager to ensure staff had the baseline knowledge necessary for the role. New staff were assigned a mentor.

We saw minutes from staff meetings which were held monthly. The manager told us they used the meetings as education opportunities as well a forum to discuss staff and home issues.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We saw staff personal records were stored securely in a locked cabinet in the manager's office. The manager told us only authorised personnel were able to access the records. We looked at three people's personal records. Overall they were neat, tidy and easy to follow. Staff training records were recorded on a computer based system. These were up to date.

We looked at four sets of care records. They were kept in a locked cupboard in the dining room. This meant they were secure and accessible to staff to write in. People's plans of care were reviewed regularly and were being audited by the manager and updated.

The provider had a safe system for the destruction of confidential material.

The provider's policies to support the effective management of data and records were comprehensive and up to date.

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.

Contact us

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