

Lothlorien Community Limited

Westview

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 14 October 2015. Twenty-four hours' notice of the inspection was given to ensure that the people we needed to speak to were available.

The service is registered to provide accommodation and support for up to six people with learning disabilities and mental health needs. There were six people living at Westview during our inspection who were living with learning disabilities and/ or mental health needs. People were largely independent and required only support and prompting in their day to day lives.

Westview is a large domestic-style house. There was a large lounge available with comfortable seating and a TV for people. There was also a kitchen with a table at which people could sit to eat. There was an enclosed garden to the rear of the building. Westview is situated in a residential street near to the sea in Folkestone.

The service had a registered manager in post at the time of our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

A survey of people living in the service found that they reported feeling safe. Staff knew how to recognise signs of abuse and how to report it. They told us how they protected people from financial abuse and supported people to be safe in the community.

Assessments had been made about physical and environmental risks to people and actions had been taken to minimise these. Incidents and accidents were managed appropriately to avoid recurrences.

There were enough staff on duty to support people, and proper pre-employment checks had taken place to ensure that staff were suitable for their roles.

Medicines had been managed appropriately and equipment had been serviced on a regular basis to ensure that it remained safe for use.

Staff had received training in a wide range of topics and this had been regularly refreshed.

Supervisions and appraisals had taken place to make sure they were performing to the required standard and to identify developmental needs.

People's rights had been protected by assessments made under the Mental Capacity Act (MCA).

Staff understood about restraint and applications had been made to deprive people of their liberty when this was deemed necessary.

Menus were rotated on a four-weekly basis and people said the meals were "Tasty". People were offered choice

and their requests for more stews and curries for the Winter had been met. Weights were recorded to identify any significant gains or losses which might need to be addressed further.

Healthcare needs had been assessed and addressed. People had regular appointments with GPs, opticians, dentists, chiropodists and podiatrists to help them maintain their health and well-being.

Staff treated people with kindness and respect for their privacy and dignity. Each person had a keyworker assigned to them to give individual and focused support. Staff knew people well and remembered the things that were important to them so that they received person-centred care.

People had been involved in their care planning and care plans recorded the ways in which they liked their support to be given. Bedrooms were personalised and people's preferences were respected. Independence was encouraged so that people were able to help themselves as much as possible.

Relatives and people knew how to complain if they wished to and were given the opportunity to voice their views about the service at 'Your voice' meetings. This meant they could engage with the service and influence changes.

Staff felt that there was a culture of openness and honesty in the service and said that they enjoyed working there. This created a comfortable and relaxed environment for people to live in.

Systems were in place to assess and monitor the quality and safety of the service. This was achieved by the effective use of auditing and through encouraging feedback from people, relatives and staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People felt safe and staff knew how to recognise and report abuse.

Assessments had been made to minimise personal and environmental risks to people.

There were enough staff deployed to support people.

Good



Is the service effective?

The service was effective.

People's rights had been protected by proper use of the Mental Capacity Act.

Staff had received training and supervision to help them provide effective support.

People enjoyed nutritious and varied meals and were supported to prepare them.

Good



Is the service caring?

The service was caring.

Staff delivered support with consideration and kindness.

People were treated with respect and their dignity was protected.

Staff encouraged people to be independent when they were able.

Good



Is the service responsive?

The service was responsive.

There was a variety of stimulating activities and outings on offer.

People and relatives were given the opportunity to make complaints or raise concerns.

People were able to air their views or make requests and the service acted upon them where possible.

Good



Is the service well-led?

The service was well-led.

Systems were in place to assess the quality and safety of the service.

Staff said there was a good atmosphere and open culture in the service and that the registered manager was supportive.

Staff were aware of their responsibilities to share any concerns about the service.

Good



Westview

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.’

This inspection took place on 14 October 2015. Twenty-four hours’ notice of the inspection was given to ensure that the people we needed to speak to were available. The inspection was carried out by one inspector.

Before our inspection we reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met with four people who lived at Westview. Not everyone was able to verbally share with us their experiences of life in the service. We therefore spent time observing their support, including the lunchtime meal. We spoke with three people’s relatives. We inspected the home, including the bathrooms and some people’s bedrooms. We spoke with four of the care workers, the registered manager and regional manager.

We ‘pathway tracked’ three of the people living at the home. This is when we looked at people’s care documentation in depth, obtained their views on how they found living at the home where possible and made observations of the support they were given. This allowed us to capture information about a sample of people receiving care.

During the inspection we reviewed other records. These included three staff training and supervision records, three staff recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures.

Is the service safe?

Our findings

One person told us, “I feel safe here because they [the staff] help me with anything I need”. A relative commented about their loved one, “I don’t have to worry about him, knowing he’s at Westview”.

Staff knew how to recognise different forms of abuse and were confident in how to report it. They told us that they knew people very well and could pick up on any changes in their moods or behaviour; which might be an indication that the person was troubled. Care plans recorded that staff should ‘Monitor people daily for any visual and non-visual signs’ and that ‘It is vital that people are safe in their own home’. We observed that people seemed comfortable and relaxed with staff and, in a recent questionnaire people had all responded that they felt safe.

The service had produced easy to read guidance about safeguarding, which was available to people living there. We read minutes of monthly ‘Your voice’ meetings in which people were reminded of ways to keep themselves safe. Staff told us how they ensured people had fully-charged mobile phones with the service’s number saved on them. Staff encouraged people to tell them where they were going if they went out alone; and to wear high visibility clothing after dark. They explained that careful planning of group outings helped them to protect people. For example; trips to cinemas and shopping centres would be arranged to avoid busiest times and school holidays; to reduce the risk of people becoming separated from the group or anxious. A document headed ‘How others may make you scared or upset’ included pictorial advice to people about how to get help if they found themselves in such a situation when away from the service. Some people carried personal alarms with them and staff said they tested these before each trip; which gave them assurance that people would be safe when out in the community.

The service had clear protocols and systems in place for people’s money. Some people managed their own finances while others needed support with this. Assessments had been completed to identify and address any particular risks associated with people’s finances. Robust records of all transactions and balances had been maintained and receipts were produced and kept in every case. Balance checks were carried out and documented twice each day

and there was an escalation process in the event of any discrepancies. Staff knew about the processes to follow and the importance of protecting people from the risk of financial abuse.

Assessments had been made about any physical or environmental risks to people’s safety. For example; the possibility of slips, trips and falls during busy times in the kitchen had been assessed and guidance recorded about how best to minimise the risks. Some people could be anxious at times and assessments were in place to identify triggers and help staff to reduce the impact of anxiety episodes. The service used a ‘Traffic light’ system as an aid to help people express how they were feeling. This meant staff were able to quickly see if people needed their support and the risk assessment guided staff to ‘Talk to me to find out what’s worrying me’ and ‘Give me space if I want it’. Risks had been appropriately assessed and actions had been taken to minimise the impact on people’s health, safety and well-being.

Accidents and incidents were managed in a way which protected people from the likelihood of recurrences. Staff had completed detailed incident reports and the registered manager had recorded her actions in every case. Full records of any safeguarding investigations had been made and maintained.

There were enough staff deployed to meet people’s needs; and requests for assistance were met promptly during the inspection. There were two support staff and the registered manager on duty during the day of our inspection; but three people were out with family or at appointments at various points. Rotas showed that staffing levels were consistent in the month prior to the inspection and the registered manager explained that staffing was based on people’s dependency levels. The people living in the service during our inspection were largely independent and required minimal support from staff. We observed that staff had time to chat with people and one person told us “They [staff] always talk to me and sometimes we play games after lunch”. A relative said “There’s just the right number of staff to provide support without intruding on people’s privacy or independence”.

We read three staff recruitment files to make sure that the proper pre-employment enquiries had been made. All appropriate documentation had been completed and references and identity checks had been recorded.

Is the service safe?

Interview notes had been kept and these showed that the service had made efforts to take on the best staff for the job. There was a robust recruitment process in place; which helped to protect people using the service.

Medicines were stored, administered where necessary and recorded appropriately. The service had audited medicines regularly to check that there were no shortfalls which might compromise safety. Staff had received training in medicines administration and were knowledgeable about the level of help people needed help with medicines. Any known allergies were recorded on people's medicines files and within their care plans. This reduced the risk of people being given medicines which had previously caused adverse reactions and which could be unsafe for them.

Fire alarms had been tested and documented weekly; and fire exits were clearly signposted. Staff had received fire safety training and were able to correctly describe evacuation routes. People had individual emergency evacuation plans in place and minutes of meetings showed that people were reminded about what to do in case of fire.

Full building evacuations had been carried out to measure the length of time this took and identify any issues. Extinguishers and emergency lighting had also been regularly tested. The service had a formal strategy to ensure people received safe and continuous care in case of emergencies at another local care home.

The service employed a maintenance man and we read a repairs log which had been signed off when jobs were completed. Aside from running repairs, we saw that regular safety checks were carried out on the service's minibus, the boiler, window restrictors, all electrical sockets and water temperatures.

The registered manager carried out health and safety reviews across the service to quickly identify any potential hazards. The regional manager visited monthly to undertake service reviews which included environmental checks. The actions taken to remedy any risks had been recorded and showed that there were adequate systems in place to maintain the safety of the premises for people, staff and visitors.

Is the service effective?

Our findings

A relative told us “There’s so much good, nutritious food on offer at the home” and another relative said “Communication is great-staff always tell me anything that’s happening and we have a good rapport”.

Staff had received up-to-date training in a range of mandatory subjects including safeguarding vulnerable adults, infection prevention and control, fire safety and the Mental Capacity Act (MCA) 2005. Staff told us that they received “Continuous updates” on developments within health and social care from the registered manager, which helped them to work effectively.

Staff undertook a detailed ‘Skills for Care’ induction programme. These are the common induction standards that people working in adult social care need to meet before they can safely work unsupervised. The induction had been followed by a period of job-shadowing to ensure staff were competent in their roles. The registered manager told us that any new staff would work towards the new Care Certificate. The Care Certificate is an agreed set of standards that health and social care staff follow in their daily working life. Staff had regular supervisions and appraisals to check their work practices and identify developmental needs. This meant that any shortfalls in knowledge or training could be picked up promptly and addressed; so that people continued to receive appropriate standards of care.

We checked to see whether people’s rights had been protected by assessments under the Mental Capacity Act 2005 (MCA). The Mental Capacity Act is to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. Individual capacity assessments had been made where there was a reason to question people’s ability to make certain decisions for themselves. Where it had been deemed that they lacked capacity to do so, best interest meetings had been evidenced.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. While no-one living at the home was currently subject to a DoLS authorisation, the registered manager had made one previous application

and had a sound understanding about the need to protect people’s right to liberty. Staff understood what was meant by restraint and were knowledgeable about both MCA and DoLS principles.

Formal consent to care and treatment had been signed by people who were able to agree to it and we observed that staff routinely gained verbal consent when they were supporting people by saying, for example; “Can I help you with that or are you ok to do it yourself?”. The service could evidence that it acted in accordance with people’s wishes.

One person told us that their meals at the service were “Tasty” and a relative said “I’m very happy with the food at Westview-a good variety and choice”. Menus were rotated on a four-weekly basis and we observed people enjoying a sociable lunch together. People had been asked what they would like to eat and staff then supported them to prepare the meal. Menus contained different options for lunch and tea each day and included plenty of salad, fruit and vegetables. We read ‘Your Voice’ meeting minutes where meals were discussed; and people had asked for more stews and curries as the winter approached. We saw that this had been taken into account in meals listed for the upcoming months. The service also had a ‘Food comments’ book in which people were encouraged to make their views known. One person had written ‘I like Pop Tarts-can we have them?’ Staff had responded by writing alongside: ‘Yes of course, we’ll get some’. Staff said Pop Tarts had been purchased as a result of this person’s feedback. People were supported to make meal choices and to eat food they enjoyed.

Care plans included information about each person’s preferences for food and drink, along with any known allergies. Where people had conditions which affected their intake, there were clear directions for staff to follow in supporting them. Weight records had been maintained and regularly updated to ensure that any significant losses or gains were addressed appropriately. Staff demonstrated their knowledge about people’s nutritional needs and any known risks.

People’s healthcare needs had been addressed by the service. They had regular appointments with opticians, dentists and chiropodists and each person had an individual Healthcare Action Plan. This listed people’s

Is the service effective?

medical histories, their medication and recorded the outcomes of annual health checks with GPs. People's health needs had been assessed and the service worked with other professionals to promote people's well-being.

Relatives told us that they were satisfied with the level of communication they received from the service. One relative

said; "The manager always keeps me updated with things [relative] has been doing and actually with anything at all I might need to know". The registered manager said that it was important to involve people's families and that relatives enjoyed hearing about people's achievements and day-to-day activities.

Is the service caring?

Our findings

People told us that the service was caring. One person said, “They’re [the staff] brilliant” and a relative remarked “[Relative] has a good quality of life at Westview and he absolutely loves it”.

There was a pleasant atmosphere in the service and we saw that people were able to laugh and joke with staff. People were relaxed and appeared comfortable in each other’s company; and their different personalities were clear to see. Staff demonstrated that they knew people as individuals and engaged them in different ways according to the persons’ character. For example; one person was quieter than others and staff gave gentle encouragement to them while also allowing them space to spend time alone. Some people had their own specific routines and we saw that staff respected these.

Staff were considerate and respectful when supporting the people in their care. We observed that they were always mindful of people’s independence and gave them the chance to do things for themselves before stepping in. Care plans included guidance for staff which said ‘Support me to do as many things as I can for myself’ and we observed this happening during the inspection. For example; one person had an appointment to attend outside the service. Staff asked the person if they were happy to go alone or would prefer company. People were allowed to be independent, but knew staff support was available to them should they want it.

People were each assigned a designated staff member called a ‘key worker’. The key worker system meant that staff got to know people well; allowing them to forge meaningful working relationships with them. Staff were

able to describe each person’s support needs accurately and tell us about them as an individual. Records of monthly key worker meetings had been made. These were in easy to read format and showed people’s involvement in them together with people’s aims and achievements. Care plans had also been prepared with people’s involvement and recorded discussions about where people would like care files to be kept and what help they might need to understand information held in them.

Staff were careful to protect people’s privacy and dignity throughout the inspection. They asked people if they were happy for us to visit their bedrooms and made us aware of anyone who preferred to keep their bedroom private. Care plan instructions noted that staff should ‘Give me privacy in my own room and always knock before coming in’.

People were supported to maintain contacts with their families and friends. The registered manager told us about summer barbecues and other social events to which people’s families were invited. The relatives we spoke with said that the service kept them involved and that they could visit whenever they were able. We heard that some people had regular trips to their family homes and on the day of our inspection one person was out for the day with a relative. Advocacy services were publicised in the service and staff said they would assist people to access them if required.

Staff told us that it was important to them that people felt at home in the service. We observed that staff were kind and thoughtful in their interactions with people. They provided support discretely and in a way which was respectful of people’s wishes. One relative told us for their loved one it was “A complete home from home”.

Is the service responsive?

Our findings

A relative said “Westview is exactly what [relative] wants and needs. [Relative] enjoys the freedom to do what he likes”. One person told us “I love the bowling and we’ve just been to Cornwall”. Another relative commented that “Going to the pub means [relative] is doing the same things that any man of his age would be doing and it means he has a chance to be in the community”.

People enjoyed a wide variety of activities and outings. We heard that people had recently returned from a five-day holiday in Cornwall, which staff said people thoroughly enjoyed. There had been other trips to Disneyland, Paris and Madame Tussauds and each person had their own individual activities planner. These included: swimming, long walks, bowling, trips to the pub, Aqua Zumba and bingo. People had the opportunity to join in with Karaoke and discos held at a local day care service.

One person had a job outside the service and they spoke with us animatedly about their role and responsibilities. Other people were assigned tasks within the service, such as cleaning and washing clothes. Staff explained that these activities encouraged people to engage and develop daily living skills and to share and take responsibility for jobs around the home. Monthly key worker meetings recorded the level of social interaction people had experienced and any issues arising from it. One person’s care plan recorded: ‘Fill my days with activities so I’m not bored’. We saw that this person had taken part in many different trips and pastimes in the weeks prior to our inspection. People’s spiritual needs had been recorded and one person told us about the church services that they were supported to attend.

Care plans contained information about people’s individuality which was presented in a person-centred way. For example; we read documents entitled: ‘What people like and admire about me’ and ‘What’s important to me’. Other records noted how people liked staff to communicate with them and listed the areas in which they did not need staff to support them. Staff said that this was important to ensure people’s right to independence was respected. Details about the routines which people liked to observe had been recorded, like the times they liked to get up and go to bed. This information helped staff to be able to support people in the ways that they had chosen. Each

person had a ‘My healthcare passport’ on file which meant that information about their health and support needs could be passed on to other services, such as hospital if necessary.

People had been given the opportunity to choose an accent colour for their bedroom walls. One person proudly showed us their room and said they’d enjoyed choosing a colour. Bedrooms had been personalised with the things that each person wished to display on their walls and shelves.

The registered manager told us that people had also been involved in selecting the décor for the main lounge in the service.

We heard how people had been involved in interviewing applicants for staff positions in the service. We spoke with one person who had done so and they explained how they had prepared a few questions to ask the interviewee and that their input had been taken into account in the decision to appoint. People had influenced what happened in the service.

Monthly ‘Your voice’ meetings were held to give people the chance to express their views about the way the service was run. Agendas included ‘What happened at the last meeting?’ ‘What have we done about it?’ and ‘What is important to you?’ The agenda and minutes for these meetings were produced in easy to read formats and each person’s input was recorded under headings ‘Your name, your words’. We read that one person requested a cake and takeaway food on their birthday and that this had happened. People’s opinions and requests were taken into account by the service.

People had contributed to a ‘Service users’ guide’ which contained information about the service and was an easy to read document. One section of the guide was about complaints and was headed ‘You won’t get into trouble for making a complaint’. This gave pictorial information about how to make a complaint. Staff said that ‘Your voice’ meetings also presented a forum for people to raise any concerns or troubles if they wished. Key workers met with people monthly and discussed any issues or problems that might have arisen. The registered manager had a complaints folder in place but no complaints had been

Is the service responsive?

received and logged by the service. Relatives told us they had “Never had any cause for complaint” and that “I would go straight to the manager with any complaint, but there has never been a reason for me to moan about anything”.

There were a variety of ways in which people could complain if the service was not meeting their expectations and the registered manager said she had an ‘Open door policy’.

Is the service well-led?

Our findings

A relative told us “Westview is really well-run-I have no doubt about that”. Another relative said “There’s a lovely atmosphere at the home. You get the feeling that the staff really want to be there”.

Staff said that they enjoyed working in the service and that they felt valued by the registered manager. They described an open culture where they were encouraged to speak out with any concerns or ideas to improve the quality of the service being provided. One staff member remarked “The manager is absolutely lovely. She always asks for our views, she listens and wants our input at every step”.

Staff understood their responsibilities to share any concerns about the care provided at the service. The service had a whistle blowing policy in place which was accessible to staff and reminded them of their duty to report any suspected abuse or poor practice. Staff meetings provided an opportunity to express views and discuss concerns and for the registered manager to feedback on any areas for improvement. Meeting minutes showed that learning from accidents and incidents, infection control and health and safety had been discussed. Staff had been invited to contribute to agendas to encourage their participation.

There were systems in place to measure the quality and safety of the service. Regular audits were carried out to identify any shortfalls in areas such as infection control and health and safety. A recent medicines audit had highlighted that the GP surgery should be reminded to remove unwanted items from repeat prescriptions to avoid the service carrying too much stock. The regional manager told us about quarterly ‘Safety, quality and compliance’ meetings which looked for innovative ways in which to improve people’s experiences of living in the service. New garden furniture had been provided following a request made at this meeting.

The registered manager told us that they kept abreast of developments in best practice through management training and meetings; where updates were discussed. The managers of local care homes also met to talk about any changes within health and social care and to share examples of how these could be implemented.

Out of hours spot-checks were routinely made between the hours of 11pm and 6am in order to ensure that a consistent standard of service was being offered overnight. The regional manager visited the service monthly to carry out unannounced reviews of the environment and to assess compliance with provider requirements. The provider also conducted annual reviews of health and safety, finance and compliance to monitor the service’s performance.

Staff had taken part in a regional survey that had identified some dissatisfaction around staff benefits and recruitment. An action plan had been put in place to address this and included executives from the provider organisation meeting with staff during ‘Roadshows’.

People had completed questionnaires about their opinions of the service; sometimes with the help of their key worker. Questions covered staffing, choices, feeling safe and being listened to, and the responses were positive overall. The service had a variety of methods by which to measure the standard of care and people’s experiences of it.

The service published its aims and objectives within a statement of purpose. This was displayed in the entrance of the service and stated that its four key principles were ‘Rights, independence, choice and inclusion’. Staff understood the vision of the service and said, “It’s our job to make sure people enjoy independence and have our support when they need it”.