

# Lothlorien Community Limited

# Westview

## Inspection report

2 Marten Road  
Folkestone  
Kent  
CT20 2JR

Tel: 01303245629  
Website: [www.craegmoor.co.uk](http://www.craegmoor.co.uk)

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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 ●

# Summary of findings

## Overall summary

We inspected the service on 9 March 2018. The inspection was announced. Westview is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Westview is registered to provide accommodation and personal care for six younger adults and people who have a learning disability. There were six men living in the service at the time of our inspection visit. The service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service was run by a company who was the registered provider. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered 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. In this report when we speak about both the company and the registered manager we refer to them as being, 'the registered persons'.

At the last inspection on 14 October 2015 the service was rated, 'Good'.

At this inspection we rated the service as, 'Good'.

People were safeguarded from situations in which they may experience abuse including financial mistreatment. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. This included times when people became distressed and needed help to keep themselves and others around them safe. Medicines were managed safely. There were enough staff on duty and background checks had been completed before new care staff had been appointed. Furthermore, there were suitable arrangements to prevent and control infection. In addition, lessons had been learnt when things had gone wrong.

Care was delivered in a way that promoted positive outcomes for people and care staff had the knowledge and skills they needed to provide support in line with legislation and guidance. This included respecting people's citizenship rights under the Equality Act 2010. People received the individual assistance they needed to enjoy their meals and they were helped to eat and drink enough to maintain a balanced diet. In addition, suitable steps had been taken to ensure that people received coordinated and person-centred care when they used or moved between different services.

People had been supported to live healthier lives by having suitable access to healthcare services so that

they received on-going healthcare support. Furthermore, the accommodation was designed, adapted and decorated to meet people's needs and expectations.

People were supported to have maximum choice and control of their lives. In addition, the registered persons had taken the necessary steps to ensure that people only received lawful care that was the least restrictive possible.

People were treated with kindness, respect and compassion and they had been given emotional support when needed. In addition, they had been supported to express their views and be actively involved in making decisions about their care as far as possible. This included them having access to lay advocates if necessary. Furthermore, confidential information was kept private.

People received personalised care that was responsive to their needs. This included them having access to information that was presented to them in an accessible way. In addition, people had been offered opportunities to pursue their hobbies and interests. Furthermore, the registered manager recognised the importance of promoting equality and diversity. This included appropriately supporting people who chose gay, lesbian, bisexual and transgender lifestyles. There were arrangements to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. In addition, suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

There was a registered manager who had promoted a positive and person centred culture in the service. In addition, there were suitable management arrangements to ensure that regulatory requirements were met. People who lived in the service and members of staff were actively engaged in developing the service. Furthermore, there were systems and procedures to enable the service to learn, improve and assure its sustainability. Also, the registered persons were actively working in partnership with other agencies to support the development of joined-up care.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains, 'Good'.

### Is the service effective?

Good ●

The service remains, 'Good'.

### Is the service caring?

Good ●

The service remains, 'Good'.

### Is the service responsive?

Good ●

The service remains, 'Good'.

### Is the service well-led?

Good ●

The service remains, '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 registered persons continued to meet 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.

We used information the registered persons sent us in the Provider Information Return. This is information we require registered persons to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 9 March 2018 and the inspection was announced. We gave the registered persons a short period of notice. This was because the people who lived in the service had complex needs for care and benefited from knowing in advance that we would be calling to their home. The inspection team consisted of a single inspector.

During the inspection we spent time with four of the people who lived in the service. We also spoke with one member of care staff, the deputy manager and the registered manager. In addition, we observed care that was provided in communal areas and looked at the care records for four of the people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

After the inspection visit we spoke by telephone with four relatives.

# Is the service safe?

## Our findings

People told us that they felt safe living in the service. One of them said, "It's good here and the staff are nice to me and helpful". In addition, relatives were confident that their family members were safe living in the service. One of them said, 'My family member is very settled indeed at Westview and very much sees it as being their home.'

People were safeguarded from situations in which they may experience abuse. Records showed that care staff had received training and knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They told us they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. Also, the registered persons had established suitable systems to assist the people to manage their personal spending money. This included care staff keeping an accurate record of any money deposited with them for safe keeping and an account of any funds that were spent on someone's behalf. This arrangement contributed to protecting people from the risk of financial mistreatment.

Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. This included measures that had been taken to help people avoid preventable accidents. An example of this was hot water being temperature controlled to reduce the risk of scalds. Another example of this was windows being fitted with latches so that they could be used safely when opened.

We also noted that there was a positive approach to promoting informed risk taking so that people's freedom was respected. An example of this was care staff supporting people to safely go out on their own into the local community. This included ensuring people knew where they were going, had enough money for public transport and carried a fully charged mobile telephone.

Care staff were able to promote positive outcomes for people if they became distressed. When this occurred care staff followed the guidance in the people's care plans so that they supported them in the right way. An example of this was a person who was worried because they could not decide how they wanted to spend their day. The person was becoming anxious and loud in their manner. A member of care staff recognised that action needed to be taken to keep the person and others around them safe from harm. We saw the member of care staff gently reminding the person that they had chosen to relax at home where they would be supported to enjoy listening to music and tidying their bedroom. This information reassured the person who then was pleased to sit in the kitchen where they enjoyed a cup of tea.

Suitable arrangements were in place to safely order, administer and dispose of people's medicines in line with national guidelines. There was a sufficient supply of medicines that were stored securely. The care staff who administered medicines had received training. Also, we saw them correctly following the registered persons' written guidance to make sure that people were given the right medicines at the right times.

The registered manager told us that they had carefully established how many care staff needed to be on

duty. They said that they had taken into account the number of people living in the service and the care each person needed to receive. Records showed that sufficient care staff had been deployed in the service during the two weeks preceding the date of our inspection visit to meet the minimum figure set by the registered manager. We also noted that during our inspection visit there were enough care staff on duty. This was because people promptly received all of the care they needed and wanted to receive.

We examined records of the background checks that the registered persons had completed when appointing two new care staff. We found that in relation to each person the registered persons had undertaken the necessary checks. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. Also, references had been obtained from people who knew the applicants. These measures had helped to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service.

Suitable measures were in place to prevent and control infection. These included the registered manager assessing, reviewing and monitoring the provision that needed to be made to ensure that good standards of hygiene were maintained in the service. We found that all parts of the accommodation had a fresh atmosphere. Also, soft furnishings, beds and bed linen had been kept in a hygienic condition. Furthermore, care staff recognised the importance of preventing cross infection. They regularly washed their hands using anti-bacterial soap and we were told that disposable gloves were available for use if people needed to be assisted with close personal care.

The registered persons had established suitable arrangements to enable lessons to be learned and improvements made if things went wrong. This included the registered persons carefully analysing accidents and near misses so that they could establish why they had occurred and what needed to be done to help prevent a recurrence.

## Is the service effective?

### Our findings

People said that they were confident that care staff knew what they were doing and had their best interests at heart. One of them remarked, "The staff are my friends and I like to be with them as they help me a lot." Relatives were also confident about this matter. One of them said, "My family member has known most of the care staff for many years and they're more like family now than anything else. I never have any concerns about my family member's welfare because I know that the staff are genuinely committed to looking out for them."

We found that robust arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. Records showed that the registered persons had carefully established what assistance each person needed before they moved into the service. This had been done to make sure that the service had the necessary facilities and resources. Records also showed that the initial assessments had suitably considered any additional provision that might need to be made to ensure that people's citizenship rights under the Equality Act 2010 were fully respected. An example of this was the registered persons carefully establishing if people had cultural or ethnic beliefs that affected how they wanted their care to be provided.

Records showed that new care staff had received introductory training before they provided people with care. Also, they had received on-going refresher training to keep their knowledge and skills up to date. We found that care staff knew how to care for people in the right way. Examples of this were care staff knowing how to correctly assist people who needed extra assistance to safely manage healthcare conditions.

People told us that they enjoyed their meals. One of them said, "The food is ace." We saw that people had been consulted about the meals they wanted to have on the menu and that they were provided with a reasonable variety of dishes. In addition, people were being supported to eat and drink enough to maintain a balanced diet. Furthermore, people had been offered the opportunity to have their body weight regularly checked so that any significant changes could be brought to the attention of a healthcare professional. We also noted that care staff were making sure that people were eating and drinking enough to keep their strength up.

Suitable arrangements had been made to ensure that people received effective and coordinated care when they were referred to or moved between services. These included care staff preparing a 'hospital passport' for each person that contained key information likely to be useful to hospital staff when providing medical treatment. Another example of this was care staff accompanying people to hospital appointments so that they could personally pass on important information to healthcare professionals.

People were supported to live healthier lives by receiving on-going healthcare support. Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dietitians.

Suitable arrangements had been made to ensure that people were fully protected by the safeguards



contained in the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the Mental Capacity Act 2005. We found that suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. The registered manager and care staff were supporting people to make decisions for themselves whenever possible. They had consulted with people who lived in the service, explained information to them and sought their informed consent. We were informed that all of the people who lived in the service were able to make decisions for themselves. However, we also noted that suitable arrangements were in place to respond appropriately if someone in the future was found to lack mental capacity. This helped to ensure that any decisions made would be in the person's best interests.

In addition, the registered persons had made the necessary provision to make applications for DoLS authorisations if these were found to be necessary in the future. These measures helped to ensure that people who lived in the service would only receive lawful care.

The accommodation was designed, adapted and decorated to meet people's needs and expectations. There was enough communal space and all areas of the accommodation were decorated, furnished and heated to provide people with a comfortable setting within which to make their home.

## Is the service caring?

### Our findings

People told us that they were positive about the care they received. One of them said, "The staff are always here to help me and they're good blokes really." Relatives were also confident about this matter. One of them remarked, "The staff are very caring towards my family member and it's best described as a big family rather than as being a care home."

The registered persons had provided care staff with the resources they needed to ensure that people were treated with kindness and given emotional support when necessary. We witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when we saw a member of care staff sitting with a person in the lounge and chatting with them about what activities they planned to undertake for the rest of the week. The member of staff supported this conversation by helping the person to look at pictures that referred to some of the activities they were planning to enjoy.

Care staff were considerate and recognised that people benefited from being supported to personalise their home. We saw that each person had been supported to personalise their bedroom with wallpaper, pictures and ornaments they had chosen. Also, people had been consulted about the way in which communal areas had been decorated.

People had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. Most of the people had family and friends who could support them to express their preferences. Relatives told us that the registered manager had encouraged their involvement by liaising with them on a regular basis. Also, the service had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

People's privacy, dignity and independence were respected and promoted. We noted that care staff recognised the importance of not intruding into people's private space. Bedroom, bathroom and toilet doors could be secured when the rooms were in use. Also, we saw care staff knocking and waiting for permission before going into rooms that were in use.

People could spend time with relatives and with health and social care professionals in private if this was their wish. We also noted that care staff were assisting people to keep in touch with their relatives by post, telephone and visits.

Suitable arrangements had been made to ensure that private information was kept confidential. As part of this written records that contained private information were stored securely when not in use. Also, computer records were password protected so that they could only be accessed by authorised members of staff.

## Is the service responsive?

### Our findings

People told us that care staff provided them with all of the assistance they needed. One of them said "Good" when we gestured towards a member of care staff. They then also gave us a 'thumbs-up' sign. Relatives were also positive in their comments with one of them remarking, "I'm very confident that my family member leads a full life. I accept that sometimes they don't want to go out much and that the staff do their best to encourage them. It's hard for the staff as they can only encourage and cannot insist as parents might be able to do."

People received personalised care that was responsive to their needs including their right to have information presented to them in an accessible manner. Records showed that care staff had carefully consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. Some parts of the care plans presented information using pictures and colours so that they were more accessible to the people concerned. The care plans were being regularly reviewed to make sure that they accurately reflected people's changing needs and wishes. Other records confirmed that people were receiving the care they needed as described in their individual care plan. This included help with managing a number of on-going medical conditions, washing and dressing, managing correspondence and undertaking household tasks such as doing their personal laundry.

People showed us and records confirmed that they were offered the opportunity to pursue their hobbies and interests and to enjoy taking part in a range of social activities. This included being out and about in the community to go shopping, meeting up with friends, bowling, eating out and visiting places of interest.

We saw that suitable provision had been made to acknowledge personal milestones. An example of this was people being helped to celebrate their birthdays in a manner of their choice.

Care staff understood the importance of promoting equality and diversity. This included arrangements that could be made if people wished to meet their spiritual needs by religious observance. Also, the registered manager was aware of how to support people who had English as their second language, including being able to make use of translator services. Furthermore, the registered manager and care staff recognised the importance of appropriately supporting people who choose gay, lesbian, bisexual and transgender lifestyles. This included being aware of how to help people to access social media sites that reflected and promoted their lifestyle choices.

There were robust arrangements to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. We saw that the registered persons had established robust arrangements to ensure that any complaints would be thoroughly investigated and resolved so that lessons could be learned.

Suitable provision had been made so that people could be supported at the end of their life to have a comfortable, dignified and pain-free death. The registered manager told us that arrangements could be made for the service to hold 'anticipatory medicines'. These are medicines that can be used at short notice

under a doctor's guidance to manage pain so that a person can be helped to be comfortable. In addition, the registered manager had established how each person wanted to be supported at the end of their life. This included clarifying their wishes about what medical care they wanted to receive and whether they wanted to be admitted to hospital or stay at home.

## Is the service well-led?

### Our findings

People told us that they considered the service to be well run. One of them said, "It's my home here and it's how I like it. I have everything I need." Relatives were also complimentary about the management of the service. One of them told us, "I have no concerns at all about the way Westview is run. The manager and the staff are lovely people and they run the service in a relaxed but professional way."

The registered persons had taken a number of steps to ensure the service's ability to comply with regulatory requirements. There was a registered manager in post. Care staff told us that the registered persons were committed to promoting a positive culture in the service that was focused upon achieving good outcomes for people. Also, records showed that the registered persons had correctly told us about significant events that had occurred in the service. Records also showed that the registered manager had subscribed to a number of professional websites in order to receive up to date information about legal requirements that related to the running of the service. This included CQC's website that is designed to give registered persons information about important developments in best practice. This helps registered persons to be more able to meet all of the key questions we ask when assessing the quality of the care people receive. Furthermore, the registered persons had suitably displayed both in the service and on their website the quality ratings we gave at our last inspection.

There were a number of systems to help care staff to be clear about their responsibilities. This included there being a senior member of care staff who was in charge of each shift. Also, arrangements had been made for a senior member of staff to be on call during out of office hours to give advice and assistance to care staff should it be needed. Furthermore, care staff had been invited to attend regular staff meetings that were intended to develop their ability to work together as a team. This provision helped to ensure that care staff were suitably supported to care for people in the right way.

Care staff told us there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. As part of this they were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

People who lived in the service and their relatives had been engaged and involved in making improvements. Records showed that they had been regularly invited to meet with the registered manager and care staff to suggest how their experience of using the service could be improved. Also, relatives had been invited to complete a questionnaire to give their views about how well the service was doing.

The registered persons had made a number of arrangements that were designed to enable the service to learn and innovate. This included members of care staff being provided with written policies and procedures that were designed to give them up to date guidance about their respective roles. Also, records showed that the registered persons regularly completed quality checks to make sure that people were receiving all of the care and facilities they needed. These checks included making sure that care was being consistently provided in the right way, medicines were being dispensed in accordance with doctors' instructions and

staff had the knowledge and skills they needed.

Records showed that the registered persons adopted a prudent approach to ensuring the financial sustainability of the service. This included the registered persons operating robust arrangements to balance the service's income against expenditure. This entailed the registered persons preparing regular updates about how much money had been spent and how much was left for the remainder of the financial year. These measures helped to ensure that sufficient income was generated to support the continued operation of the service.

The service worked in partnership with other agencies to enable people to receive 'joined-up' care. This included operating efficient systems to manage vacancies in the service. We saw that the registered persons carefully anticipated when a vacancy might occur so that they could make the necessary arrangements for a new person to quickly be offered the opportunity to receive care in the service.