

Mr Nish Thakerar & Mr Kumar Thakerar

Westbridge House Rehabilitation Unit

Inspection report

1 Westfield Road
Barton Upon Humber
South Humberside
DN18 5AA

Tel: 01652632437
Website: www.careplushomes.com

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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

About the service

Westbridge House Rehabilitation Unit is registered to provide care and accommodation for up to 25 people. The home provides care for those with needs relating to their mental health and misuse of drugs and alcohol. At the time of inspection there were 22 people living at the service.

People's experience of using this service and what we found

People living at Westbridge rehabilitation unit were happy and well supported. The home provided a safe place for people to live and enjoy their lives. Risks to people were assessed and managed appropriately to promote independence. There were suitable numbers of appropriately recruited staff. People were supported to self-medicate when possible and appropriate systems were in place to manage medicines safely.

Staff were well trained and received suitable support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's diverse needs were assessed and respected.

Staff were kind and caring and promoted positive relationships with people within the environment. Staff understood their roles clearly and knew what was expected of them. The service had a warm, friendly and welcoming atmosphere with people enjoying the way staff provided them with care and support. Relatives spoke positively about the service.

People and their relatives told us they were able to spend time in a way they chose to. Staff understood the importance of supporting people to be socially included and prevented them from social isolation. Complaints were responded to in line with company policy. People were encouraged to express their feelings and were supported with bereavement.

The service was focused on people's wellbeing and having a sense of purpose. The registered manager promoted the visions and values of the service by embedding an open and honest culture. Staff felt supported in their role and had formed good working relationships. Quality assurance systems in place, monitored the service effectively and drove improvements when they were needed.

For more details, please see the full report which is on the Care Quality Commission website at www.cqc.org.uk

Rating at last inspection

At the last inspection this service was rated Good, (published 08 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Westbridge House Rehabilitation Unit

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector visited the service

Service and service type

Westbridge rehabilitation unit is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and spoke with other professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care

provided. We spoke with four members of staff including, the registered manager, deputy manager, and care workers. We spoke with two visiting relatives and a visiting health professional.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We requested additional evidence to be sent to us after our inspection. This included training matrix, handover notes and a variety of policies. We received the information which was used as part of our inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us the service was safe. Comments included, "I feel really safe here. The staff make me feel safe" and "I am safe here and there is always someone here if I need them."
- People were protected from abuse and avoidable harm by staff who had been trained to recognise the signs of potential abuse.
- The service had a safeguarding policy in place and the management team followed internal and external processes to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people were managed appropriately and reviewed on a regular basis. Risk assessments included details of the least restrictive risk management plans to minimise the risk of people and staff being harmed.
- Staff were familiar with people's routines and, preferences. They identified situations where people may be at risk and acted to minimise those risks.
- People attended bespoke training to support them to remain safe within and outside the service.
- The environment and equipment were safe and well maintained.

Staffing and recruitment

- Staff had been recruited safely and relevant checks were completed before they commenced working within the service.
- There were enough staff available to meet people's needs.

Using medicines safely

- Medicines were managed safely.
- People were supported to self-medicate and appropriate systems were in place to order, store and administer medicines safely.
- Staff responsible for supporting people with medicines completed annual training and received regular competency checks.
- Medication that was prescribed on an 'as required' basis had protocols in place, although these would benefit further detail to be added.

Preventing and controlling infection

- The provider had systems in place to prevent and control the spread of infections. Staff received infection

control training and were provided with personal protective equipment such as disposable gloves to help prevent the spread of infection.

Learning lessons when things go wrong

- The provider had systems in place to review and analyse accidents and incidents. These were used as learning opportunities with staff during team meetings to embed lessons learnt.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were effectively assessed and met. Care plans and risk assessments provided staff with information to meet people's holistic care needs.
- People's assessed needs were reviewed periodically to make sure care and support was delivered appropriately.
- Best practice guidance was used to ensure people's diverse needs were assessed and recorded.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills, knowledge and experience to carry out their roles effectively. Staff completed a comprehensive induction supported by a structured training programme.
- People told us the staff were well trained. One person said "The staff are good at recognising when I am not well and know exactly what to do."
- Staff felt supported by the registered manager and received regular supervision meetings to develop their practice.

Supporting people to eat and drink enough to maintain a balanced diet

- People received a healthy, balanced diet which met their needs and took into consideration their preferences and any special dietary needs.
- People were supported to maintain their independence with eating and drinking.
- Care plans detailed people's likes, dislikes and the equipment required to support them to consume food and fluids.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Support to people with health care was effective. People were supported to access health care professionals as and when needed. Referrals were made to a range of health and social care professionals when required to support people's changing health care needs.
- Records of professional visits were maintained and outcomes of these visits were reflected in people's care plans.
- Care plans contained detailed information to inform staff about people's health, behaviour and wellbeing. Personalised guidance was in place for staff to recognise when there was deterioration in those needs and

to provide people with the support they needed.

Adapting service, design, decoration to meet people's needs

- The home was suitably decorated and had appropriate adaptations and equipment, to meet people's needs.
- People's rooms were individual and demonstrated their personalities, likes and interests.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act 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 take 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People who used the service were supported to make their own decisions about aspects of their daily lives.
- People's capacity to make day to day decisions was assessed and regularly reviewed in line with the MCA. Best interest meetings were held and recorded in detail.
- Referrals had been made to the Local Authority where people were being deprived of their liberty to ensure this was done lawfully.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's needs were met by caring, patient and considerate staff.
- Trusting relationships were formed between people and staff. Staff had worked at the service for a number of years and demonstrated a good knowledge of people's personalities, diverse needs, and what was important to them.
- Staff in all roles were highly motivated to provide and promote a person-centred culture within the service.
- Interactions between staff and people were natural and showed positive relationships had been developed.

Supporting people to express their views and be involved in making decisions about their care

- People were treated with dignity and respect by staff and encouraged to express their views.
- People were valued as individuals and staff showed genuine concern for people. Staff were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- People were empowered to make their own decisions. These included decisions about when to get up or go to bed and what they would like to do on a day to day basis
- Staff positively welcomed the use of advocates. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible, but staff understood and recognised when people needed assistance.
- Staff supported people to set and achieve goals which enhanced their independence.
- People were approached by staff in a polite and respectful way to offer support and assistance.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider was responsive to people's needs. People were encouraged in developing their own care plans. Staff, relatives and health professionals were involved in ensuring individualised care plans that identified people's strengths, weaknesses and aspirations.
- People were encouraged to socialise, pursue their interests and hobbies and try new things.
- Staff understood people's behaviour needs. Care plans were in place that included guidance for staff to follow to provide people with the support they needed with any behaviours that challenged the service.
- The registered manager was focused on people's wellbeing and having a sense of purpose. All staff ensured people had access to as many opportunities as possible to aid their physical and mental health and well-being.
- The atmosphere within the service was calm and relaxed. People who used the service happily spent time in each other's company

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Peoples' communication needs were assessed and recognised. Information was available in an accessible format to meet peoples' needs.
- The staff worked closely with people with communication difficulties and used a variety of methods to aid and improve communication.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns and were confident these would be addressed appropriately.
- Where complaints had been made, they were responded to in line with company policy.

End of life care and support

- The service was not currently supporting anyone with end of life care.
- Staff supported people with bereavement where needed.

- People's wishes and preferences in relation to end of life care had been considered and recorded where people chose to share this information.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and all staff demonstrated a positive culture and promoted a high standard of person-centred care and support for people.
- People and their relatives spoke positively about the management of the service. One relative told us, "They [registered manager] are excellent, the care they have provided for my family member has made such a difference to their wellbeing, in such a short space of time, I will be forever grateful to them."
- The registered manager was clear about their role and vision for the service. This was embedded by committed, loyal staff who had worked at the service for numerous years.
- Staff were happy in their work and felt supported by the management team. Regular supervisions and meetings were completed continuously to promote staff development and make improvements within the service.
- Staff told us there was a strong feeling of teamwork. They told us good working relationships supported by effective communication created a happy and relaxed atmosphere for people and supported their needs to be met.
- The registered manager had submitted notifications as required by duty of candour legislation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was clear about their roles and responsibilities.
- Systems to manage quality within the service were completed on a regular basis. This enabled the service to collate information to show how the service was performing.
- Governance systems drove improvements in the quality of the service. Detailed action plans were completed from these to ensure the quality of the service was maintained.
- Staff were focused in developing their skills. Supervisions contained clear objectives to support staff with their continuous learning.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Regular meetings took place for people, relatives and staff to keep them up to date and fully involved in

the running of the service.

- Staff worked in partnership with people, people's relatives and health and social care professionals to make sure people's needs were met. A visiting health professional told us, "The service is really good, they follow our advice and will approach us where needed."
- People were supported to be involved in the community and completed volunteer work at various organisations.