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Westbridge House Rehabilitation Unit

Inspection report

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Date of inspection visit: 8 July 2014
Date of publication: 09/01/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out this unannounced 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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Westbridge House is situated close to the centre of Barton on Humber. The home is registered to provide care and accommodation for up to 22 people. The home provides care for those with needs relating to their mental health and misuse of drugs and alcohol. People may also have a learning disability or autistic spectrum disorder or be detained under the Mental Health Act.

Summary of findings

The last inspection of this service was December 2013 when there were no breaches of regulation.

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 and has the legal responsibility for meeting the requirements of the law; as does the provider.

At the time of our visit there were 17 people living in the home. The registered manager told us that people living in the home all received support with mental health needs. No-one was receiving support with the misuse of drugs or alcohol or had been detained under the Mental health Act.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. DoLS are part of the Mental Capacity Act (MCA 2005) legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to make sure any decisions are made in the person's best interest. No-one in the home had been supported with DoLS as everyone had been assessed as being able to make decisions without this support.

People were supported with any risk in their lives. They were consulted about restrictions placed on them but actions were not in place to reduce these. We found there was adequate staffing in place to help meet people's needs. People received the correct support with their medication and were happy with this.

Some areas of the home were not clean and did not protect people from the risk of infection. This included dirty floors and a blocked sink.

People were supported by staff who were aware of their needs and who treated them with respect. Interactions with staff were positive and people were happy with the support given by staff. Staff had received training to be able to fully support people.

People's dietary and health needs were met in the home. People were supported to attend appointments to help ensure these needs were met.

People were involved in decisions about their care. They could choose how to spend their time and could access the local community. People were supported to maintain relationships. Friends and relatives could visit or telephone the home as they wished.

People were kept informed of any changes in the home. They were supported to raise concerns and felt the manager was approachable.

Management systems were in place to check people received the correct support and their needs were met. Audits were undertaken and people were consulted about the home.

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?

Requires Improvement

Some aspects of the home were not safe.

Concerns with the cleanliness of the home meant that infection control procedures were not fully followed and people's risks of harm increased.

Systems were in place to help make sure the home met the requirements of the Mental Capacity Act 2005. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. DoLS are part of the Mental Capacity Act (MCA 2005) legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to make sure any decisions are made in the person's best interest.

People were supported to manage any risks in their lives and to be safe from harm. This included adequate staffing and receiving the appropriate support with their medication. Although some people had agreed to restrictions there were no plans in place to reduce these.

Is the service effective?

Good

People received effective support with the meeting of their needs. Staff were aware of people's needs and the support they required.

People's dietary needs were assessed and people could choose what to eat.

People told us they were supported to have their health needs met. This included attending GP, dentist and hospital appointments.

Is the service caring?

Good

People lived in a caring service. People told us staff respected them and that staff were "Marvellous". We observed staff to be polite and respectful to people.

People told us staff respected their privacy and dignity.

People's needs were assessed and reviewed to make sure staff knew the support people required.

Is the service responsive?

Good

People lived in a service which was responsive to their needs and involved them in decisions about their care.

People's leisure needs were met in the home. People could access their local community or participate in activities in the home. People told us they were supported to maintain important relationships. Friends and relative could visit or telephone the home.

Summary of findings

People were consulted about the home and could raise concerns. Meetings were held to inform people and provide opportunities for discussions. There were complaints systems in the home which people were aware of and felt they could use.

Is the service well-led?

Good

The service was well led. There was a registered manager in post. Staff and people living in the home found the manager approachable and responsive.

As part of the quality checks people were asked their thoughts about the home and their responses were used to develop and change practices.

Audits were undertaken of different aspects of the home. This included staff training, accidents and medication. These helped to make sure that the correct systems were in place to support people with the meeting of their needs.

Westbridge House Rehabilitation Unit

Detailed findings

Background to this inspection

The inspection team comprised of a lead and second inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert at this visit had experience of rehabilitation and learning disability services.

Prior to this inspection we spoke with commissioners of services and reviewed information we held about the service. This included a review of any notifications they had sent to us about incidents in the home. The service also completed a provider information return (PIR) which gave us additional information about the home. The Provider Information Return (PIR) is a form which asks the provider to give some key information about its service, how it is meeting the five questions, and what improvements they plan to make.

We spent a large amount of time talking with 13 people who used the service. We also spoke with the manager, two care staff, two professional visitors to the home, reviewed peoples personal files along with records and documents in relation to the management of the home. This included a review of three people's care files and three staff files. We spent time with people and observed daily life in the home.

Requires Improvement

Is the service safe?

Our findings

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people's best interests.

People were supported to have their best interests met. Staff had received training on the Mental Capacity Act (MCA) 2005 and they reflected an understanding of this. This included assessing someone's capacity to make decisions. We found that records were in place to support people with their decision making. This included an assessment of the person's ability to make a decision. This helped to make sure people understood the situation and what they were agreeing to.

People were supported with some restrictions in their lives; for example their cigarettes and money were held by staff. These were given to people upon request and at specific times. We observed people queue at the office door to receive their cigarettes. Records and assessments were in place to help make sure staff were aware of any agreement to a restriction. These recorded the persons consent alongside an assessment which recorded their ability to give this consent. Additional restrictions included someone shoes being held in the office so they were less likely to leave the home unescorted. The restrictions were clearly recorded and observed in practice. However, people's care plans did not included details of future plans or goals to reduce these restrictions and increase the person's ability and independence.

People's files included risk assessments to help them live their lives and remain safe. The risk assessments included, for example the risk with smoking, going out in the community and alcohol. These were in addition to more formal risk assessments relating to the person's mental health. This helped to make sure that any risks to the person were known and that people could be fully supported by staff.

We found that staff were aware of people's needs in relation to their mental health and their behaviours. This included the actions to take should someone become aggressive and the support to be offered. Although no-one currently residing in the home displayed this need.

People who lived in the home told us they felt safe living there. People were supported to keep safe by the systems in the home. This included staff who were trained in the protection of vulnerable adults from harm (POVA). Staff told us they had received this training and that they felt able to raise concerns in order to support people. We saw there were policies and procedures in place to support staff with this. The home notified us appropriately of any incidents within the home.

People were supported by staff who had been appropriately recruited. The process included interviews and checks, for example a Disclosure and Barring Service check (DBS). A DBS check records if the person has a criminal conviction which would have prevented them from working with vulnerable people. This helped to make sure that staff were suitable and people were protected. People who lived in the home had recently started to be involved in the interviews for new staff. This helped people to be more involved in choosing staff to support them. Additionally the manager told us there were clear staff disciplinary procedures in place. These helped to make sure staff worked to the correct standards and people received appropriate support.

People were supported by adequate numbers of staff. People living in the home and staff did not raise any concerns with staffing numbers. We found there were a minimum of two staff on duty 24 hours a day. There were three staff on duty in a morning and two in an afternoon. This was to assist with people's activities and going out in the local community. In addition to care staff on duty, there was a manager, administration staff and a maintenance person. There was also a cleaner who was employed part time. It was not clear if these hours were sufficient as we found some of areas of the home were not clean.

People were appropriately supported to receive their medication. This included support from other health professionals for example their GP. People told us they were supported with their medication. One person said "I have medication three times a day; I get it at the right time and I feel safe here." We saw accurate records were kept to make sure there was a clear audit trail of the medication people had received. This included records of medicine received into the home, administered and disposed of. People's medications were stored safely and securely. Additionally people were supported by staff who were competent with the handling of medication and had

Requires Improvement

Is the service safe?

received training in this. Staff competence was checked by the manager. Staff knew people's medication needs as these were recorded in people's files. This helped to make sure people received the correct support with their medication. We saw one omission in the recording of a change in the person's medication; staff were made aware of this at the visit in order to rectify this.

People did not raise any concerns with the environment. However, we found that not all areas of the home were clean and some of the furniture needed repair. This did not help to protect people from the risk of infections. The staircase to the rear of the lower ground areas was black in the corners and the hand rails were sticky when touched. We saw some of the carpets had blackened areas and not all toilet or bathroom floors were clean. The hand wash sink in the kitchen was dirty which increased the risk of staff having unclean hands when cooking. The laundry floor covering was in need of repair and consequently was not impermeable. This meant that spillages could soak into the floor base and impact on infection control. Additionally the sink in the laundry room was dirty with the plughole being blocked. This did not make sure that infection control was well managed. The manager told us about the infection control work she undertook in order to gain an accreditation in infection control.

During our visit the fire alarm sounded on two separate occasions. People were fully aware on the actions to take when this happened. People living in the home quickly arrived at the assembly point. Staff were organised and checked that everyone expected to be in the home was present and no one was unaccounted for. The fire evacuation plan was well known and used by people which in turn helped to keep people safe.

Good

Is the service effective?

Our findings

People received effective support with the meeting of their needs. This was because people were supported by staff who knew their needs. Staff talked to us about people's needs and about the training they had completed to help meet people's needs. This included annual or mandatory courses and courses specific to the needs of people who lived in the home. This helped to make sure they were competent in their roles when supporting people.

When a staff member commenced work in the home they completed an induction course. This helped them to understand their role and the needs of the people in the home. They then undertook training which included a variety of courses for example, health and safety. Staff also completed training specific to individual people's needs for example, diabetes care. This helped to make sure staff had a good knowledge of individual needs of people. However,of the three records reviewed, only one staff record identified that a member of staff had completed a course in relation to mental health. The provider informed us that the staff training matrix included details that 13 of the 15 staff had actually completed this course.

Staff also received regular support through supervisions sessions. These included checks on the staff knowledge alongside any day to day or additional training needs. These sessions helped the manager to be aware of and supporting concerns or needs. In addition the manager had reviewed the staff training matrix. This recorded all completed training and which courses required completing. The review helped to make sure staff received the training they needed to be qualified and skilled in their roles. A training plan had been developed for 2014 from the review. This helped to help ensure staff received the necessary training.

People's dietary needs were met in the home. Their needs were assessed as part of the admissions process and this included dietary needs in relation to their health and cultural needs. People's weight was also monitored. This was to help identify any changes and possible nutritional needs. Menus recorded different meals on offer to support people with their diet. This included diets to support people with their religious beliefs. For example, one menu option did not contain pork. No one currently accessed a dietician to assist them in meeting their dietary needs. People told us they liked the food. Comments included, "The food is good, it's alright, they all seem to like it", "The food is alright." and "You get plenty of food." One person told us they liked the food but if they didn't like what was on the menu they would go out and buy something of their choice.

We saw that people were able to access the kitchen as they wished. Staff told us people had 24 hour access to drinks or snacks. People were able to relax and chat with others whilst eating their lunch; this made lunchtime a social experience. We saw people could choose what to have for their lunch and this included purchasing snacks from local shops.

Staff told us they had undertaken training on diet and nutrition. This helped them have the skills to effectively support people with this.

People were supported to have their health needs met. People told us they visited their GP and were supported by staff with this. They told us staff would organise appointments for them, for example with the dentist. People also talked to us about seeing their community psychiatric nurse (CPN) regularly and their consultant for reviews about their care. Peoples care plans included details of any health needs. Additionally their files included details of visits to and from health professionals. This included hospital appointments, their GP and mental health nurses. One person had a review with their consultant and mental health nurse on the day of our visit. A professional told us how staff worked well with them and followed their instructions. They were happy with the support people received and would recommend the home to a relative. One person said "I see my GP and recently he has reviewed my medication for me."

Good

Is the service caring?

Our findings

People were supported by caring staff. We observed the interactions between staff and people who lived in the home. These were positive with staff being polite and respectful. People living in the home told us “We are treated with respect.”, "It’s very relaxed, everyone looks after you and everyone gets on.” “You can go to your room when you want. I get on with all the staff and if I’ve got a problem I can go to any one of them.” “The staff are all marvellous, always laughing and joking and they treat us with respect. and “I like every minute of it here.” When we spoke with staff they told us the service was “Like you are part of a family.” The manager told us that one of the reasons the home was outstanding was that it had a lovely homely atmosphere.

People told us they were involved in their care plans and that staff were flexible and respected their cultural needs.

People told us the staff respected their privacy and dignity. One person told us how staff always knocked on the door before entering their room. Other comments included “We are treated with respect.”, "The staff treat people with respect, and I wouldn’t change anything.” And “All the staff treat me with respect and respect my privacy and dignity. Staff told us how they supported people with their privacy, for example with personal care.

People’s files included an initial assessment of their needs when they moved into the home. This document did not record a lot of detail as it was used alongside of an NHS care plan. This is a care plan produced by the person’s local health team, for example the community psychiatric team.

People also had care plans which described the support they required with a variety of areas of their lives. This included finance, personal care, mental health and diet. We saw that these care plans were regularly reviewed to make sure they were up to date. Staff told us they also completed a handover at each shift where they discussed people’s needs so they could remain up to date with these. Staff told us about the needs of the people in the home, this included some details of their history and how to know if the person’s needs were altering.

Good

Is the service responsive?

Our findings

People were involved in the development of their care plans. Additionally people's files recorded when they had signed their agreement to the content of their care file. This evidenced that people had read their files and were happy with the content. We saw that these files were regularly reviewed within the home to help make sure they contained the latest information about the person. People told us "I can tell them if I don't like something, they are flexible." One person told us how the staff respected their religious preferences.

People were able to access their local community. We saw there was a member of staff on duty to assist people with going out. People we spoke with also told us they had spent time outside of the home and accessed local shops. Comments included, "Staff usually take us for a walk in the community" and "I go out each day; I just let them know when I am going and when I come back."

One person told us how they had recently gone out for ice cream and were supported by staff for this. We saw records of opportunities to attend a local annual event and the local church. People were if they wished, able to participate in activities in the home. We observed staff encouraging people to participate and also respect their choices if they declined to do so. We saw records of these which included quizzes, a craft afternoon and skittle playing. People told us, "They do all sorts here during the week like bingo, I sometimes get involved" and "They have activities in an afternoon."

One person told us they kept in touch with relatives by them visiting them and telephoning them. Other people told us about their relatives visiting when they could throughout the week. One person said "My family visit and telephone me; I can take calls in private."

People who lived in the home had regular meetings. People told us about these they said, "There are meetings every few weeks in the lounge, I feel listened to. If I've got a problem I see X (Staff), she usually resolves it and I'm quite happy" and "Once a month there is a residents meeting you can say what you want and they always ask if you've got anything to bring up." These helped to keep people up to date with any changes in the home. It also offered an opportunity for discussions, consultation and to raise any concerns. They helped to make sure people were involved in the home. We saw that people readily approached and chatted with staff.

When we reviewed complaints we saw there had been one complaint in the last year. Records of this showed the manager had met with the person who had raised the complaint, recorded their concerns and worked with them to find a satisfactory solution. People told us "If I've got any concerns, I see (the manager) and they listen to me", "I have someone to talk to if I'm concerned about anything; I can go to X (staff)", and "We have meetings and can put any concerns over, the manager usually see's to them." One person told us how they had raised concerns about their room and this had been addressed by the home. People had access to the complaints policy which was on the main noticeboard of the home.

We also saw people had access to information on advocacy services. People could access this if they wished. Advocacy services would assist and support people in raising concerns.

Good

Is the service well-led?

Our findings

There was a registered manager in post in the home. They had been registered with CQC since January 2014. We saw the manager spent time chatting with staff and people who lived in the home. Staff told us they felt the manager was approachable. They told us "We are a close knit unit here" and "Yes, we are listened to and changes take place." Staff told us they felt well supported. Staff knew about the whistleblowing policy and told us they felt able to raise any concerns with the manager.

People in the home, their representatives and staff were consulted about life in the home. Questionnaires were sent to people who lived in the home, staff and relatives. These offered people the opportunity to comment on daily life. The manager collated this information to be able to review the responses and take any necessary actions. We saw records of questionnaires in relation to family consultation, a review of training and of the menus in the home. These results had been reviewed and responded to. For example, changes to the menus were planned.

Additionally staff and people who lived in the home were provided with regular meetings to help keep them up to date. We saw that minutes were kept which recorded the discussions held. These were made available to people so they were aware of any changes within the home. We were told quality group meetings took place every 3 or 4 months about how the house is run. One person said "You can put your opinions forward and action is taken; they keep us updated."

There was a quality assurance system within the home which included an annual timetable of audits. The audits included a review of medication, people's finances and waste management systems in the home. This helped the manager be aware of any areas of improvement or development required in the home. We saw that records were kept of accidents, incidents and complaints received into the home. The quality assurance systems used by the manager reviewed some of the areas. This was planned over a year with accidents being recorded as reviewed annually. The manager told us that an achievement in the home had been "Keeping standards up". They also told us about future development plans for the home which they were considering.

However, this system had not identified the areas of improvement required in the environment referred to earlier in the report.