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# Westbridge House Rehabilitation Unit

## 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 ●

# Summary of findings

## Overall summary

Westbridge House Rehabilitation Unit 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.

This unannounced inspection took place on 12 January 2017. The last inspection of the service took place in July 2014. The service was rated as good overall and was compliant with all of the regulations we assessed at that time.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People who used the service were protected from abuse and avoidable harm by staff who had been trained to recognise the signs of potential abuse and knew what action to take if they suspected abuse had occurred. Accidents and incidents were investigated as required and known risks were recorded and mitigated when possible. Staff had been recruited safely and relevant checks were completed before they commenced working within the service. People were supported to self-medicate when possible and appropriate systems were in place to order, store and administer medicines safely.

People were supported by staff who had the skills and experience to carry out their roles effectively. Staff received effective levels of support, supervision and mentorship. People who used the service were supported to make their own decisions about aspects of their daily lives. The principles of the Mental Capacity Act 2005 were followed when there were concerns people lacked capacity and important decisions needed to be made. People were encouraged to maintain a healthy lifestyle and eat a balanced diet. People's holistic healthcare needs were met by a range of healthcare professionals.

People's needs were met by caring, patient and considerate staff. The staff team had worked within the service for a number of years which meant they knew people well and had built a trusting and supportive relationship with the people who used the service. People were treated with dignity and respect by staff and encouraged to express their views. Staff supported people to set and achieve goals which enhanced their independence.

People were provided with an outstanding range of activities and were encouraged to undertake meaningful occupations. The registered manager developed an activity calendar for each month of the year that celebrated different events. People were consistently asked about the activities that were offered and given the opportunities to suggest anything that they wanted to do. The registered manager told us they believed keeping people stimulated had a positive effect on their general and mental health. We noted that the atmosphere within the service was calm and relaxed. People who used the service happily spent time in

each other's company.

People were involved with the initial and on-going planning of their care. Their levels of independence and individual strengths and abilities were recorded. People were encouraged to maintain relationships with important people in their lives and to follow their hobbies and interests. The registered provider had a complaints policy which was displayed within the service. We saw that very few complaints had been received since the service became registered with the CQC.

People who used the service and staff contributed to the development and management of the service. Meetings were held regularly and people's comments were listened to and implemented to improve the service when possible. A quality assurance system was in place that consisted of audits, checks and feedback from people who used the service. When shortfalls were identified action was taken to improve the level of service. The registered manager understood their responsibilities to inform the CQC when specific incidents occurred within the service.

## 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 was safe.

People who used the service were protected from abuse and avoidable harm by staff who had been trained to recognise signs of potential abuse.

Staff had been recruited safely and were deployed in suitable numbers to meet the needs of the people who used the service.

People were encouraged to take positive risks in their daily lives and action had been taken to maintain their safety.

People received their medicines as prescribed. Medicines were ordered, stored and administered safely.

### Is the service effective?

Good ●

The service was effective.

Staff had completed relevant training and received one to one support, supervision and mentorship.

People or their appointed representative provided consent before care, treatment and support was provided.

People ate a healthy and balanced diet of their choosing.

People holistic needs were met by a range of healthcare professionals.

### Is the service caring?

Good ●

The service was caring.

It was clear staff had built positive and supportive relationships with the people who used the service.

People were treated with dignity and respect by staff.

Staff knew people's goals and supported and encouraged people to achieve them.

### **Is the service responsive?**

The service was responsive.

An outstanding number and variation of activities was provided to the people who used the service. People were encouraged to undertake meaningful occupations and had small duties in the home which raised the self-esteem.

People or their appointed representative were involved with the planning and reviews of their care.

A complaints policy was displayed with the service. No complaints had been received since our last inspection.

**Good** ●

### **Is the service well-led?**

The service was well-led.

There was a quality assurance system in place which consisted of audits, checks and feedback provided by people who used the service.

Staff confirmed registered manager was approachable and encouraged people to be actively involved in developing the service.

The registered manager was aware of their responsibilities to report notifiable events to the Care Quality Commission as required.

**Good** ●

# Westbridge House Rehabilitation Unit

## **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 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 was unannounced; it took place on 12 January 2017 and was carried out by an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the local authority commissioning and safeguarding teams to gain their views on the service. We also looked at the notifications we received from the service and reviewed all the intelligence CQC held to help inform us about the level of risk for this service.

During the inspection we observed how staff interacted with people who used the service, we used the Short Observational Framework for Inspection (SOFI) and to evaluate the level of care and support people received. We spoke with the registered manager, two deputy managers, two members of care staff and a visiting healthcare professional. We also spoke with five people who used the service and a visiting relative.

We looked at four care plans and a number of Medication Administration Records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were deprived of their liberty or assessed as lacking capacity to make informed decisions, actions were taken in line with the legislation.

We reviewed a selection of documentation relating to the management and running of the service; including, quality assurance information, minutes of meetings, staff training and recruitment information, a

number of the registered provider's policies and procedures and feedback questionnaires.

# Is the service safe?

## Our findings

People who used the service told us they felt safe living at Westbridge House Rehabilitation Unit. One person said, "I have lived here for 12 years. I feel safe because we all look out for each other and help each other when we can." A second person commented, "The staff look after us, I'm safe and happy here."

People who used the service were protected from discrimination and abuse because the registered manager promoted an open culture that encouraged staff to raise their concerns. During our discussions with staff it was clear they understood their responsibilities to report any signs of potential abuse that they became aware of. A member of staff told us, "I would tell my manager straight away if I witnessed anything." A deputy manager said, "Everyone here is different, everyone needs to be supported differently but we [the staff] understand that and treat them all as individuals."

People who used the service were protected from avoidable harm by staff who had completed relevant training and knew how to keep people safe. The registered manager ensured that risks were managed effectively to minimise the restrictions on people's choices and freedom. Risk assessments had been created to mitigate known risks and people who used the service were supported to take positive risks in their daily lives. A person who used the service explained, "I can go out whenever I want. I tell the staff so they know where I am going, they don't stop me doing what I want to do."

People who used the service were supported by suitable numbers of staff to meet their needs. We saw that assessments were undertaken regularly to ensure staffing levels were appropriate. A deputy manager explained, "Our role is about promoting, prompting and encouraging people to maintain and increase their independence. Obviously some day's people need more support than others but we can change the staffing levels whenever we need to." We saw evidence that confirmed staffing levels were increased for specific events and activities to ensure people had the support they required.

Relevant checks were undertaken before prospective staff were offered a role within the service. The staff files we saw contained two references from previous employers and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. Staff were asked to sign a declaration every year to ensure the registered provider was fully aware of any events that had occurred and could be assured they remained suitable to work with vulnerable adults.

The registered manager told us, "We don't recruit very often because we have a very stable team. When we do need new staff we, the deputy managers and I interview then anyone who was successful is then interviewed by the residents and they choose who they want to support them. It's their home and they should be able to choose who works in it." Records we saw showed that the staff turnover was low with a number of the team working within the service for several years.

Plans were in place to deal with foreseeable emergencies including the loss of essential services, specific incidents such as a fire or flood and adverse weather conditions. We saw personal emergency evacuations



plans were in place for each person who used the service. This helped to ensure people would receive the care and support during and after an emergency.

Maintenance schedules were in place for the fire alarm system, emergency lighting, water temperatures, bath chairs and other equipment. The records we saw confirmed the checks were completed regularly and identified issues were recorded and actioned in a timely way.

Medicines were ordered, stored, administered or disposed of safely. Medicines were stored in a secure location which prevented unauthorised people gaining access to them. We observed a medicines round and saw that people received their medicines as prescribed. Medication Administration Records (MARs) were completed accurately without omission. People were encouraged to self-medicate following assessments of their capability.

We saw that the supplying pharmacy had recently undertaken an audit of the medicine management practices within the service and that only minor concerns were raised. We checked that action had been taken to address the concerns and saw that this had been done in a timely way.

A person who used the service told us, "They help me with my medicines because I'd forget" and "I get them every day and they never run out." Two other people confirmed that their medicines were managed safely and effectively by the service.

## Is the service effective?

### Our findings

People who used the service confirmed they were supported by skilled and experienced staff who understood their needs and knew them well. One person told us, "I can tell them [the staff] anything. Whenever I had a problem I can just sit and talk to them, they always know what to do. Another person said, "The staff are great I think they are all very good at their jobs." A visiting relative said, "The staff are very good, I know [name of the person who used the service] trusts them all."

Staff had completed a range of training to ensure they had the skills and abilities to meet the assessed needs of the people who used the service. Including courses in; safeguarding vulnerable adults, equality and diversity, manual handling, health and safety, administration of medication, The Mental Capacity Act 2005, first aid, infection control and fire awareness. Training was delivered in different ways to ensure staff's learning styles were met. A deputy manager informed us, "We do lots of training, we do group sessions or on line courses and we do the work books as well. Different people like to do things in different ways so we try and mix things up."

Records showed some staff needed to complete refresher training to ensure their knowledge was up to date and reflected best practice guidance. We discussed this with the registered manager who confirmed that the required training courses were planned to take place in the future.

The registered manager told us that they had developed a mental health awareness training course for the staff at the service. The training covered subjects including bipolar disorder, schizophrenia, depression, personality disorder, psychosis, paranoia and obsessive compulsive disorder. The registered manager explained, "Most of the mental health training seems to be aimed at nurses and nursing care so I have created something suitable for our staff where we can look at ways of supporting our residents."

Staff received effective support and mentorship in their roles. Supervisions were held bi-monthly and used as an opportunity to discuss staff performance, any issues that had arisen and training requirements. Annual appraisals were also completed as required where areas of potential development were explored.

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 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 to receive care and treatment when it is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of and understood their responsibilities in relation to DoLS and had submitted applications to the relevant authority to ensure people were not deprived of their liberty unlawfully.

We looked at four care files and found they all contained capacity assessments and relevant information if people had been deemed as lacking capacity such as appointee and advocacy details. Staff had received training in the MCA and throughout the inspection it was clear they understood the need to gain consent before carrying out tasks with people who used the service.

People who used the service were supported by a range of healthcare professionals to ensure their health and social care needs were met. Records were kept of any advice and guidance provided which was implemented to ensure people received the most effective care to meet their needs.

A visiting community psychiatric nurse told us, "The staff are really good, they know the people here really well so can quickly see if they are not themselves and get in touch with us straight away. They follow any advice we give and will come and sit and explain things to people so they understand what needs doing and why." A person who used the service said, "The staff sort out any appointments I need and usually the doctor or the nurse come here, sometimes I go to the doctors."

People were encouraged to eat a healthy diet of their choosing. We saw records to show people who used the service had worked together to create a daily menu of their own choosing. New meals were introduced following requests and consultation with people, seasonal changes were made throughout the year. The registered manager showed us that the service had worked to map the nutritional value of each meal to ensure people could maintain a balanced diet.

We observed the lunch time experience and saw that it was relaxed and informal. People chose where they wanted to eat their meal from a number of dining areas. Some people ate alone, others sat together in groups. We heard staff offering people choices if they did not finish or appear to enjoy their meal. A person who used the service said, "The food is always good but if I don't like what is on the menu I can ask for something else."

## Is the service caring?

### Our findings

People who used the service told us they were supported by caring staff. One person said, "They [the staff] are brilliant, they will always listen to me when I have a problem and I need to talk to someone" and went on to say, "They are very caring." A second person commented, "It's [the service] is much better than the other places I have lived, we are much more like a family." Another person added "The staff are very good; they always reassure me if I'm worried about anything." Other comments included, "They are very caring and good at their jobs. They go above and beyond."

Throughout the inspection it was clear that staff had developed nurturing and supporting relationships with the people who used the service. Staff understood how to approach situations to ensure positive outcomes were achieved. We heard staff changing the tone of their voice and using leave and return techniques to encourage people to undertake daily tasks or take part in activities. A member of staff explained, "It's not really about us knowing their preferences for the way they want things doing; it's more a case of us knowing what to say and what prompting they need to do things themselves."

Staff treated people with dignity and respect at all times. We observed a member of staff discussing a sensitive matter with a person who used the service. The staff member took the person to a quiet area to ensure their privacy; they sat opposite the person and maintained eye contact whilst providing a clear and uncomplicated description. During discussions staff described how they would uphold people's dignity and treat them respectfully. One member of staff said, "I think if you want respect you have to give respect to other people. I treat people how I would want to be treated."

The registered provider had developed policies and procedures that ensured people were treated respectfully and their rights were respected and promoted. A member of staff told us, "We treat everyone as an individual and we treat them how they want to be treated, some like a laugh and joke, some like you to sit and talk to them. Everyone knows they are a part of the family though and we would help them with anything they needed."

People were encouraged to be independent and make decisions in their daily lives. People's goals were recorded in their care files. The goals that people set were individual to them and the support they required to achieve this was clearly documented. One person stated they wanted to avoid social isolation. This had been explored with staff and agreed actions were recorded. The person was to spend less time in their room and staff were to ask and encourage them to participate in the daily activities that took place. Another person wanted to become more independent; this included completing daily chores such as doing their laundry and cooking.

When we asked people if they had their choices restricted in any way, they told us, "I make all the same choices you do. I decide what I want to do every day, if I want to go out, I go out. If I want to stay in, I stay in" and "I come and go as I please. I tell the staff so they know; sometimes they come with me but I do whatever I want to do."

Staff had signed a confidentiality agreement which stipulated they would not share private and sensitive information outside of the service. We saw that paper and electronic files were held securely and could not be accessed by unauthorised people.

We saw that advocacy information and services were displayed within the service. The registered manager confirmed that three people required this support and it was accessed as required such as at annual reviews or to help make a specific decision regarding their healthcare needs.

The registered manager told us that there were no restrictions placed on visiting times and visiting relatives we spoke with confirmed they were unaware of any restrictions. A relative we spoke with told us, "I always get a nice welcome from the staff they are very friendly and offer me meals when I'm here."

## Is the service responsive?

### Our findings

People told us they were supported to take part in a wide and diverse range of activities. One person said, "We go for meals out, we go on trips and walks around Barton. We can do anything we want." A second person said, "I like to see my family, I go stay with my sister but I like to do things here as well." A third person said, "I like to go shopping, I go to the charity shops and look for new clothes, I'm always looking for bargains." Other comments included, "I am going on holiday this year, it will be really good" and "I like to do whatever I fancy, you don't get bored in here though." The registered manager explained, "We provide ourselves on the activities here. We do a pantomime every year, everyone is involved, some people make the sets, some people are in the choir and others put on the show. Everyone loves it, we have a great time."

The service provided an outstanding range of activities. People were supported and encouraged to follow their interests as well as taking part in educational and employment opportunities. Reviews of the activities offered to people took place regularly to ensure every person who used the service was engaged and fulfilled. The hallways were decorated with photo collages of people taking part in activities and enjoying day trips or holidays. The artwork of a person who used the service was displayed in one of the main lounges.

Records showed people took part in differing activities on a daily basis and were regularly asked if there was anything that they wanted to do that wasn't part of the current activity programme. We saw that two people had stated they would like to go fishing and this was scheduled to take place when the weather permitted. An in house activity programme was created for each month of the year that included seasonal activities, karaoke nights, board games, swing ball, quizzes, game shows, pampering sessions, trips to local places of interests, themed days, bowling, swimming and many more. Specific events were celebrated including Independence Day, Valentine's Day, Burns night and the Barton bike night.

A member of staff commented, "If you had come last week and seen the Christmas decorations you would have been impressed, we all try and make things as special as we can." A person who used the service added, "I had a lovely Christmas, they [the staff] made it really special for everyone who stayed."

A number of people who used the service had completed training courses in subjects such as health and safety, infection control, hand hygiene, first aid and fire awareness. Two people undertook volunteer work at a local charity. The registered manager said, "You should see us on when the food delivery comes [the service places a food order each week that is delivered from a local supermarket], everyone has a job to do, some people help to bring it in, some carry it through the house, other's help to put it away." Other people had specific tasks they completed such as washing dishes, doing laundry, hoovering and working in the allotment.

People and the service were involved with fundraising throughout the year and had raised money for the Macmillan foundation and Marie Curie charity. The registered manager told us that parties were held at the service, people who used the service and their relatives, staff, healthcare professionals and people who lived at another of the registered provider's local services attended. Drinks and cakes were provided, a raffle was

held and a person who used the service sold copies of their artwork. This helped to ensure people were supported to live fulfilled lives of their choosing and supported to be part of and give back to their local community.

The registered manager told us their philosophy for supporting people who had mental health needs was based on supporting people to live enriched and fulfilled lives whilst ensuring they felt part of a supportive and nurturing family. They said, "I think occupying people's time is so good for their overall well-being. Everyone here has little jobs to do in the house. We have people falling out but no real incidents which is amazing considering we have so many people living under the same roof. I really believe the activities we do bring everyone together."

A visiting professional said, "I think they [the staff and management of the service] do an amazing job. I came to the pantomime and was crying with laughter" and "This is a really special place, the amount of activities is amazing and I think it really helps everyone to develop their confidence and life skills."

We saw that accidents and incidents seldomly occurred, no complaints had been made for over two years and the atmosphere throughout the inspection was relaxed and jovial. People who used the service interacted well with each other and showed genuine affection and understanding for one another. The lack of incidents and general comradery within the service demonstrated that the registered manager's ethos of engaging and supporting people effectively had a hugely positive affect on their mental health and general health needs.

People who used the service and their appointed representatives were involved with the initial assessment and on-going planning of their care. One person told us, "I have reviews every six months, we talk about any problems I'm having and if I need anything." A second person said, "We have reviews here, one with [Name of the registered manager] and one with social services."

Following assessments or reviews care plans had been developed to meet people's assessed needs and included guidance for staff to ensure people were supported appropriately and consistently. The care plans we saw were person centred and focused on how staff could support people to achieve positive outcomes in specific areas such as personal care, medication, maintaining physical health, maintaining mental health and managing finances.

The registered provider had a complaints policy in place that included investigation and response times. The policy was displayed on the main notice board at the entrance to the service and was provided to people when they moved into the home. The registered manager told us that no complaints had been received since our last inspection but confirmed any concerns would be taken seriously and used to develop the practices in the service if possible.

When we asked people who used the service if they knew how to raise concerns or make complaints their comments included, "The complaints sheet is on the board [the notice board] I have never used it because I haven't had to complain" and "I would just tell the staff [if they had a concern or complaint] they would listen to me and sort it out." A relative we spoke with said, "I have never had any concerns in all the time she [their relative] has lived here, it's a great place and she is happy living here."

## Is the service well-led?

### Our findings

The service had a registered manager as required under the conditions of their registration. The registered manager was aware of their responsibilities to report accidents, incidents and other notifiable events that occurred within the service. The registered manager promoted an open culture and actively involved the people who used the service when any changes needed to be made.

The service had a very stable staff team which allowed people who used the service to receive a consistent level of support. Staff told us the registered manager was a visible presence within the service and confirmed that they were approachable and supportive. One member of staff told us, "I have had some things happening in my personal life while I've worked here and the registered manger has been amazing. I couldn't have asked for better support." Another member of staff added, "We all support each other but that has come from the top, we are part of a team" they went on to say, "The manager and the deputies do everything we do, they will roll their sleeves up whenever we need help on the floor."

People who used the service confirmed they were consulted when changes needed to be made at that their opinions were listened to and valued. We saw that people were consulted about all aspects of the service including the menus, activities, re-decoration and staff recruitment. One person said, "We have meetings and talk about what needs to happen then we all vote about what we want. We have just chosen a carpet for the hallway at the back." Records we saw confirmed service user meetings were held regularly and clear minutes were taken to record people's feelings about prospective changes.

People who used the service, relatives and staff were noticeably comfortable and relaxed in the presence of the registered manager. Throughout the inspection we saw people actively seeking the attention of the registered manager who made time to sit and participate in activities with them. A person who used the said, "The manager is great, she always make time for me and makes sure everyone is ok."

Team meetings were held regularly which were used as an opportunity to discuss, amongst other things, activities, cleanliness of the service, general updates and changes to documentation. This helped to ensure staff had a forum to raise any concerns or make suggestions about how the service was run. Handover meetings were held on a daily basis to ensure staff were fully aware of any changes that had occurred and were aware of their responsibilities for the day.

The registered provider's quality monitoring systems covered all aspects of the service including medication, staff training, infection control, maintenance, service user files, dependency and people's finances. We saw that any shortfalls that were highlighted through the audits were actioned without delay.

People who used the service were asked to provide feedback through a range of forums including completing questionnaires. People were asked for their views regarding what it was like to live at the service, if they were happy with the activities provided, the environment and the menus.

The registered provider was aware of and involved with the management of the service. Weekly reports were



sent to the nominated individual by the registered manager as well as monthly quality assurance information. The registered manager told us, "The registered providers are really good; they are family orientated and very supportive with all the staff."

The registered provider's statement of purpose included principles of good care including privacy, dignity, independence, security, civil rights, choice and fulfilment. The service had received the Investors in People award [Investors in People provide a best practice people management standard, offering accreditation to organisations that adhere to the Investors in People framework] as recognition of their work.