

***We are the regulator:*** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Westbourne House Nursing Home

379 Earl Marshall Road, Sheffield, S4 8FA

Tel: 01142610016

Date of Inspection: 11 November 2013

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December 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Records</b>	✓	Met this standard

## Details about this location

Registered Provider	Palms Row Health Care Limited
Registered Manager	Mrs. Marcella Wilkinson
Overview of the service	Westbourne House is registered to provide accommodation for 71 people who require nursing or personal care with a range of medical and mental health needs. It is in the Fir Vale area of Sheffield, close to all local amenities.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 November 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information given to us by the provider and reviewed information sent to us by commissioners of services. We talked with commissioners of services.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

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### What people told us and what we found

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We found people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People told us they had the choice to do things they wanted and when they wanted to.

People told us that they were happy living at the home and satisfied with the care and support they received. Their comments included, "Lovely staff," "I'm so happy here," "Would recommend this place to anyone," "I can't fault any of them [staff] I couldn't be happier," and "They [staff] are kind, I'm settled here."

Relatives we spoke with said that they were happy with the care their loved one received. They told us, "We're very happy with the care, we visit every day and we can go home relaxed knowing he is safe and well cared for" and "He has some special carers [staff] who mean a lot to him."

At this inspection we saw that staff had positive interactions with people, they spoke patiently and kindly whilst offering choices and involving people.

We found that people's needs were identified in care plans. Records showed that people had been involved in the care planning process.

Medication records checked were up to date and medication was stored securely.

The provider had an effective recruitment and selection procedure in place to ensure that staff were appropriately employed.

We found people were protected from the risks of unsafe or inappropriate care and

treatment because accurate and appropriate records had been maintained.

You can see our judgements on the front page of this report.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

**People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

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### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

On the day of inspection we spoke with 12 people who used the service, four relatives and visiting health professionals.

People told us they were able to choose what time they got up and could choose what to do, when they wanted. People said "I choose what to wear, I choose not to join in with the activities, I have my TV and my newspaper and I'm quite happy," "Staff always knock on my door before they come in" and "Staff know me and what I like. I have a shower and staff keep me private and shut the door they are always respectful."

We spoke with four relatives who told us they thought staff were respectful and that their family member's privacy was observed by the staff at all times.

Throughout the inspection, we saw staff treat people with respect, dignity and courtesy. We saw people's needs were being met. Staff addressed people by their preferred names and people seemed comfortable in the presence of staff. Interactions between staff and people who used the service were relaxed and unrushed.

At this inspection we found some people living at the home had complex needs and were not able to verbally communicate their views and experiences to us. Due to this we used a formal way to observe people at this inspection to help us understand how their needs were supported. We call this the 'Short Observational Framework for Inspection (SOFI)'. We carried out the SOFI observation on a wing of the ground floor of the home, which was dedicated to providing support to people with a diagnosis of Dementia. We observed four people who used the service for a period of one hour in the lounge area. We recorded their experiences at regular intervals. This included people's mood, how they interacted with staff members, other people who used the service and the environment.

During our observation we found that the atmosphere in the lounge was relaxed. People appeared content and there were some positive interactions between people living at the

home and staff. We observed staff talking to people, making eye contact and being tactile in a friendly and professional manner. Staff were visible in the lounge and staff were sat talking to people. Staff took time to explain in detail the support they were providing, and offering people choice. Staff offered people a choice of drinks, what music they would like to listen to and where they would like to sit. Staff were seen to orient people to time and place when necessary. We saw one member of staff sat with a person looking at their family photographs with them and asking the person who was who in the photograph. The person's face showed pleasure when carrying out this simple activity.

Staff told us that the issue of privacy, dignity and choice was discussed at all training events and staff meetings. We saw evidence of a recent 'in house' training event/supervision on the importance of maintaining people's dignity. Staff gave examples of how they maintained people's dignity and respect. Staff described how they would knock on a person's door before entering and how it was important to recognise everybody as an individual so care and support could be tailored to each person.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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People told us that they were happy living at the home and satisfied with the care and support they received. Their comments included, "Lovely staff," "I'm so happy here," "Would recommend this place to anyone," "I can't fault any of them [staff] I couldn't be happier," "I only have to buzz and the staff are here straight away," and "They [staff] are kind, I'm settled here."

Relatives we spoke with said that they were happy with the care their loved one received. They told us, "We're very happy with the care, we visit every day and we can go home relaxed knowing he is safe and well cared for," "He has some special carers [staff] who mean a lot to him," "This is a lovely home," and "Staff are smashing, they know him very well, his clothes are always clean, staff give him the help he needs."

We spoke with visiting health professionals. They told us that they had no concerns about the level of care and support provided to people using the service. They said they worked well with staff at the home and staff always provided care in line with people's agreed treatment plan. They said "It's a very good home, what I particularly like is that staff know the people so well and are good at providing holistic care."

We were able to access the latest completed 'satisfaction surveys'. The provider asked people, relatives and healthcare professionals about the service of Westbourne House. We saw that the completed surveys confirmed that people who used the service were very satisfied with the service provided and the care they received.

We checked three people's care files. The files contained good information about the person's biography, physical, medical and personal support needs. They also included people's likes, dislikes and preferences. The care files had a range of individual risk assessments. There were clear links between the risk assessments and the care plans. All the care plans were up-dated regularly and people and/or their advocates were involved in these reviews.

People said they had regular contact with their GP and other healthcare professionals. We saw evidence of this in the care plans.



Activities and social aspects of support were arranged and agreed with people on both an individual or on a group basis. We found that a variety of activities were provided for people to join in as they chose. People we spoke with and care staff informed us that activities organised included craftwork and visiting entertainers. These activities were advertised on a notice board sited in the reception area of the home. It was positive to see crafts that had been completed by people and many photographs of recent social activities were displayed in all areas of the home.

We spoke with three care staff. They said that people's care plans contained enough information for them to support people in the way they needed. Staff we spoke with had a good knowledge of peoples' individual health, social and personal care needs.

We spoke with Sheffield City Council Contracting, Commissioning and Safeguarding and looked at their latest contracting visit reports. There were no identified concerns about the home.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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People told us that they were given their medicines as prescribed. Some people's comments captured included, "Staff help me with my tablets every day. They give me my eye drops every night, they never miss," and "Staff always bring me my tablets on time."

We looked at the storage of medication. We found prescribed medicines stored securely.

We looked at three medication administration records (MAR) for people living in the home. We found that MAR sheets had been signed by the member of staff administering the medicines in all records checked.

We observed staff administering the morning medicines. We saw that medicines were given to people from a medicine pot and each person was offered a drink. The members of staff were very patient and made sure they stayed with the person until they were sure they had taken their medication.

The staff who had responsibility for the administration of medicines told us that they had received recent training in the safe handling of medicines. We saw evidence of this training.

We looked at the medication monitoring audits. The deputy manager, manager and a training officer were responsible for completing medication audits. We saw that audits were completed on a monthly basis. Any issues requiring attention were fed back to staff through staff meetings and supervision.

On the day of the inspection some people were taking CD's (Controlled Drugs). We checked that the home had a system in place to safe handle and administer CD's. We found that the home had a CD register and suitable secure storage for CD's. We carried out a check of the CD's and found the number of CD's tallied with that recorded in the CD register.

The home had a contract in place with the community pharmacist, which showed that the pharmacist visited the home and carried out previous audits/assessments of medicines. The deputy manager said the pharmacist had visited the home in the last couple of weeks

but a report had not been produced yet. The deputy manager said that there were no concerns or outstanding issues following the pharmacist visit.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

### Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

### Reasons for our judgement

All of the staff spoken with told us they were happy in their jobs and said that they felt supported by the manager and able to speak with them confidently about any issues. Staff comments included, "The manager is so supportive we can go to her at any time," and "I have worked here a long time, wouldn't work anywhere else, I love it."

The service had recruitment policies and procedures that the manager followed when employing new members of staff. We viewed three staff files. They contained an application form, job description, two references, copies of certificates, a photo of the member of staff, two forms of identification, interview records and a programme of induction.

The service had completed enhanced Disclosure and Barring Service (DBS) checks, formally known as Criminal Records Bureau (CRB) checks for all staff working at the home. This helped to protect people who were receiving a service. The deputy manager confirmed to us that no members of staff were allowed to commence working with people until their DBS check had been received.

Records available showed that the service was regularly checking active registration of all nurses working at Westbourne House with the Nursing and Midwifery Council (NMC).

We examined the staff training matrix. This showed that all staff were provided with a rolling programme of training. Staff had completed all mandatory training and were booked in for regular updated and refresher training. Additional specialist training was also provided.

All staff that we spoke with were clear about their responsibilities and had the relevant qualifications, knowledge, skills and experience to carry out their role.

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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## **Our judgement**

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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## **Reasons for our judgement**

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People and relatives we spoke with told us that they had never seen any records at the home left unattended or in a place where a person's confidentiality and privacy could be compromised.

We spoke with the deputy manager and registered nurses about how they assured themselves accurate records were kept of appropriate information. They said on admission they would ensure an accurate record of appropriate information was obtained through the pre-admission assessment and obtaining information from social workers. After admission nurses or senior care workers were responsible for reviewing any changes in care needs and amending the care plan as necessary or at least monthly if there were no changes.

We looked at three care files. The documentation showed initial assessment and regular reviews of people's plan of care. These correlated with what we knew about the person through observation and speaking with staff. Documentation showed the involvement of social workers, medical staff and other health professionals, where necessary.

We found that people's care plans were stored in locked cabinets at the 'staff stations'. On the day of the inspection we found that all records required at inspection could be located promptly.

We found archived records were securely stored and kept for an appropriate period of time.

Staff spoken with were aware of their own responsibilities in ensuring that accurate records were kept and that records were maintained and held securely. Staff also had a good understanding of the Data Protection Act 1998 and some staff had recently completed training in 'Record Keeping'.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.



## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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