

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

## Westbourne House

42-44 Dykes Hall Road, Sheffield, S6 4GQ

Tel: 01142348930

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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>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Westbourne House (Sheffield) Limited
Registered Manager	Mrs Naomi Taskin
Overview of the service	Westbourne House is a care home providing personal care and accommodation for 11 people who have mental health needs. The home is situated close by to Hillsborough shopping centre, it is located for easy access to local amenities. The home is on two levels and does not have lift access to the second floor. All the bedrooms are single; the bedrooms do not have en-suite facilities. The home has a car park and accessible gardens.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 8 September 2014, observed how people were being cared for and talked with people who use the service. We talked with staff, reviewed information given to us by the provider and reviewed information sent to us by commissioners of services.

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### What people told us and what we found

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One adult social care inspector carried out this inspection. At the time of this inspection eleven people were living at Westbourne House. We spoke with five people to obtain their views of the care and support provided. In addition, we spoke with the registered manager and a senior care assistant, a care assistant and the housekeeper about their roles and responsibilities.

We gathered evidence against the outcomes we inspected to help answer our five key questions; is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well led?

Below is a summary of what we found.

Is the service safe?

People we spoke with said they felt 'very safe' living at Westbourne House. They said, "I feel safe and supported here", "I feel safe, the staff are always around to help and the night staff look after me, they keep calling in my room to see I'm safe. I am glad they do."

People told us their privacy and dignity was respected. They said, "staff are very polite, we have a laugh as well though" and "staff always knock on my door and help me as I want them to."

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. While no applications had needed to be submitted, relevant policies and procedures were in place. Appropriate staff had been trained to understand when an application should be made, and how to submit one.

We found that risk assessments had been undertaken to identify any potential risk and the actions required to manage the risk. This meant that people were not put at unnecessary risk but also had access to choice and remained in control of decisions about their care and lives.

Is the service effective?

People's health and care needs were assessed with them, and they were involved in writing their support plans.

People had regular care and support review meetings with staff. People told us, "I sit down with the manager and my key worker and we talk about things. We look at my notes, I know what my notes say and I agree with them."

Staff were provided with training to ensure they had the skills to meet people's needs.

Staff were provided with formal individual supervision and appraisals to ensure they were adequately supported and their performance was appraised. The manager and provider were accessible to staff for advice and support.

People told us they were happy with the care and support staff provided and their needs were met. It was clear from our observations that staff had a good understanding of people's care and support needs and they knew how to meet them and avoid unnecessary risks.

Other professionals were involved in regular meetings and reviews with each individual to ensure their care and support was still appropriate.

Is the service caring?

During our inspection we saw people were very comfortable in the presence of staff. We observed staff giving support to people throughout the inspection and treated people in a friendly and supportive way.

People confirmed they were happy with the care and support provided. They said, "the staff are very nice people, it's a lovely place here", "I like it here, the staff are very friendly, I wouldn't move if you paid me" and "I'm sound, I would recommend this place and the staff, spot on."

People's preferences and interests had been recorded and care and support had been provided in accordance with people's wishes. People said they were offered choice in how they spent their day.

Is the service responsive?

People completed a range of activities in and outside the service on a daily basis. People were assisted to access the community, appointments at local health services and took part in day trips and holidays.

People knew how to make a complaint if they were unhappy and said they would tell the manager. They commented, "I see [named manager] most days, they always ask about me and if I am worried about anything, I'm happy though."

Is the service well-led?

The service worked with other agencies and services to make sure people received their care in a joined up way.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

People said they had regular 'house meetings' where any issues or concerns and plans for the running of the home were discussed and acted upon.

Staff told us they were clear about their roles and responsibilities. Discussions on best practice, improved ways of working and incidents reviews were common throughout one to one supervisions with a manager, formal team meetings and informal discussions.

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

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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

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We looked at a range of records and two people's support plans. These contained information about the person's preferred name and identified the person's usual routine and how they would like their care and support to be delivered. The records included information about individuals' specific needs and we saw examples where records had been reviewed and updated to reflect people's wishes. Examples of these wishes included times for getting up and going to bed, meal choices and choosing the social activities they wanted be involved in.

People who used the service said they were aware of support plans and that they were involved in regular discussions about their care and support. This consultation was confirmed and recorded as having taken place in the support plans we checked. People said, "I sit down with the manager and my key worker and we talk about things. We look at my notes, I know what my notes say and I agree with them."

We saw and heard staff asking people their choices and preferences about what they wanted to do during the day. We observed staff giving support to people throughout the inspection and they were respectful and treated people in a friendly and supportive way.

People said, "I can choose what I want to do, I go to the shops when I want. I go on my own or with staff, that's my choice, I just let staff know where I am going", "I get up and go to bed when I'm ready to" and "I go to a day centre most days, I don't always feel like doing a lot at weekends but that's OK."

People told us they felt their dignity was respected. They said, "staff are very polite, we have a laugh as well though" and "staff always knock on my door and help me as I want them to."

A privacy and dignity statement was included in the service's Statement of Purpose to

inform people how their dignity should be promoted and upheld by staff. A copy of the Statement of Purpose was kept in the entrance to the home.

Staff told us that the issue of privacy, dignity and choice was discussed at training events and at staff meetings that were held. They were able to describe how they maintained people's privacy and dignity and how important this was for people.

We looked at the minutes of the most recent 'residents house meeting'. This meeting was held every two or three months and involved the staff and people living at Westbourne House. We saw that a range of topics had been discussed including plans for social activities, the planning of meal choices and general housekeeping issues. This told us the service actively sought out the views of people and included people in the day to day running of the home.



**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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During our inspection we saw people were very comfortable in the presence of staff.

People confirmed they were happy with the care and support provided. They said, "the staff are very nice people, it's a lovely place here", "I can't fault it here, I can talk to staff twenty four hours a day, they are good", "I'm perfectly happy", "I like it here, the staff are very friendly, I wouldn't move if you paid me" and "I'm sound, I would recommend this place and the staff, spot on."

On the day of our inspection we saw positive interactions between staff and people living at the home.

We looked at people's support plans. We saw people's plans contained a range of information including the following: personal hygiene, nutrition, medication, people's personal preferences, religious and spiritual needs and details of people's life history. We found people's support plans and risk assessments had been regularly reviewed.

We saw evidence in people's care records that they had been referred to other health professionals when needed.

People's personal preferences and interests were recorded in care plans and support was being provided in accordance with people's wishes. We looked at people's daily records and we saw examples where they had been supported to participate in these interests.

We spoke with staff and discussed aspects of people's care and support. Staff were fully aware of and able to describe to us the care, treatment and support that people required to meet their needs and protect their rights.

The home had policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The manager said there were no current applications submitted under this legislation.

People completed a range of activities in and outside the service on a daily basis. People were assisted to access the community, appointments at local health services and took

part in day trips and holidays.

People said, "I like to go shopping, my key worker goes with me, I enjoy that", "I go to day centre five days a week which I like" and "I see my family, and we have a nice time when we go out for the day".

We saw people chose when they wanted to go out and access the local community. This was to keep medical appointments, to go shopping or by catching a bus to day services. This showed people were provided with a choice of leisure opportunities.

We saw the report following a recent visit from Sheffield City Council, social services commissioning and contracts department. The report did not identify any major concerns with the care and support people received at Westbourne House.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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People we spoke with said they felt 'very safe' living at Westbourne House. They said, "I feel safe and supported here", "I feel safe, the staff are always around to help and the night staff look after me, they keep calling in my room to see I'm safe. I am glad they do."

We saw copies of the local authority Adult Protection Procedures and whistleblowing procedures were available to provide guidance for staff.

The manager was aware of the need to report any incidents to us and the local authority in line with written procedures to uphold people's safety.

Staff spoken with were clear of the actions to take if they suspected abuse or if an allegation was made so people were protected. Staff confirmed they were aware of the safeguarding and whistle blowing policies in place. They had access to these so they were aware of important information to help keep people safe. Staff spoken with were confident the manager would take any concerns seriously and report them to relevant bodies.

We looked at the staff training records. These showed staff had been provided with training on safeguarding people to ensure full and safe procedures were adhered to.

The service had policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards although no applications had needed to be submitted. Relevant staff had been trained to understand when an application should be made and how to submit one. This meant that people would be safeguarded as required.

The service had a policy and procedure in relation to supporting people who used the service with their personal finances. The home managed money for some people. We saw the service had a system in place to manage each person's money and a sample of documentation was reviewed to demonstrate the operation of the system.

We saw finance sheets for money put into and taken out of people's accounts had been signed by at least two members of staff or a staff member and the person who used the service. We saw evidence that the manager audited these records on a regular basis. This

meant that any discrepancies would be found quickly and promptly rectified.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## Our judgement

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## Reasons for our judgement

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People spoken with said staff had the right skills to do their job. People praised the care staff and their comments included, "they (staff) are very nice, they help me a lot" and "the staff are spot on."

We found relevant policies and procedures were in place which included staff training and induction, appraisal and supervision.

Staff spoken with said they had an induction provided by the company which covered all aspects of training. They confirmed the manager talked to them about the expectations of their role during induction. Staff said the induction training was "thorough" and provided them with the skills and knowledge they needed to do their jobs.

We saw a staff file which contained information about the induction provided by the company which covered all aspects of training.

We saw two staff files which showed various training that staff had undertaken and details of when refresher training was due. This included training in a variety of subjects which included safeguarding, infection control, medication awareness and moving and handling. This demonstrated that staff received suitable training to undertake their roles.

Staff we spoke with said the training provided them with the skills and knowledge they needed to do their jobs. Comments included, "the training here is good."

Staff were provided with formal individual supervision and appraisals to ensure they were adequately supported and their performance was appraised. We saw two members of staff had not received an appraisal in the last year. The manager confirmed to us that staff appraisals were "behind schedule." The manager showed us an action plan which showed that staff would receive a yearly appraisal by the end of the year.

Staff spoken with told us regular staff meetings took place, and we saw records of these. Staff said they could speak up and felt listened to.

This meant that systems were in place for staff support and appraisal to ensure the delivery of the service was monitored and safe.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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The homes manager had been in post for a number of years and was registered with CQC.

There were procedures and processes in place to monitor and ensure the home was providing an effective service and to monitor quality of the service.

We saw evidence of regular audits by the manager and senior staff within the service to check the quality of service. These audits were still being developed and staff had been delegated specific audits to complete. These included daily 'walk around' observation audits, medication, health and safety, infection control and premises audits. Actions resulting from these audits were recorded.

We saw audits by the provider where they had spoken with people who used the service and staff and commented about the running of the home. The provider visited most days and recorded these visits. People said they knew the provider and saw them most days. People said, "he [provider] always speaks to me and asks me if I'm okay, I can tell him if I'm not." This meant the provider had systems in place to monitor the home which included their involvement in the monitoring of the service.

People who used the service were asked for their views about their care and support and these were acted on. We saw evidence the provider carried out annual satisfaction surveys. The last survey however was in 2012. The manager said they would be undertaking another survey this year.

People said they had regular 'resident meetings' where any issues or concerns and plans for the running of the home were discussed and acted upon. We saw minutes of these meetings.

We saw minutes of staff meetings which took place every two or three months or more

frequently if required. The minutes we saw had included discussions on training, general care, incidents, updated policies and procedures and best practice. Staff we spoke with told us they were always updated about any changes and new information they needed to know.

People we spoke with told us they were happy with the service and had no concerns or complaints. People knew how to make a complaint if they were unhappy and said they would tell the manager. They commented, "I see [named manager] most days, they always ask about me and if I am worried about anything, I'm happy though."

We found a policy and procedure was in place for handling complaints to ensure any complaint was responded to appropriately. The policy included time scales for responses and the contact details of relevant organisations such as the local authority should people wish to raise concerns directly to them.

We checked the complaints, comments and compliments record and found there had been no recent complaints about the service.

## 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

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### Essential standard

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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)

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### Regulated activity

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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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