

Key inspection report

CARE HOME ADULTS 18-65

Westbrook House

**21 Cabbell Road
Cromer
Norfolk
NR27 9HY**

Lead Inspector
Ruth Hannent

Unannounced Inspection
20th April 2009 10:00

This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care home adults 18-65 can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop.

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

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SERVICE INFORMATION

Name of service	Westbrook House
Address	21 Cabbell Road Cromer Norfolk NR27 9HY
Telephone number	01263 512482
Fax number	
Email address	w.jeesal@virgin.net
Provider Web address	www.jeesal.org
Name of registered provider(s)/company (if applicable)	Jeesal Residential Care Services Limited
Name of registered manager (if applicable)	Mrs Heather Rachel Hurn
Type of registration	Care Home
No. of places registered (if applicable)	7
Category(ies) of registration, with number of places	Learning disability (7)

SERVICE INFORMATION

Conditions of registration:

Date of last inspection

Brief Description of the Service:

Westbrook House is a four storey house situated in a residential street in Cromer. It provides accommodation for up to seven adults with a learning disability. The home has a communal lounge, dining room and kitchen on the ground floor. The home is undergoing a refurbishment programme with the basement now solely used by one tenant as an independent flat with its own living room, kitchen/diner, bathroom, bedroom and utility room. The top floor is in the process of being converted for two tenants that will have its own kitchen/diner, lounge, shower room and two individual bedrooms.

SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this care home is: 3 star excellent service

This inspection report has been completed following an inspection visit to the home that took place over a period of 4 hours.

Prior to the visit the Manager of the home had completed an Annual Quality Assurance Assessment (AQAA) that gives details of the service offered, what has improved since the last inspection and the plans to develop the home in the near future.

We have also received surveys from tenants, staff and 1 health professional on the way they individually see the service offered.

We also looked at any notifications that have been received at the Commission since the last inspection.

During the visit we were assisted by the Manager and Deputy Manager. A tour of the home took place and records were looked at that included care plans, health records, training programmes, personnel files, induction programmes, service records and day to day planned activities.

What the service does well:

The home has a warm family feeling and tenants all appear happy and contented. The comments received are positive with those who can communicate saying 'I like it at Westbrook', 'the food is good' and 'the staff help us'.

The tenants who live here have been living together for a number of years and the staff team, who also have been a stable group all know each other well. This is reflected in the care plans and daily records showing individual needs for each person is written and aims are worked towards.

The training and support for staff is well planned and any training that will benefit the outcomes for the tenants is available if required.

The tenants have the opportunity to go on two holidays a year and also have a variety of daily activities away from the home to suit the individual.

What has improved since the last inspection?

The tenants now have two locked boxes in their own bedrooms that hold their own medication and their own personal money. This makes it more personalised and individual within their own rooms with staff going from room

to room to support each person in the taking of their medication or the management of their own money.

The home is moving towards more independent living and developing the environment to help tenants who are able to live a more individual lifestyle.

The staff have all received training in visual impairment which was a recommendation at the last inspection. The discussions held around this training with the staff show a greater understanding had been achieved.

What they could do better:

The home needs to ensure that records of risk assessments are checked regularly and altered as required to ensure all areas of the home is protected and that as alterations/refurbishments take place, risk assessments are regularly updated.

As the home moves towards more independent living the home could develop the care plans to reflect the needs in a more individual way. 'I need to have help with' rather than 'Mrs x needs help with'.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line – 0870 240 7535.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

The Commission consider Standard 2 the key standard to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Although no new tenants have moved in to the home in the last few years the correct support and assessment would take place when a new person was considering moving to Westbrook.

EVIDENCE:

The home has not taken any new tenants for a long period of time. The Manager does have a procedure to go through and will assess the needs of a potential tenant when a vacancy occurs. The home also has a statement of purpose and a service user guide to offer as information to any interested people who may be considering moving to the home. The service offers a friendly, inviting home and people would be encouraged to visit and see the type of service available.

Individual Needs and Choices

The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

The Commission considers Standards 6, 7 and 9 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home has clear, person centred care plans that show choice and opportunities to lead an independent lifestyle.

EVIDENCE:

The home has a care plan for each tenant held in their individual bedrooms. Three of these were looked at during this visit that show clear details of the needs of the person. Picture formats are used and the way the care plan is completed is done to match the understanding of the tenant. Each person also has a record of events they have been involved in with photographs and events attended. One tenant is actively involved with his day to day care and writes in his own daily record/diary. The history of the person is written in detail to give a clear picture of the life led before moving into Westbrook. The plans are reviewed regularly and the home does receive visits from Social Workers to do a full annual review of the care provided.

Although communication is not verbal with every tenant, the staff spoken to, know the signs and expressions used by the tenants to show their views. They are aware of the behaviour and know the signs to watch out for. This was evident in observing the interaction on the day of the visit by the Manager, Deputy Manager and Senior Support Worker.

The care plans also contain risk assessments written for each tenant. These were noted in the three care plans looked at and were dated and signed.

Lifestyle

The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

This is what people staying in this care home experience:

People using the service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The tenants have the opportunity to be involved in daily activities and interests to ensure they have a suitable lifestyle.

Meals are chosen by the tenants and are well balanced.

EVIDENCE:

The organisation offers a facility for tenants to be able to take part in various activities and to help develop their skills away from their home. Tenants mix with other people as and when they would like. Some need a very set routine as part of their needs. This was explained fully and the details were set in the care plan.

On the notice board in picture format in the dining room was the duties to help with some chores in the house such as polishing the table. This was explained

as working with tenants to ensure they were involved in the day to day running of the home.

On the day of this visit one tenant was being taken out for lunch, another returned from an activity and was able to express the fun had. Another person has, and showed with pleasure, a guitar that he enjoys strumming and singing along to. Another person had a large drum kit in their room which is enjoyed as shown in photographs on display. Another tenant was having one to one time in their bedroom with a specialist who was offering reflexology and who is a regular visitor to the home.

The home also has some tenants who are practising Catholics and are taken to church every Sunday by a designated worker.

One tenant is from an ethnic background and themes and pictures are in this person's room to reflect this.

The tenants all meet on a Friday afternoon to discuss any concerns or good things that have happened throughout their week. The menus are planned at this time for the coming week and then placed in picture format in a frame on the wall in the dining room. The meals are recorded in the diary and the staff look at the patterns of food to ensure that healthy well balanced meals are provided. The picture on the board for the day of this visit was for chicken curry and rice for the evening meal. The minutes of these Friday meetings were seen and the choice of meals was detailed. The home has no one who requires a special diet but on talking to the Deputy Manager any diet could be accommodated if required.

The staff told us that special meals are planned on certain occasions with a recent Caribbean meal cooked for tenants.

Personal and Healthcare Support

The intended outcomes for Standards 18 - 21 are:

- 18.** Service users receive personal support in the way they prefer and require.
- 19.** Service users' physical and emotional health needs are met.
- 20.** Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
- 21.** The ageing, illness and death of a service user are handled with respect and as the individual would wish.

The Commission considers Standards 18, 19, and 20 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The tenants do have the correct personal support and health care needs when required.

Procedures are carried out to ensure medication is offered correctly and safely.

EVIDENCE:

The personal support offered to tenants is reflected in their care plans. Each person seen was clean, smart and dressed in clothing that they had chosen. Each person has their own room and personal care is offered in the privacy of that room. Not all tenants have their own bathroom and do have to share facilities. No one requires any specialist equipment for their personal care and all the people who live at the home can decide when they like to go to bed. The details of times and support required is reflected in the daily records in each persons own diary.

The home has no waking staff as all the tenants sleep through the night with a staff member sleeping in who has to use the pull out bed in the lounge. It is not clear how the tenants make a decision about bed time if they know the lounge is needed for the staff member to sleep.

The tenants all have a 'health book' that is kept, with their care plans, in their own bedrooms. All the details recorded, were seen, on every visit, from the GP to the support from the reflexologist. The Deputy Manager told us that the home has the support of a very good GP at the local surgery and will visit if the tenant is not fit enough to attend the surgery by appointment.

Each person has a weight chart in their health book and noted were the weights recorded every month.

One health care professional had returned a comment survey to the Commission reflecting comments that show a very well run, family style home. 'The management always deal with any issues promptly' and 'I am very impressed with the way the tenants are enabled to live the life they choose'. Are just two comments taken from this survey.

The medication is now stored in individual locked boxes in the tenants own bedrooms. The medication administration charts are also stored in these boxes. The contents of these boxes were not looked at during this inspection but were noted to be locked and secure. The Deputy Manager reported that the home does not have anyone on controlled drugs to date.

Concerns, Complaints and Protection

The intended outcomes for Standards 22 – 23 are:

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

The Commission considers Standards 22, and 23 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Tenants have the opportunity to voice any concerns at various forums.

Tenants are protected from abuse, neglect and harm.

EVIDENCE:

In the entrance to the home is a complaints procedure. The Manager told us that no complaints had been received at the home and that opportunities are available if any tenant or person involved with the home wished to make a complaint. Regular meetings are held (minutes seen) and the tenants all attend a forum where they can have a voice and show any concerns they may have that is held away from the home. Advocacy support is available if required.

The Commission has not received any comments of a negative nature, concerns or complaints against the home.

The staff are all trained in the understanding of the protection of vulnerable adults. The training records show dates and times of the training that has taken place and also when someone is due to refresh their training. One staff member who has recently joined the staff team has had a CRB check carried out and the disclosure certificate was seen during this visit.

Environment

The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

The Commission considers Standards 24, and 30 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is comfortable and safe with accommodation that is being developed to improve further a suitable lifestyle for the tenants.

EVIDENCE:

This property is a mid terrace Victorian house that has been converted over the years to make a homely property. The proprietors are slowly refurbishing the home and altering the living arrangements to make the home more individualised with the basement now being one person's flat and the top floor being made into a two bedroom flat. The completed basement flat was seen and one tenant is very happy to be living in the accommodation. The top floor is waiting to have a kitchen installed and some decorating completed and then this area will be ready for the two tenants to share this floor.

The ground floor at present has a kitchen, one living room and one living/dining room. This area will mainly be used by three tenants who have bedrooms on the middle floor and come downstairs for the sitting room and for meals. At present the front living room also doubles up as a sleeping in room for staff, which is not suitable and separate accommodation should be available. The Manager did talk of plans, once the top floor is completed, of making the front sitting room into a staff room/sleeping in room with a small bathroom.

The individual bedrooms seen were all very personalised. Two tenants were keen to show us their rooms. One was very well furnished, bright and clean. This person likes things in order and everything was in the place it should be. The staff are aware of the needs of this person and ensure the room is kept in the way required.

One bedroom, that has a washable floor, does have a slight odour that would benefit from a cleaner/deodoriser to wash the floor with.

The rooms seen do reflect the personalities of the tenants with personal items in place and colour schemes chosen.

The home is limited in bathrooms and does not have enough facilities for staff, who have to use a tenant's bathroom. This is not ideal and the hopeful plans mentioned above should solve this problem.

The outside of the home is limited in space but as the house backs onto a grassed shared area, tenants do have the facilities to use this land under the supervision of staff.

The fire officer has carried out a visit and the extinguishers in the home have all been checked, serviced and dated with the next inspection due in April 2010.

Staffing

The intended outcomes for Standards 31 – 36 are:

- 31.** Service users benefit from clarity of staff roles and responsibilities.
- 32.** Service users are supported by competent and qualified staff.
- 33.** Service users are supported by an effective staff team.
- 34.** Service users are supported and protected by the home's recruitment policy and practices.
- 35.** Service users' individual and joint needs are met by appropriately trained staff.
- 36.** Service users benefit from well supported and supervised staff.

The Commission considers Standards 32, 34 and 35 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is staffed by competent and capable people in suitable numbers to meet the needs of the tenants who are protected by good personnel policies and procedures.

EVIDENCE:

The home has a number of staff who have worked in the home for many years. They know the residents, who have also been in the home a number of years, very well. Through observation and on talking to the staff it is evident that a lot of knowledge about the tenants is known by the staff. The Deputy Manager told us that the home has never had to use agency carers as the team all pull together if someone is off. The rota's show that at least three carers are on duty at all times with the Manager and Deputy Manager being very much hands on. This was also reflected in the health professional's comments 'The Deputy Manager and Manager are hands on and always approachable'. Three staff were on duty with one external community staff member working 1 to 1 with a tenant in the basement on the day of this inspection visit. No one was rushed and all support and activities were taking place.

The staff are encouraged to start their NVQ 2 once the induction is completed. This was noted in the recently recruited staff member who has nearly completed her induction. The records for NVQ were available and 5 staff have NVQ 2 and or 3 with 2 more staff already signed on to start. Only one staff member is still in the induction stage but who will, according to the Manager, be commencing her NVQ shortly.

One personnel file was seen that showed a completed application form, 2 references, three forms of identification, CRB clearance and POVA check. The Manager said a contract will be issued and a copy will be kept in the home. The home has such a limited turnover of staff that only one personnel file was looked at on this visit.

The Manager shared the training programme planner with us. The dates of all statutory courses were up to date or booked to complete. The due dates of all the courses were printed in red as a reminder to the Manager to book the training. 5 staff who had commented on the training all said that good training is offered and happened regularly to keep their knowledge updated.

Staff supervision records were looked at and are planned, according to the Manager, every 6 to 8 weeks. The records looked at were not complete and although the Manager remembers the sessions happening there were no records found. Many past dates of recorded supervision were found and appeared to be regular but on two files looked at records were missing for the past 5 months.

Conduct and Management of the Home

The intended outcomes for Standards 37 – 43 are:

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

The Commission considers Standards 37, 39, and 42 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

EVIDENCE:

The manager has worked for this same organisation for many years. She is about to be interviewed to become the Registered Manager of this home. She is already managing a home close by and has proved to be a capable and competent person. She holds a recognised Registered Managers Award and NVQ level 3. She is regularly updating her own knowledge and gave us a good picture of the recent learning gained from the Mental Capacity Act training and the Deprivation Of Liberty training.

The home is always looking at ways to develop and improve. Surveys are carried out. Tenants discuss issues in their meetings and attend forums on a regular basis where they are given the opportunity to give their points of view. The company carry out Regulation 26 visits monthly and themed detailed searches are carried out such as the most recent one being the checking of staff rota's.

The home has a set of policies and procedures in the home to aid monitoring of health and safety throughout the property. The training of the staff in areas of moving and handling, fire safety, first aid, food hygiene and infection control were all up to date.

Records checked were the servicing of electrical equipment and the results of the Environmental Health Officers report. The requirements set by this Officer had not all been carried out and calibration of the kitchen thermometer had not been recorded.

The building risk assessments were in place but had not been reviewed in over a year and needed up dating. Some of the risk may no longer be valid.

The accident book was seen and is available to all staff and each accident is recorded with the paperwork numbered so an audit trail can be used to track accidents.

The management of residents own money is held in each tenants bedroom in locked boxes. Records were seen of all transactions. The way items are purchased recorded, receipted and signed for were up to date and accurate.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion
 "N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
<i>Standard No</i>	<i>Score</i>
1	3
2	3
3	3
4	X
5	x

INDIVIDUAL NEEDS AND CHOICES	
<i>Standard No</i>	<i>Score</i>
6	3
7	4
8	4
9	3
10	x

LIFESTYLES	
<i>Standard No</i>	<i>Score</i>
11	4
12	3
13	3
14	4
15	x
16	3
17	3

PERSONAL AND HEALTHCARE SUPPORT	
<i>Standard No</i>	<i>Score</i>
18	3
19	3
20	3
21	x

CONCERNS AND COMPLAINTS	
<i>Standard No</i>	<i>Score</i>
22	4
23	3

ENVIRONMENT	
<i>Standard No</i>	<i>Score</i>
24	3
25	x
26	3
27	2
28	1
29	x
30	3

STAFFING	
<i>Standard No</i>	<i>Score</i>
31	3
32	3
33	3
34	3
35	3
36	2

CONDUCT AND MANAGEMENT OF THE HOME	
<i>Standard No</i>	<i>Score</i>
37	3
38	4
39	3
40	X
41	X
42	2
43	x

No

Are there any outstanding requirements from the last inspection?

STATUTORY REQUIREMENTS

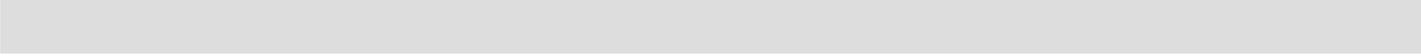
This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	YA 30	It is recommended that the bedroom that presents an unpleasant odour is kept thoroughly clean and odour free.
2.	YA 36	The records for staff supervision need to be in place for inspecting.
3.	YA42	The Environmental Officers report requirements/ recommendations need to be completed such as the food thermometer being checked/calibrated.
4.	YA42	Records that need reviewing must be updated such as building risk assessments.



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