

Care 2 Care Training Services Limited

Westbourne House

Inspection report

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Sheffield
South Yorkshire
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Ratings

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

Summary of findings

Overall summary

About the service:

Westbourne House is a care home providing personal care and accommodation for up to 11 people who have mental health needs. The home is situated close to Hillsborough shopping centre, with easy access to local amenities. The home is on two levels and does not have lift access to the second floor, but has a chair lift up the stairs which has been assessed for one person to use. All the bedrooms are single; the bedrooms do not have en-suite facilities. The home has a car park and accessible gardens. At the time of our inspection there were 11 people using the service.

People's experience of using this service: Staff knew how to keep people safe from harm and abuse. People had risk management plans to enable them to stay safe while doing the activities they wanted to do.

The premises were suitably adapted for the people living there and the home was clean and safe to use although we noted an unpleasant odour in one area of the home which the provider was trying to address and minimise.

Systems were in place for ordering, administering and disposing of medicines safely. Records showed people received their medicines as prescribed.

There were enough suitable staff to care for people safely, and staff received appropriate training and support.

People had a choice of suitable food and drink and received support to eat and drink enough to remain healthy. Staff consulted with other services, including health professionals, to ensure people's healthcare and other needs were met.

People were supported to have choice in their daily lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff gained people's consent before providing care to them or, if people did not have capacity to consent, took appropriate steps to ensure care they received was in their best interests.

People were supported in a friendly and respectful way. Staff were aware of people's personalities and behaviours. People told us staff supported them in a patient and unhurried manner. People and relatives said that staff were caring.

People knew how to make a complaint. There was an effective complaints process in place. Complaints were thoroughly investigated, and action taken to address the complaint raised.

Care at the end of people's lives had been considered and recorded in their care plans.

Staff we spoke with felt supported by the registered manager and provider and felt valued. Audits were in place to identify areas which required attention and action plans were devised as needed.

People and relatives told us the home was managed well and had confidence they could approach staff and management if they needed to.

Rating at last inspection: Good (report published 10 January 2017).

Why we inspected: This was a planned comprehensive inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. We plan to complete a further inspection in line with our re-inspection schedule for those services rated good. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remains safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remains effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remains caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remains responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remains well-led

Details are in our Well-Led findings below.

Good ●

Westbourne House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was completed by one adult social care inspector.

Service and service type:

Westbourne House is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

Prior to the inspection visit we gathered information from several sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We asked the provider to complete a provider information return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted health and social care commissioners who help arrange and monitor the care of people living at Westbourne House. We also contacted Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in

England. We used the feedback we received from these organisations to plan our inspection.

During the inspection we spoke with five people living at the home and two relatives or friends of people to obtain their views of the support provided. We observed the daily life in the home including the care and support being offered to people.

We spoke with the registered and deputy managers, a support worker and housekeeper.

We looked around different areas of the service; the communal areas, bathrooms, toilets and with their permission two people's rooms.

We looked at three people's care records and medicine administration records, three staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training on how to safeguard people from the risk of abuse. Staff understood how to recognise the signs of abuse and the ways to report this.
- Staff had an awareness of how safeguarding issues could be escalated to other agencies.
- The provider's procedures gave staff guidance and steps on how to keep people safe. The registered manager demonstrated they had acted on any concerns raised by notifying the local authority.
- A person we spoke with said, "I feel safe here, I would tell my social worker or the manager if I wasn't." A relative said, "[Name of family member] is very safe in Westbourne, I think it is the best place they can be."

Assessing risk, safety monitoring and management

- The provider had systems in place to ensure that risks were minimised. People's support plans contained risk assessments that were individual to each person's specific needs, including an assessment of risk for behaviours that may challenge, accessing the community, and the need for regular reviews of both physical and mental health. The assessments showed how the risks were managed to keep people safe. Risk assessments were regularly reviewed and updated if a person's needs changed.
- Regular checks of the building and the equipment were carried out to keep people safe and the building well maintained. Personal emergency evacuation plans (PEEP) were kept for each person for use in an emergency to support safe evacuation. A fire risk assessment had been undertaken to identify and mitigate any risks in relation to fire. This was last updated in October 2018.

Staffing and recruitment

- People told us there were sufficient numbers of staff on duty to meet their needs. They said, "I know they [staff] are around when I need them." Staff said there were enough staff to support people when they needed assistance. One staff member said, "We are fine with these numbers. Another member of staff is starting this week which will help even more and the managers are also always on call for help and support."
- There was an effective system in place to calculate staffing and we observed sufficient numbers of staff deployed during the inspection.
- The provider continued to carry out relevant employment checks prior to new staff commencing employment at the home.

Using medicines safely

- People's medicines were managed in a safe way. People said, "I ask when I want painkillers and staff bring them me straight away. I get my tablets the same time every morning."
- Systems were in place for ordering, administering and disposing of medicines safely. Records showed people received their medicines as prescribed.

- Staff were trained to handle medicines safely and had completed competency assessments to ensure their knowledge remained up to date. The registered manager said they had recently changed the services community pharmacist and a pharmacist was visiting the service in the next week to provide additional training for staff.
- Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately. However, we found a medicine which had been recently reclassified to be stored in a separate cupboard was still being dispensed by the pharmacist with other tablets in the persons individual blister pack, although this was still stored in a locked cabinet. The registered and deputy managers confirmed they would contact the community pharmacist to ensure the medicine was dispensed correctly and so could be stored as required. The registered manager contacted the pharmacist on the day of inspection.

Preventing and controlling infection

- People said the home was kept clean. They said, "My room is kept clean, it is cleaned every day." The home was visibly clean when we visited. Staff used cleaning checklists to ensure they cleaned all areas of the home.
- We did note an unpleasant odour in one room. The person told us the room was cleaned daily. The manager and housekeeper told us they regularly cleaned the room and the carpet had been deep cleaned several times over the previous week. The registered manager said they would look further into the source of the smell and take action to irradiate it.
- We saw staff using personal protective equipment (PPE), such as gloves and aprons when necessary. Hand washing facilities and hand sanitizers were also available throughout the home.

Learning lessons when things go wrong

- Staff were responsible for recording when incidents/accidents had occurred in the home or in the community, the action they had taken and any learning from this.
- The registered manager kept a log, so they could review action taken and identify patterns to prevent future occurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The pre-assessment process ensured people were suitably placed and that staff knew about people's needs, wishes and goals. The registered manager had assessed people's needs and choices before they moved in. This was so people received care which achieved effective outcomes in line with national guidance.
- The pre-admission assessment also established what provision needed to be made to support people with additional needs and those from different backgrounds. This was so that people received care that met their personal preferences.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled. They carried out their roles effectively.
- Staff completed training in a range of different areas to ensure they had the right skills, knowledge and experience to deliver effective care. Staff told us they were happy with the training they completed. Staff said, "The training we receive is excellent" and "I think the training we get is really good. What I like is that it is face to face training not just online. I think I learn better by being trained this way."
- Staff received regular supervision to review their competence and discuss areas of good practice or any improvements needed. The registered manager completed annual appraisals for all staff. Staff felt supported by the registered manager and able to raise any concerns or questions with them.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced and varied diet that met their nutritional requirements.
- People were involved in meal planning, food shopping and food preparation. We saw fresh supplies of food available for people including fresh fruit and vegetables. People said, "We have helped to choose the food we eat. We talk about what we like at the 'residents meeting', "I like the food, [named staff member] is a really good cook" and "If I don't like something, I can have a choice of something else."

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff worked well together, and handovers were effective in ensuring staff had the information they needed to provide consistent and timely support.
- People had access to healthcare professionals. Records showed people accessed the healthcare services they needed.
- People's health was monitored and referrals for specialist advice from professionals including GP's, community psychiatric nurses and community nurses, were made promptly when required. We saw a person required some medical treatment and the community nurse visited the person promptly when a

request was made.

Adapting service, design, decoration to meet people's needs

- People were able to decorate and personalise their bedrooms to their taste. We saw there had been some refurbishment of the home to provide a more pleasant living environment. A new conservatory had been built, a new ramp had provided easier access to the gardens, a new stair lift had been fitted for a person who was finding it increasingly difficult to access their room via the steep stairs, and there had been redecoration of the home.
- The environment provided people with both communal and private space to use as they chose.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The registered manager and provider had made appropriate applications for DoLS authorisations. They had oversight of which people were subject to authorisations and when they were due to expire. The registered manager also made sure the service complied with any conditions attached to authorisations. They had a good understanding of MCA procedures and the DoLS framework.
- People's care records contained assessments of people's capacity to make various important decisions. Where people were assessed to lack capacity, best interest decisions were made and recorded in their care plan. Capacity assessments were decision specific, in accordance with the principles of the MCA.
- Staff received training in the MCA and DoLS. During the inspection we observed staff asking people for consent before they supported people in the home or to go out in the community. Staff we spoke with had a good understanding of the MCA and described to us the importance of assuming people had capacity to make their own decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- During our inspection we spent time observing interactions between staff and people. In all cases people were supported by staff that were kind, patient and respectful. We saw frequent and friendly interactions between people and the staff supporting them.
- People were positive about the way in which staff supported them and they told us staff were always kind and caring. Comment's included, "I like it here, the staff are nice."
- People's relatives told us their family member was well cared for and that they received support from the service as a family. Relatives commented, "[Name of family member] is as happy as they can be, staff are nice" and "The carers are brilliant, I can't recommend this place highly enough."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in reviews of their care. People told us they attended care reviews to highlight their needs, wishes and choices so they could be recorded in their support plan. One person said, "My keyworker is [named member of staff] we talk about how I am, and I have notes about my care."
- People were afforded choice and control in their day to day lives. We observed staff asking them what they wanted to do during the day and where they would prefer to spend their time. People accessed the local community as they wished, we heard people telling staff where they were going and freely coming and going from the home throughout the day.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence. Their support records explained what they could do for themselves and what they needed staff to support them with. Our observations showed staff promoted people's independence and they provided appropriate encouragement to people to complete tasks for themselves. People said, "I help around the home, set tables, clear them and keep things tidy" and "Staff ask me to do things like cleaning and cooking but I'm not really bothered."
- People were supported to maintain their religious beliefs. One person was supported by the service by helping them attend a local church every Sunday.
- People's care records were stored safely which maintained people's confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records were regularly reviewed and were person-centred. Person-centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered.
- People's communication needs, and preferences had been assessed and recorded in line with Accessible Information Standard (AIS). AIS aims to ensure people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and social care services.
- Records included important information about the person, such as next of kin and GP contact details, medical history, life history and preferences with regard to their care and support.
- People's individual goals and outcomes were recorded. These described what the person wanted from their care and support.
- People had opportunities to go on outings and participate in their local community. People said, "I like to do some cooking and baking "and "I go out with [named family member] every week", "I walk into the shopping centre every morning, I like to do that and get a bit of shopping." A relative said, "[Name of family member] likes to toddle off to the shops most days. People in the area know them and say hello." One person attended day centre five days a week. We saw two people go to the pub together and some people were sat in the garden talking to members of a gardening club that is held once a week at the home.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. This gave clear guidance on how to complain and explained how complaints would be handled.
- People and their relatives felt able to complain if they needed to. They said, "If I wasn't happy I would speak to [named the registered manager and provider] and they would make it alright. I see them nearly every day."
- The provider kept a log of complaints and ensured lessons were learned and action was taken to prevent the same issue being raised again.

End of life care and support

- People had discussed their end of life wishes which were all documented. One person told us, "I have talked about this [end of life care] with the staff, my doctor and St Lukes [Hospice]. I know about what is wrong and things like that."
- Records showed staff had consulted people about how they wanted to be supported at the end of their life. This included establishing their wishes about what medical care they wanted to receive and whether they wanted to be admitted to hospital or stay at home.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The home was well run. The registered manager and staff were committed to providing good quality, person-centred care. People and relatives spoken with told us they would recommend this home to others. Relatives told us, "Staff are good at keeping in touch with us. They involve us all the time."
- The provider and registered manager had established an open and inclusive culture in the service, so people, relatives and staff could raise any issues or concerns or make suggestions. The provider understood the duty of candour requirement to be honest with people and their representatives when things had not gone well.
- Services that are registered with CQC and provide health and social care to people are required to inform us of important events that happen in the service. This is so we can check appropriate action has been taken. The provider and registered manager had submitted notifications to us in an appropriate and timely manner in line with our guidelines.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in post. A registered manager is a registered person. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.
- The registered manager was supported by a management team which consisted of a deputy manager, area manager and the provider.
- Staff spoke positively about the registered manager who they said was approachable, readily available when they needed advice and active in the day to day running of the home.
- People said they had good access to the registered manager and found him friendly and approachable.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives had the opportunity to suggest how the service could be improved. There were regular 'resident meetings' and people told us they felt very involved with the home. People said, "We have a meeting to talk about what we want on the menus and what activities we enjoy doing" and "I meet with my keyworker every month. We talk about things in the home and how I am doing."
- The registered manager also invited people who used the service and their relatives to complete an 'opinion survey' to comment on their experience of using the service. These had recently been sent out and some were returned. We looked at a sample of these and found the feedback was very positive. People said,

"I have just completed a questionnaire, I said everything was good."

Continuous learning and improving care

- The provider, registered manager and other staff carried out monitoring and auditing of all aspects of the service. These included audits of medicines, care records and an environmental audit. Audits showed the actions taken to address any issues.
- Staff had attended regular staff meetings, one to one support sessions and an annual appraisal of their work. These kept them informed about how the home was operating, gave them the opportunity to share their views and assessed their work performance.

Working in partnership with others

- The service worked collaboratively with a range of different health services and professionals to help make sure people received the right support. Staff also worked with professionals from the local council, clinical commissioning group and mental health services who commissioned the care of some people who used the service. Care professionals we contacted told us they had no concerns about the service. Comments included, "Following our most recent visit to Westbourne House we noted there were no major concerns, I was very happy with my observations and there had been some improvements to the environment."