

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

## Westbridge House Rehabilitation Unit

1 Westfield Road, Barton upon Humber, DN18  
5AA

Tel: 01652632437

Date of Inspection: 11 December 2012

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2013

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

<b>Consent to care and treatment</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>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	Mr Nish Thakerar & Mr Kumar Thakerar
Overview of the service	Westbridge House is situated close to the centre of Barton on Humber. The home is registered to provide care and accommodation for up to 22 people. The home provides care for those with needs relating to their mental health and misuse of drugs and alcohol.
Type of services	Care home service without nursing Rehabilitation services
Regulated activity	Accommodation for persons who require nursing or personal care

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*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 reviewed all the information we have gathered about Westbridge House Rehabilitation Unit, looked at the personal care or treatment records of people who use the service, carried out a visit on 11 December 2012 and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We found written evidence in care plans that people who used the service had signed to agree to the care and treatment provided. The people we spoke with could not remember if they had a care plan or if they had signed an agreement to their care. However they were all satisfied with the care they received and felt they were able to express their wishes and that these were taken into account. They told us they were "Well cared for." One person said "I have got better, I couldn't do anything for myself and now I do most things."

We saw that staff involved people in meaningful activities throughout the day and there was a very lively and happy atmosphere within the home. One person told us "There is plenty going on and I get out regularly."

We found appropriate arrangements were in place in relation to obtaining and disposal of medicines, and administration and the recording of medicine. People we spoke with told us that they received their medicines when they needed them.

We found that staff received appropriate training and support. People who used the service told us they liked the staff and they said their needs were met. They told us "I am well looked after" and "The staff are very nice."

People told us they were consulted about events in the home. We also found the views of people who used the service were sought through regular meetings and questionnaires.

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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

The people we spoke with could not remember if they had a care plan or if they had signed an agreement to their care. However they were all satisfied with the care they received and felt they were able to express their wishes and that these were taken into account.

We found written evidence in care plans that people who used the service had signed to agree to the care and treatment provided. People had also been involved in and had signed to agree to decisions about management of their medicines. Where care plans had been updated people had been asked to sign to agree to the changes and an annual review of consent to the care plan was completed. There was also written evidence that people were involved in decisions about the bedroom they occupied and that consent had been sought where people shared a bedroom.

We found the manager had a good understanding of her role in safeguarding people and deprivation of liberty safeguards (DoLs) and staff had received training in relation to the Mental Capacity Act 2005. The manager had completed capacity assessments for people who lived in the home where appropriate. For example capacity assessments had been completed where people had agreed to keep their cigarettes in the office and to ask for only one cigarette per hour to ensure that they had sufficient cigarettes to last them all day. We observed very positive and supportive interactions between staff and people who used the service when people were requesting their cigarettes. Care plans were in place in all cases and these had been signed by people who used the service to show they agreed with the care plan to meet their needs.

**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.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

People who used the service were satisfied with the care they received. They told us they were "Well cared for." One person said "I have got better; I couldn't do anything for myself and now I do most things."

We looked at the care records of three people who used the service. We found that assessments were carried out prior to and on admission and care was planned to meet individual needs. Risk assessments were completed to identify specific risks to each individual and care was planned to manage these risks. Detailed care plans were developed and these identified where people required assistance and also where the person was able to be independent. The care records indicated that people were supported to regain their independence where they were able.

We found that people's health was monitored and that health care professionals were involved in people's care where required.

We found the service regularly evaluated the care provided and held regular reviews with people living in the home and their representatives to ensure that the care continued to meet their needs and expectations.

The manager told us that staffing was arranged so that staff were available to take people out or to have one to one time. She told us that people were involved in a range of activities and attended activities in the community. For example, weekly group outings were undertaken to a local sports activity and to events arranged by the Salvation Army. Individuals were also involved in activities such as visiting the local library or internet café. We saw that staff involved people in meaningful activities throughout the day and there was a very lively and happy atmosphere within the home. One person told us "There is plenty going on and I get out regularly."

**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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We found appropriate arrangements were in place in relation to obtaining and disposal of medicines, and also the administration and recording of medicine.

People we spoke with told us that they received their medicines when they needed them.

We looked at the systems in place for managing medicines in the service. We reviewed general storage and handling as well as a sample of Medication Administration Records (MARs), stock and other records. We also observed the administration of medicines. Overall we found that appropriate arrangements for the ordering, recording, administration and safe handling of medicines were in place.

Medicines were kept securely and were only accessible to authorised care workers. Appropriate arrangements were in place to order new medicines and to dispose of medicines that were no longer needed.

The medicines records were clear and accurate. This meant that it was easy to account for the medicines and see that they had been used correctly.

We looked at how medicines were reviewed and how care workers responded to the changing needs of people using the service. We found that appropriate referrals were made where necessary and any recommended actions were put in place quickly.

Regular medicines audits (checks) and an external audit by the local pharmacist had been completed. Both these and our own checks showed that medicines were handled safely and administered correctly. The audit records clearly showed where concerns had been found and how these were being or had been addressed. Having an effective audit system helped to identify concerns and, where necessary, allowed action to be taken to further improve the way medicines were managed in the service and minimises risks to people.

We found that staff received training in safe handling of medicines and their competency in this task was checked by the manager.

**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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Staff received appropriate professional development.

People who used the service told us they liked the staff and they said their needs were met. They told us "I am well looked after " and "The staff are very nice."

Staff we spoke with told us that they received regular supervision and felt well supported. We reviewed supervision records and these showed that staff received regular supervision and an annual appraisal. We found that staff competence was formally assessed through observation of practice in areas such as the administration of medicines.

We found training records were well organised and a training plan had been developed. An overview of the training completed was in place to enable the manager to monitor and plan training. Training records and discussions with staff showed that training was provided in areas which the provider considered as essential including moving and handling, safeguarding and fire awareness.

We found that training was provided to meet the specific care needs of the people who used the service. For example training relating to mental health and behaviours that may challenge the service had been provided for the majority of staff.

Staff were encouraged to gain qualifications in care and we found that 13 of the 14 care workers employed had achieved a qualification.

## 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.

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### Reasons for our judgement

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People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We found the manager carried out a range of audits to check the quality of the service. These included audits of medicines, care files and accidents. We found that where areas for improvement were identified action plans were developed and improvements made.

People told us they were consulted about events in the service. One person told us, "We have meetings." We found the views of people who used the service were sought through regular meetings and questionnaires. We saw an example of a survey carried out in September 2012. This indicated that people who used the service were satisfied with the care they received. We found that the manager consulted people about changes and activities in the home and had completed a number of "mini" surveys. For example we saw that a survey was undertaken to decide where a Christmas shopping trip should take place and another to decide on the menu for Christmas. The outcome of the surveys were summarised and displayed on the notice board.

People who lived in the home were also encouraged to attend the quarterly quality group meetings which also included relatives/representatives of people living in the home and staff. Records of meetings held were maintained.

Visitors to the home were also involved in quality surveys. We found that survey responses were very positive. Comments included, "It's a pleasure to visit", "The home has a happy atmosphere," and "They seem to cater well for this client group."

We found the maintenance book recorded when problems had occurred and when they had been resolved and showed that issues were usually remedied quickly. Staff confirmed that maintenance issues were usually managed in a timely manner. However during our visit we noticed that one person's bedroom window would not shut properly. We discussed this with manager who told us she was aware of the problem but we found this was not recorded in the maintenance book. We have since received written confirmation that the window has been repaired.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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