Inspection Report

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: 18 November 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ 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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Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 November 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

People who used the service were involved in their care and running of the home. People told us, "I know I have a care plan and I can change it if I don't like what's written about me." Another said, "We have meetings about my care and the nurse and consultant come as well." People also told us residents' meetings were held where they could comment about the running of the home. One person told us, "Yes I feel involved in the home. It's the only place where I've felt like the staff genuinely listen to you and take notice of what you say."

Information was available for staff to follow to ensure people's needs were met. This information was held securely and updated regularly.

People were provided with a varied and nutritional diet. Comments included, "The food is great", "There is always plenty of choice" and "I really enjoy my meals."

The provider had recruitment policies and procedures in place which ensured people were not exposed to staff who should not be working with vulnerable people. People who used the service were involved in the recruitment and selection of prospective employees.

People could make complaints and these would be listened to and acted upon. People told us, "I would go the manager, she's really good and will sort it out", "I would see the manager" and "We are asked at the residents meetings if we have any complaints and these are looked into."

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

More information about the provider

Please see our website 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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People who used the service understood the care and treatment choices available to them.

We saw that people had been involved with the formulation of their care plans and had agreed to the care and treatment they received. The care plans detailed what the person's needs were and how these should be met by the staff.

When we spoke with people who used the service they confirmed they had seen their care plans and knew what written about them, they also confirmed they attended reviews and meetings about their care. One person said, "I know I have a care plan and I can change it if I don't like what is written about me." Another said, "We have meetings about my care and the nurse and the consultant comes as well."

People who used the service were encouraged to maintain their independence and to maintain the skills they had. For example, they were encouraged to get involved with the running of the home and in the up keep of their rooms by changing their bedding and cleaning. Those people who did this had agreed to undertake these tasks and this was recorded and agreed in their care plans.

When we spoke with staff they were able to describe people's needs and how they should be met. They also described how they would respect someone's rights and uphold their dignity; they also told us how they would respect people's privacy. This included knocking on people's doors, addressing people in a respectful way and calling them by their preferred name.

People who used the service told us they had attended residents meetings and felt involved in the way the home was run. One person told us "Yes I feel involved in the home. It's the only place where I've felt like the staff genuinely listen to you and take notice of what you say."

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

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.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We looked at a six care files which belonged to people who used the service. The files we looked at ranged from newly admitted people to people who needed lots of support from the staff. The files contained information about the person's next of kin, GP, religion, marital status, medical needs and current medication they were taking. The files also contained information about the person's lives and their likes and dislikes. There was a description of the person which described their preferences and this was written in the first person for example "I like" and "I don't like". There was also information about how the person spent their day, for example, what time they preferred to get up and what activities they were interested in.

The care files contained assessments, which had been completed by the placing authority, health care professionals and senior staff at the home. From these assessments a care plan had been formulated. The care plan instructed the staff how to meet the needs of the person and recorded daily activities, for example, going shopping, helping with the running of the home and undertaking the up keep of their rooms. We saw there was a record of when people's reviews had been held and care plans were updated and changed accordingly.

We saw a record of health care professional visits, for example district nurses, community psychiatric nurses and GPs. There was also a record of any advice given or any changes to the person's medication.

We saw people's nutritional and dietary needs had been assessed and this was monitored by staff. Appropriate referrals were made to health care professionals when needed, for example, if someone's weight fluctuated and their appetite changed. We saw people had been seen by a dietician and staff were following their advice and guidance. People's weight was recorded on a weekly basis and their food and drink intake recorded daily.

We saw that key worker input was recorded in people's care plans. This included things

like talking to the person on a one to one basis, going shopping to buy toiletries or spending time talking together about things which may be bothering the person.

The care plans contained risk assessments which informed the staff how to support people to keep them safe from harm. These included risk of falls, nutrition, pressure areas care, mobility around the home, personal safety and any behaviour which might put the person or others at risk of harm.

Staff were able to describe people's needs and had a good insight into how to keep people safe from harm.

Assessments had been made about people's ability to make informed choices and decisions. If the person found difficulties with this meetings were held and support provided to ensure any decisions made on the person's behalf were in their best interest.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were supported to be able to eat and drink sufficient amounts to meet their needs.

People who used the service told us they were satisfied with the food provided. Comments included "The food is great", "There is always plenty of choice" and "I really enjoy my meals."

A light meal was provided at lunch time and the main meal was provided at tea time. A choice was provided at each meal time and drinks and snacks are available throughout the day. People who used the service used the kitchen to make themselves drinks and had undertaken training to minimise the risk of cross infection. People told us they had been involved with the formulation of the menus and they were able to influence choices available. Comments included, "We discuss the meals at the residents' meetings and we can say what we want."

We saw that people's nutritional needs had been assessed and recorded in their care plans. This included an assessment using a recognised tool to establish people's weight and body mass index (BMI). This was monitored by the staff and if anyone needed the support of any specialist nutritional advice referrals were made to a dietician.

People had a choice of where they could eat their meals; they could either eat it in their rooms or one of the two dining rooms available.

Requirements relating to workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Appropriate checks were undertaken before staff began work.

We looked at the files of recently recruited staff. At the front of the files was a check list and employment was only offered when all employment checks had been completed and all references received. The files contained an application form which covered gaps in employment, references from the applicant's previous employer and a copy of the check done with the Disclosure and Barring Service (DBS). We were told that if any convictions showed up these were assessed and discussed with the applicant. Dependent on this assessment and discussion employment may not be offered. This ensured people were not exposed to staff who should not be working with vulnerable people.

People who used the service were involved with the recruitment and selection process and interviewed any prospective member of staff prior to an offer of employment.

The files contained evidence of the person's identification, for example copies of birth certificates and driving licences. The files also contained copies of contracts and terms and conditions of employment which the member of staff had signed and agreed. The files also contained copies of certificates which showed training the member of staff had undertaken.

Staff told us they received training when they first started with the service and had received further training while they had been working there. The training included, amongst other topics, how to help people with mobility problems safely, how to report abuse, infection control and behaviours which may challenge the service. Staff told us they felt the training offered equipped them to do their job and to meet the needs of the people who used the service.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People's complaints were fully investigated and resolved, where possible, to their satisfaction.

The complaint procedure was displayed around the home. The manager told us this could be provided in different formats to meet the person's needs. People we spoke with knew how to access the compliant procedure.

The complaint procured formed part of the home's 'Statement of Purpose' and was provided in the 'Service User Guide'.

There was a record of all complaints received. The record documented what the complaint was, what action the provider took and if the complainant was satisfied with the outcome. Information was provided about who the complainant should contact if they were not satisfied with the outcome.

People who used the service told us they knew they had a right to complaint and knew who they could talk to. Comments included, "I would go the manager, she's really good and will sort it out", "I would see the manager" and "We are asked at the residents' meetings if we have any complaints and these are looked into."

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.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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