



Making Social Care  
Better for People

# inspection report

Care Homes For Adults (18 – 65)

## **Westcliffe House**

12 Madeira Road  
Weston Super Mare  
North Somerset  
BS23 2EX

*Announced Inspection*

14th and 18th October 2004

## **Commission for Social Care Inspection**

Launched in April 2004, the Commission for Social Care Inspection (CSCI) is the single inspectorate for social care in England.

The Commission combines the work formerly done by the Social Services Inspectorate (SSI), the SSI/Audit Commission Joint Review Team and the National Care Standards Commission.

### **The role of CSCI is to:**

- Promote improvement in social care
- Inspect all social care - for adults and children - in the public, private and voluntary sectors
- Publish annual reports to Parliament on the performance of social care and on the state of the social care market
- Inspect and assess 'Value for Money' of council social services
- Hold performance statistics on social care
- Publish the 'star ratings' for council social services
- Register and inspect services against national standards
- Host the Children's Rights Director role.

## **Inspection Methods & Findings**

SECTION B of this report summarises key findings and evidence from this inspection. The following 4-point scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

### **The 4-point scale ranges from:**

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

'O' or blank in the 'Standard met?' box denotes standard not assessed on this occasion.

'9' in the 'Standard met?' box denotes standard not applicable.

'X' is used where a percentage value or numerical value is not applicable.

**ESTABLISHMENT INFORMATION**

**Name of establishment**

Westcliffe House

**Tel No:**

01934 629897

**Address**

12 Madeira Road, Weston Super Mare, North Somerset, BS23  
2EX

**Fax No:**

**Email address**

**Name of registered provider(s)/company (if applicable)**

Westcliffe House Limited

**Name of registered manager (if applicable)**

Mrs Patricia Margaret Bugler

**Type of registration**

**No. of places registered (if applicable)**

Care Home

20

**Category(ies) of registration, with (number of places)**

Past or present alcohol dependence (20), Past or present drug dependence (20)

**Registration number**

D050000567

**Date first registered**

1st August 2002

**Date of latest registration certificate**

3rd April 2003

**Was the home registered under the  
Registered Homes Act 1984 as amended?**

YES

**Do additional conditions of registration  
apply ?**

NO

**If Yes refer to Part C**

**Date of last inspection**

<b>Date of inspection visit</b>		14 <sup>th</sup> and 18th October 2004	<b>ID Code</b>
<b>Time of inspection visit</b>		10:00 am	
<b>Name of inspector</b>	<b>1</b>	Juanita Glass	140384
<b>Name of inspector</b>	<b>2</b>		
<b>Name of inspector</b>	<b>3</b>		
<b>Name of inspector</b>	<b>4</b>		
<b>Name of specialist (e.g. Interpreter/Signer) (if applicable)</b>			
<b>Name of establishment representative at the time of inspection</b>		Mrs P Bugler	

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## INTRODUCTION TO REPORT AND INSPECTION

Every establishment that falls within the jurisdiction of the Commission for Social Care Inspection (CSCI) is subject to inspection, to establish if the establishment is meeting the National Minimum Standards relevant to that setting and the requirements of the Care Standards Act 2000 as amended.

This document summarises the inspection findings of the CSCI in respect of Westcliffe House.

The inspection findings relate to the National Minimum Standards (NMS) for Care Homes for Adults (18-65) published by the Secretary of State under the Care Standards Act 2000.

The Regulations applicable to the inspected service are secondary legislation, with which a service provider must comply. Service providers are expected to comply fully with the National Minimum Standards. The National Minimum Standards will form the basis for judgements by the CSCI regarding registration, the imposition and variation of registration conditions and any enforcement action.

The report follows the format of the NMS and the numbering shown in the report corresponds to that of the Standards.

The report will show the following:

- Inspection methods used
- Key findings and evidence
- Overall ratings in relation to the standards
- Compliance with the Regulations
- Required actions on the part of the provider
- Recommended good practice
- Summary of the findings
- Providers response

This report is a public document.

## INSPECTION VISITS

Inspections are undertaken in line with the agreed regulatory framework with additional visits as required. This is in accordance with the provisions of the Care Standards Act 2000. The following inspection methods have been used in the production of this report. The report is based on the findings of the specified inspection dates.

**BRIEF DESCRIPTION OF THE SERVICES PROVIDED.**

Westcliffe House is a rehabilitation unit for up to twenty service users who have been through detoxification and are now embarking on an individual therapeutic programme working toward rehabilitation from addiction.

The home is situated near the beach and within easy access of local amenities, bus and train services.

## **PART A SUMMARY OF INSPECTION FINDINGS**

### **Inspector's Summary**

(This is an overview of the inspector's findings, which includes good practice, quality issues, areas to be addressed or developed and any other concerns.)

#### **Brief Introduction**

This announced inspection took place over two days in the presence of Mrs P Bugler, the inspector spoke to most of the service users at the home, five ex service users visiting the home and received a letter from one service user who wanted her views to be counted. All comments made commended Westcliffe House for the programme and support provided, the inspector was also impressed by the element of aftercare which service users said they found extremely helpful in starting out on their own. Ex service users stated that Westcliffe had changed their perspective on life and had given them coping mechanisms for days when recovery was difficult.

#### **Choice of Home (Standards 1-5)**

5 of 5 standards were assessed; all were met

The homes statement of purpose is concise and contains all the information required. The Service User Guide is in a booklet form and is very informative. Service users referred to the home are invited to visit for a, full assessment, interview with a counsellor and to meet the service user group at the time. The assessment form is holistic in its approach and covers both mental health and a psychological profile is included where necessary. Service users spoken to felt the visit was an important part of the assessment process, The inspector saw detailed assessments that enable the manager to know exactly what needs must be met. The inspector saw copies of the conditions of residency, which is signed by all service users. Those service users identified as being at risk of self-harm are also asked to sign a self-harm contract.

#### **Individual Needs and Choices (Standards 6-10)**

4 of 5 standards were assessed; two were met, and two were exceeded.

The service user plans inspected contained all the information needed to provide an individual plan for each service user. The home operates on a RELATE based training with emphasis on building relationships. Service users programmes include support and training in areas such as literacy parenting skills, and pursuing an education or job. Service users stated that their care plans are agreed with them, and adjusted to meet their personal needs. The manager holds a Sunday meeting with service users, a record is kept of all issues raised and action taken, service users spoken to confirmed that they can raise issues within the home and they are listened to and acted on. Service users are encouraged take personal responsibility for their actions within the supportive network of the home. Risk assessments are in place where the need is identified, they are agreed with service users and reviewed regularly. All 1-1 consultations are held in private rooms and the staff respect the service users right to confidentiality.

#### **Lifestyle (Standards 11-17)**

6 of 7 standards were assessed; 3 were met and 3 were exceeded

The homes whole approach to rehabilitation supports service users maintaining and developing independent living skills, and building relationships through individualised service user plans, by identifying specific needs and providing the guidance and support to improve those skills. Support groups include parenting, communication skills, literary skills, art therapy drama, and life skills; Outside help is bought in to support service users with literacy problems. Service users spoken said the programme kept them busy and they had access to leisure activities, although an activities programme is not arranged, visits to theatre and cinema can be planned. On admission service users agree to no contact with family or friends for the first two weeks, they then agree a level of contact with their counsellor. Service users sign a contract on admission and agree to the house rules, any restrictions are considered on an individual basis, agreed between the service users and staff, not as a group. Service users spoken to felt that the restrictions were fair and fully discussed before being agreed.

Service users spoken to said the meals in the home were good and nutritious they stated that they would ignore healthy eating, but staff encourage them to consider healthy options, the menu on offer provided choice; religious observance, medical diets and personal preferences can be catered for.

### **Personal and Healthcare Support (Standards 18-21)**

3 of 4 standards were assessed; 2 were met and 1 was exceeded

The home does not provide nursing care, the inspector observed staff providing personal support for service users needing 1to1 counselling, this approach was also seen to be flexible around service users needs rather than just timetabled. The inspector spoke to current service users and ex service users visiting the home, they all praised the staff and programme, more than one said that Westcliffe had changed their lives completely. All service users are registered with a GP on admission and a full health check is routine. The inspector reviewed the medication records and found no errors only a few service users were on regular medication. Service users do not self medicate whilst staying at Westcliffe House.

### **Concerns, Complaints and Protection (Standards 22-23)**

2 of 2 standards were assessed; both were met

The home has a clear and robust complaints policy and procedure, which all service users spoken to were aware of. It was difficult to carry out an audit trail of complaints as a record is kept of all issues raised, the inspector made a recommendation that formal complaints are recorded separately for the day to day issues raised at meetings with service users. All staff have received training in Adult Protection and the home has clear Adult Protection and Whistle Blowing policies, and the inspector saw a copy of the No Secrets in North Somerset policy and procedure.

### **Environment (Standards 24-30)**

6 of 7 standards were assessed; all were met

A service user showed the inspector around the home, and permission was obtained to enter private rooms, all service users stated their rooms were adequate for their needs the inspector noted that some rooms had been personalised with pictures and posters. All areas seen were clean comfortable and well maintained. The furnishing and lighting is domestic in character. The home has three communal rooms which are also used as therapy rooms during the day, one room has been allocated as the smoking room and this provides a smoke free environment for those who do not wish to smoke, service users stated that this worked very well.

### **Staffing (Standards 31-36)**

5 of 6 standards were assessed; all were met

The inspector examined staff records all staff have a job description, which clearly outlines their roles and responsibilities, and provides a line of accountability. All staff employed at

Westcliffe House are qualified and trained in areas that compliment the programme provided; they also have skills in areas other than dependency, which enables the home to provide alternative therapies and support for service users. Staffing levels vary, as more staff are needed during the week for therapy and group sessions. Eleven members of staff are currently following the NVQ2 In Care, which has been adapted to be more appropriate to dependency. Outside counselling supervision is funded every three weeks for counsellors. All staff receive regular supervision with the manager and within their peer group. Staff meetings are held every Monday morning, when feedback is given from the service user meeting held on Sunday.

**Conduct and Management of the Home (Standards 37-43)**

5 of 7 standards were assessed; 4 were met, 1 was exceeded

The manager is also the co owner and an experienced counsellor she has enrolled on the NVQ 2 In Care along with the other members of staff, and will be enrolling on a Registered Managers Award. Both service users and staff spoken to stated that the manager was always open and approachable, observations made during the inspection supported this. The ex service users visiting the home talked about their experiences at Westcliffe House and they all said that the manager and staff had gone beyond what they had expected and had shown real interest in their personal development. The inspector noted that service users continue to return to the home after they have completed the programme to visit the manager and staff, some spoken to said they had become their family.

All the policies, procedures and records required are in place and reviewed as necessary, they were well maintained up to date and available for inspection.

The inspector reviewed the Fire Log, which provided evidence to support the checks on Fire Alarms and fire fighting equipment were being carried out, and recorded. All staff have received a fire lecture and service users are involved in fire drills. All staff involved in handling food have received Food Hygiene training. The COSHH folder was up to date and reflected the chemicals in current use in the home. The home manager carries out regular Health and Safety checks. The Certificate Of Registration was displayed in the hall with a valid Certificate of Insurance and the visitor's book was available.

The inspector saw the director's report and financial statements, which provided evidence to support the home is financially viable.

Requirements from last Inspection visit fully actioned?

YES

CONDITIONS OF REGISTRATION THAT APPLY (OTHER THAN NUMBERS AND CATEGORY OF SERVICE USERS).	MET (YES/NO)

## STATUTORY REQUIREMENTS IDENTIFIED DURING THE INSPECTION

Action Plan: The Registered Person is requested to provide the Commission with an Action Plan, which indicates how requirements are to be addressed with the time scale within which such actions will be taken. This action plan will be made available on request to the Area Office.

### STATUTORY REQUIREMENTS

Identified below are areas addressed in the main body of the report which indicate non-compliance with the Care Standards Act 2000, and accompanying Regulations 2001, and the National Minimum Standards. The Registered Provider(s) is/are required to comply within the given time scales. The code in "Standard" is a cross-reference to the Standards described in full in the section "Inspection Findings".

No.	Regulation	Standard *	Requirement	

### RECOMMENDATIONS

Identified below are areas addressed in the main body of the report which relate to National Minimum Standards and are seen as good practice issues which should be considered for implementation by the registered Provider(s). The code in "Standard" is a cross-reference to the Standards described in full in the section "Inspection Findings".

No.	Refer to Standard *	Good Practice Recommendations
1	OP16	Formal complaints need to be recorded separately from routine issues raised by service users at meetings.

\* Note: You may refer to the relevant standard in the remainder of the report by omitting the 2-letter prefix e.g. YA10 refers to Standard 10.

**PART B****INSPECTION METHODS & FINDINGS**

The following inspection methods have been used in the production of this report

Direct observation	YES
Indirect observation	YES
Sampling	YES
• Pre-inspection questionnaire	YES
• Records	YES
• Care plans / Care pathways	YES
• Meals	YES
• Activities	NO
• Other <enter details here>	NO
'Tracking' care and support	YES
Group discussion with service users	YES
Individual discussion with service users	YES
Group discussion with staff	YES
Individual discussion with staff	YES
Discussion with management	YES
Service user survey	NO
Relatives/significant others survey/feedback	NO
Visiting professionals survey / feedback	NO
Tour of premises	YES
Formal interviews	NO
Document reading	YES
Additional inspection information:	
Number of service users spoken to at time of inspection	8
Number of relatives/significant others the inspectors had contact with	4
Number of letters received in respect of the service	0
CRB check for the responsible individual seen	NO
CRB check for the manager seen	NO
Certificate of registration was displayed at the time of the inspection	YES
Certificate of registration accurately reflected the situation in the service at the time of inspection	YES
Total No. of care staff employed (excluding managers)	X
Total No. of staff with nursing qualifications employed	X
Date of inspection	14/10/04
Time of inspection	1000
Duration of inspection (hrs)	10.75

The following pages summarise the key findings and evidence from this inspection, together with the CSCI assessment of the extent to which the National Minimum Standards for Adults (18-65) have been met. The following scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

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)

"0" or blank in the "Standard met?" box denotes standard not assessed on this occasion.

"9" in the "Standard met?" box denotes standard not applicable.

"X" is used where a percentage value or numerical value is not applicable.

## Choice of Home

The intended outcomes for the following set of standards are:

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

### Standard 1 (1.1 – 1.4)

The registered person produces an up to date statement of purpose setting out the aims, objectives and philosophy of the home, its services and facilities and terms and conditions; and provides each service user with a service users guide to the home. The statement of purpose should clearly set out the physical environmental standards met by the home in relation to standards 24.2, 24.9, 25.3, 25.5, 27.2, 27.4 and 28.2; and a summary of this information should appear in the service users' guide.

Range of fees charged From £  To £   
(per week)

Any charges for extras

If yes, please state what the extras are

Key findings/Evidence	Standard met?	3
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The homes statement of purpose is concise and contains all the information required. The Service User Guide is in a booklet form and is very informative; it includes admission guidelines, house rules, the assessment process, service users comments and a copy of the complaints procedure.

### Standard 2 (2.1 – 2.8)

New service users are admitted only on the basis of a full assessment undertaken by people competent to do so, involving the prospective service user, using an appropriate communication method and with an independent advocate as appropriate.

Key findings/Evidence	Standard met?	3
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Service users referred to the home are invited to visit for a, full assessment, interview with a counsellor and to meet the service user group at the time. The assessment form is holistic in its approach and covers both mental health and a psychological profile is included where necessary. Service users spoken to felt the visit was an important part of the assessment process.

**Standard 3 (3.1 - 3.10)**

The registered person can demonstrate the home's capacity to meet the assessed needs (including specialist needs) of individuals admitted to the home.

**Key findings/Evidence****Standard met?**

3

The inspector saw detailed assessments that enable the manager to know exactly what needs must be met; a prompt reply is made confirming a service users acceptance on the programme. The inspector joined the service users and staff for a house meeting all the staff demonstrated an awareness of service users feelings, emotions and personal assessed needs.

The manager has links with local health professionals in the area, which provides support for the service users.

**Standard 4 (4.1 - 4.5)**

The registered manager invites prospective service users to visit the home on an introductory basis before making a decision to move there, and unplanned admissions are avoided wherever possible.

**Key findings/Evidence****Standard met?**

3

As previously mentioned the assessment process involves a visit to the home. The home does not take unplanned admissions.

**Standard 5 (5.1 - 5.5)**

The registered manager develops and agrees with each prospective service user a written and costed contract/statement of terms and conditions between the home and the service user.

**Key findings/Evidence****Standard met?**

3

The inspector saw copies of the conditions of residency, which is signed by all service users. Those service users identified as being at risk of self-harm are also asked to sign a self-harm contract. Contracts of terms and conditions are between the funding body and Westcliffe House.

## Individual Needs and Choices

The intended outcomes for the following set of standards are:

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

### Standard 6 (6.1 – 6.10)

The registered manager develops and agrees with each service user an individual Plan which may include treatment and rehabilitation, describing the services and facilities to be provided by the home, and how these services will meet current and changing needs and aspirations and achieve goals.

Key findings/Evidence	Standard met?	4
<p>The service user plans inspected contained all the information needed to provide an individual plan for each service user. The home operates on a RELATE based training with emphasis on building relationships. Service users programmes include support and training in areas such as literacy parenting skills, and pursuing an education or job. Service users stated that their care plans are agreed with them, and adjusted to meet their personal needs, ex service users who visited the home during the inspection confirmed the level of personalisation of care plans. This is a unique approach to rehabilitation, which the inspector agreed was commendable.</p>		

### Standard 7 (7.1 – 7.7)

Staff respect service users' right to make decisions, and that right is limited only through the assessment process, involving the service user, and as recorded in the individual Service User Plan.

Key findings/Evidence	Standard met?	0
<p>Not assessed on this inspection.</p>		

<b>Standard 8 (8.1 – 8.5)</b>		
The registered manager ensures that service users are offered opportunities to participate in the day to day running of the home and to contribute to the development and review of policies, procedures and services.		
<b>Key findings/Evidence</b>	<b>Standard met?</b>	3
The manager holds a Sunday meeting with service users, a record is kept of all issues raised and action taken, service users spoken to confirmed that they can raise issues within the home and they are listened to and acted on. The inspector saw evidence of issues regarding leisure time and meals, which had been taken on board and adapted to meet service users requests.		

<b>Standard 9 (9.1 – 9.4)</b>		
Staff enable service users to take responsible risks, ensuring they have good information on which to base decisions, within the context of the service user's individual Plan and of the home's risk assessment and risk management strategies.		
<b>Key findings/Evidence</b>	<b>Standard met?</b>	4
Service users are encouraged take personal responsibility for their actions within the supportive network of the home. Risk assessments are in place where the need is identified, they are agreed with service users and reviewed regularly.		

<b>Standard 10 (10.1 – 10.6).</b>		
Staff respect information given by service users in confidence, and handle information about service users in accordance with the home's written policies and procedures and the Data Protection Act 1998, and in the best interests of the service user.		
<b>Key findings/Evidence</b>	<b>Standard met?</b>	3
All 1-1 consultations are held in private rooms and the staff respect the service users right to confidentiality. The service users agree that some information may be shared as part of the programme, or with outside agencies providing support. All records are stored in a locked cabinet in the office.		

## Lifestyle

The intended outcomes for the following set of standards are:

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

### Standard 11 (11.1 – 11.4)

Staff enable service users to have opportunities to maintain and develop social, emotional, communication and independent living skills.

Key findings/Evidence	Standard met?	4
<p>The homes whole approach to rehabilitation supports service users maintaining and developing independent living skills, and building relationships through individualised service user plans, by identifying specific needs and providing the guidance and support to improve those skills. Support groups include parenting, communication skills, literary skills, art therapy drama, and life skills. One ex service users visiting the home stated that the home had helped her deal with a problem of body image. Others found the parenting skills had helped them gain access to their children and develop a relationship leading to them being reunited.</p>		

### Standard 12 (12.1 – 12.6)

Staff help service users to find and keep appropriate jobs, continue their education or training, and / or take part in valued and fulfilling activities.

Key findings/Evidence	Standard met?	4
<p>Outside help is bought in to support service users with literacy problems, one ex service user visiting the home was following an IT course at Weston College and felt they would never have done it without the support of the home.</p>		

<b>Standard 13 (13.1 – 13.5)</b> Staff support service users to become part of, and participate in, the local community in accordance with assessed needs and the individual Plans.		
<b>Key findings/Evidence</b>	<b>Standard met?</b>	0
Not assessed on this inspection.		

<b>Standard 14 (14.1 – 14.6)</b> Staff ensure that service users have access to, and choose from a range of, appropriate leisure activities.		
<b>Key findings/Evidence</b>	<b>Standard met?</b>	3
Service users spoken said the programme kept them busy and they had access to leisure activities, although an activities programme is not arranged, visits to theatre and cinema can be planned.		

<b>Standard 15 (15.1 – 15.5)</b> Staff support service users to maintain family links and friendships inside and outside the home, subject to restrictions agreed in the individual Plan and Contract (subject to standards 2 and 6 if necessary).		
<b>Key findings/Evidence</b>	<b>Standard met?</b>	3
On admission service users agree to no contact with family or friends for the first two weeks, they then agree a level of contact with their counsellor, service users spoken to say that they were helped to maintain contact especially with children.		

<b>Standard 16 (16.1 – 16.11)</b> The daily routines and house rules promote independence, individual choice and freedom of movement, subject to restrictions agreed in the individual Plan and Contract (subject to Standards 2 and 6 if necessary).		
<b>Key findings/Evidence</b>	<b>Standard met?</b>	4
Service users sign a contract on admission and agree to the house rules, any restrictions are considered on an individual basis, agreed between the service users and staff, not as a group. Service users spoken to felt that the restrictions were fair and fully discussed before being agreed		

**Standard 17 (17.1 – 17.9)**

**The registered person promotes service users' health and wellbeing by ensuring the supply of nutritious, varied, balanced and attractively presented meals in a congenial setting and at flexible times.**

**Key findings/Evidence**

**Standard met?**

**3**

Service users spoken to said the meals in the home were good and nutritious they stated that they would ignore healthy eating, but staff encourage them to consider healthy options, the menu on offer provided choice; religious observance, medical diets and personal preferences can be catered for.

## Personal and Healthcare Support

The intended outcomes for the following set of standards are:

- Service users receive personal support in the way they prefer and require.
- Service users' physical and emotional health needs are met.
- 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.
- The ageing, illness and death of a service user are handled with respect and as the individual would wish.

### Standard 18 (18.1 – 18.11)

Staff provide sensitive and flexible personal support and nursing care to maximise service users' privacy, dignity, independence and control over their lives.

Key findings/Evidence	Standard met?	
The home does not provide nursing care, the inspector observed staff providing personal support for service users needing 1to1 counselling, this approach was also seen to be flexible around service users needs rather than just timetabled. The home emphasise the need for respect and has a clear policy on unacceptable behaviour. The inspector spoke to current service users and ex service users visiting the home, they all praised the staff and programme, more than one said that Westcliffe had changed their lives completely.		4

### Standard 19 (19.1 – 19.5)

The registered person ensures that the healthcare needs of service users are assessed and recognised and that procedures are in place to address them.

No. of incidents where service users have been taken to Accident & Emergency during last 12 months

2
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No. of service users with pressure sores at the time of inspection  
(from information taken from care notes)

0
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Key findings/Evidence	Standard met?	
All service users are registered with a GP on admission and a full health check is routine. Where any special needs are identified such as Mental Health the home has contacts with local health professionals, which ensures on going support.		3

**Standard 20 (20.1 – 20.14)**

The registered manager and staff encourage and support service users to retain, administer and control their own medication, within a risk management framework, and comply with the home's policy and procedure for the receipt, recording, storage, handling, administration and disposal of medicines.

**Key findings/Evidence****Standard met?**

3

The inspector reviewed the medication records and found no errors only a few service users were on regular medication. Service users do not self medicate whilst staying at Westcliffe House.

**Standard 21 (21.1 – 21.8)**

The registered manager and staff deal with the ageing, illness and death of a service user with sensitivity and respect.

**Key findings/Evidence****Standard met?**

0

Not assessed on this inspection.

## Concerns, Complaints and Protection

The intended outcomes for the following set of standards are:

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

### Standard 22 (22.1 – 22.7)

The registered person ensures that there is a clear and effective complaints procedure, which includes the stages of, and timescales for, the process and that service users know how and to whom to complain.

No. of complaints made to the home during last 12 months	0
No. of these complaints fully substantiated	0
No. of these complaints partly substantiated	0
No. of these complaints not substantiated	0
No. of these complaints not yet resolved	0
No. of complaints sent direct to CSCI	0
Percentage of complaints responded to within 28 days	100 %

### Key findings/Evidence

### Standard met?

3

The home has a clear and robust complaints policy and procedure, which all service users spoken to were aware of. It was difficult to carry out an audit trail of complaints as a record is kept of all issues raised, the inspector made a recommendation that formal complaints are recorded separately for the day to day issues raised at meetings with service users.

**Standard 23 (23.1 – 23. 6)**

The registered person ensures that service users are safeguarded from physical, financial or material, psychological or sexual abuse, neglect, discriminatory abuse or self harm, or inhuman or degrading treatment, through deliberate intent, negligence or ignorance, in accordance with written policy.

**The home has an Adult Protection procedure (including Whistle Blowing) which complies with the Public Disclosure Act 1998 and the DOH Guidance No Secrets**

YES

**No of staff referred for inclusion on POCA/POVA lists**

0

**Key findings/Evidence**

**Standard met?**

3

All staff have received training in Adult Protection and the home has clear Adult Protection and Whistle Blowing policies, and the inspector saw a copy of the No Secrets in North Somerset policy and procedure.

## Environment

The intended outcomes for the following set of standards are:

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

### Standard 24 (24.1 – 24.13)

The home's premises are suitable for its stated purpose; accessible, safe and well maintained; meet service users' individual and collective needs in a comfortable and homely way; and have been designed with reference to relevant guidance.

Key findings/Evidence	Standard met?	3
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All areas seen were clean comfortable and well maintained. The furnishing and lighting is domestic in character. One room and the garden have been allocated as smoking areas.

**Standard 25 (25.1 – 25. 11)**

The registered person provides each service user with a bedroom, which has useable floor space sufficient to meet individual needs and lifestyles.

<b>Total no. of single bedrooms with at least 10 sq.m usable space or additional compensatory space</b>	12
<b>Pre-existing homes only (1<sup>st</sup> April 2003) – single bedrooms below 10 sq.m usable space or additional compensatory space</b>	0
<b>Total no. of wheelchair users accommodated for in rooms at least 12 sq.m</b>	0
<b>Total no. of wheelchair users accommodated for in rooms less than 12 sq.m</b>	0
<b>Total no. of shared rooms at least 16 sq.m</b>	4
<b>Total no. of shared rooms below 16 sq.m</b>	0
<b>Percentage of places within single rooms:</b>	
<b>100%</b>	NO
<b>80% - 99%</b>	YES
<b>Less than 80%</b>	NO
<b>Total no. of single bedrooms</b>	12
<b>Number of single bedrooms with en suite</b>	0
<b>Total no. of double bedrooms</b>	4
<b>Number of double rooms with en suite</b>	0

**Key findings/Evidence****Standard met?**

3

A service user showed the inspector around the home, and permission was obtained to enter private rooms, all service users stated their rooms were adequate for their needs the inspector noted that some rooms had been personalised with pictures and posters.

**Standard 26 (26.1 – 26.4)**

The registered person provides each service user with a bedroom that has furniture and fittings sufficient and suitable to meet individual needs and lifestyles.

**Key findings/Evidence****Standard met?**

3

Each room is well furnished and meets service users needs.

**Standard 27 (27.1 – 27.6)**

The registered person provides service users with toilet and bathroom facilities which meet their assessed needs and offer sufficient personal privacy.

**Key findings/Evidence****Standard met?**

3

The toilet, bathing and washing facilities meet the needs of the current service users.

**Standard 28 (28.1 – 28.3)**

A range of comfortable, safe and fully accessible shared spaces is provided both for shared activities and for private use.

**Key findings/Evidence****Standard met?**

3

The home has three communal rooms which are also used as therapy rooms during the day, one room has been allocated as the smoking room and this provides a smoke free environment for those who do not wish to smoke, service users stated that this worked very well.

**Standard 29 ( 29.1 – 29.8)**

The registered person ensures the provision of environmental adaptations and disability equipment necessary to meet the home's stated purpose and the individually assessed needs of all service users.

**Key findings/Evidence****Standard met?**

9

This standard does not apply.

**Standard 30 (30.1 – 30.9)**

The premises are kept clean, hygienic and free from offensive odours throughout and systems are in place to control the spread of infection, in accordance with relevant legislation, published professional guidance and the purpose of the home.

**Key findings/Evidence****Standard met?**

3

The inspector found the home was clean, tidy and free from offensive odours.

## Staffing

The intended outcomes for the following set of standards are:

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

### Standard 31 (31.1 – 31.7)

The registered manager ensures that staff have clearly defined job descriptions and understand their own and other's roles and responsibilities.

Key findings/Evidence	Standard met?	3
The inspector examined staff records all staff have a job description, which clearly outlines their roles and responsibilities, and provides a line of accountability.		

### Standard 32 (32.1 – 32.6)

Staff have the competencies and qualities required to meet service users' needs and achieve Sector Skills Council workforce strategy targets within the required time-scales.

Key findings/Evidence	Standard met?	3
All staff employed at Westcliffe House are qualified and trained in areas that compliment the programme provided; they also have skills in areas other than dependency, which enables the home to provide alternative therapies and support for service users.		

**Standard 33 (33.1 – 33.11)**

The home has an effective staff team with sufficient numbers and complementary skills to support service users' assessed needs at all times.

Staff numbers/hours relating to the needs of service users are based on guidance recommended by the Department of Health.

			Personal Care	Nursing
<b>No. service users <i>High</i> needs</b>	0	<b>No. staff hours allocated</b>	X	X
<b>No. service users <i>Medium</i> needs</b>	0	<b>No. staff hours allocated</b>	X	X
<b>No. service users <i>Low</i> needs</b>	12	<b>No. staff hours allocated</b>	X	X
<b>Total no. of hours needed</b>	X	<b>Total Hours Provided</b>	X	
<b>No. of staff with NVQ level 2 or above</b>	0			
<b>No. of Trainees registered on Sector Skills Council training programme</b>	0	<b>No. of full time equivalent Staff with nursing qualification (where applicable)</b>	0	

**Key findings/Evidence**

**Standard met?**

3

Staffing levels vary, as more staff are needed during the week for therapy and group sessions. Eleven members of staff are currently following the NVQ2 In Care, which has been adapted to be more appropriate to dependency.

**Standard 34 (34.1 - 34. 8)**

The registered person operates a thorough recruitment procedure based on equal opportunities and ensuring the protection of service users.

**Key findings/Evidence**

**Standard met?**

3

Staff records seen contained all the records required by regulation, and provided evidence to support the manager carries out a thorough recruitment procedure.

**Standard 35 (35.1 - 35.8)**

The registered person ensures that there is a staff training and development programme which meets the Sector Skills Council workforce training targets and ensures staff fulfil the aims of the home and meet the changing needs of service users'.

**Key findings/Evidence****Standard met?**

0

Not assessed on this inspection.

**Standard 36 (36.1 - 36.8)**

Staff receive the support and supervision they need to carry out their jobs.

**Key findings/Evidence****Standard met?**

3

Outside counselling supervision is funded every three weeks for counsellors. All staff receive regular supervision with the manager and within their peer group. Staff meetings are held every Monday morning, when feedback is given from the service user meeting held on Sunday.

## Conduct and Management of the Home

The intended outcomes for the following set of standards are:

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

### Standard 37 (37.1 – 37.4)

The registered manager is qualified, competent and experienced to run the home and meet its stated purpose, aims and objectives.

Registered manager qualified to level 4 NVQ in Management and care [by 2005].

NO

Key findings/Evidence	Standard met?	9
The manager is also the co owner and an experienced counsellor she has enrolled on the NVQ 2 In Care along with the other members of staff, and will be enrolling on a Registered Managers Award.		

### Standard 38 (38.1 – 38.6)

The management approach of the home creates an open, positive and inclusive atmosphere.

Key findings/Evidence	Standard met?	4
Both service users and staff spoken to stated that the manager was always open and approachable, observations made during the inspection supported this. The ex service users visiting the home talked about their experiences at Westcliffe House and they all said that the manager and staff had gone beyond what they had expected and had shown real interest in their personal development. The inspector noted that service users continue to return to the home after they have completed the programme to visit the manager and staff, some spoken to said they had become their family.		

<b>Standard 39 (39.1 – 39.10)</b> Effective quality assurance and quality monitoring systems, based on seeking the views of service users, are in place to measure success in achieving the aims, objectives and statement of purpose of the home.		
<b>Key findings/Evidence</b>	<b>Standard met?</b>	0
Not assessed on this inspection.		

<b>Standards 40 (40.1 – 40.6)</b> The home's written policies and procedures comply with current legislation and recognised professional standards, covering the topics set out in Appendix 2 of the National Minimum Standards for Adults (18-65).		
<b>Key findings/Evidence</b>	<b>Standard met?</b>	3
All the policies and procedures required are in place and reviewed as necessary, they were well maintained up to date and available for inspection.		

<b>Standard 41 (41.1 – 41.3)</b> Records required by regulation for the protection of service users and for the effective and efficient running of the business are maintained, up to date and accurate.		
<b>Key findings/Evidence</b>	<b>Standard met ?</b>	3
All records were available for inspection well maintained and up to date.		

**Standard 42 (42.1 – 42.9)**

The registered manager ensures so far as is reasonably practicable the health, safety and welfare of service users and staff.

**Key findings/Evidence****Standard met?**

3

The inspector reviewed the Fire Log, which provided evidence to support the checks on Fire Alarms and fire fighting equipment were being carried out, and recorded. All staff have received a fire lecture and service users are involved in fire drills. All staff involved in handling food have received Food Hygiene training. The COSHH folder was up to date and reflected the chemicals in current use in the home. The home manager carries out regular Health and Safety checks. The Certificate Of Registration was displayed in the hall with a valid Certificate of Insurance and the visitor's book was available.

**Standard 43 (43.1 – 43.7 )**

The overall management of the service (within or external to the home) ensures the effectiveness, financial viability and accountability of the home.

**Key findings/Evidence****Standard met ?**

3

The inspector saw the director's report and financial statements, which provided evidence to support the home is financially viable.

**PART C****COMPLIANCE WITH CONDITIONS****(where applicable)**

<b>Condition</b>	<b>Compliance</b>	
<b>Comments</b>		

<b>Condition</b>	<b>Compliance</b>	
<b>Comments</b>		

<b>Condition</b>	<b>Compliance</b>	
<b>Comments</b>		

<b>Condition</b>	<b>Compliance</b>	
<b>Comments</b>		

**Lead Inspector****Juanita Glass****Signature****Second Inspector****Signature****Regulation  
Manager****David Francis****Signature****Date****17<sup>th</sup> January 2005**

## **Public reports**

It should be noted that all CSCI inspection reports are public documents.

**PART D**

**PROVIDER'S RESPONSE TO IDENTIFIED  
STATUTORY REQUIREMENTS**

**D.1 Registered Person's comments/confirmation relating to the content and accuracy of the report for the above inspection.**

Please limit your comments to one side of A4 if possible

**Action taken by the CSCI in response to provider comments:**

\_\_\_\_\_

Amendments to the report were necessary	NO
Comments were received from the provider	NO
Provider comments/factual amendments were incorporated into the final inspection report	NO
Provider comments are available on file at the Area Office but have not been incorporated into the final inspection report. The inspector believes the report to be factually accurate	NO

**Note:**

In instances where there is a major difference of view between the Inspector and the Registered Provider both views will be made available on request to the Area Office.

**D.2**

You will also note that the Commission has identified in the inspection report good practice recommendations and it would be useful to have some indication as to whether you intend to take any action to progress these.

**Status of the Provider's Action Plan at time of publication of the final inspection report:**

Action plan was required	NO
Action plan was received at the point of publication	NO
Action plan covers all the statutory requirements in a timely fashion	NO
Action plan did not cover all the statutory requirements and required further discussion	NO
Provider has declined to provide an action plan	NO
Other: <enter details here>	

**D.3 PROVIDER'S AGREEMENT**

**Registered Person's statement of agreement/comments: Please complete the relevant section that applies.**

**D.3.1 I \_\_\_\_\_ of \_\_\_\_\_ confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) and that I agree with the requirements made and will seek to comply with these.**

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Designation** \_\_\_\_\_

**Date** \_\_\_\_\_

**Or**

**D.3.2 I \_\_\_\_\_ of \_\_\_\_\_ am unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) for the following reasons:**

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Designation** \_\_\_\_\_

**Date** \_\_\_\_\_

Note: In instance where there is a profound difference of view between the Inspector and the Registered Provider both views will be reported. Please attach any extra pages, as applicable.

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