

Croftwood Care (Cheshire) Limited

Westy Hall Residential Care Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Westy Hall Residential Care Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during the inspection. The service was registered to accommodate 39 people. At the time of the inspection 38 people were receiving support.

People's experience of using this service and what we found

At our last inspection in June 2018, we found the home was in breach of regulations in relation to 'premises and equipment' and 'good governance'. During this inspection we found the service was no longer in breach of these regulations.

People told us that they were happy with the support they received. There was a friendly atmosphere. We observed kind and compassionate interactions between staff and people receiving support.

People using the service had access to a choice of menu's and received wholesome and nutritious meals that were well presented and took into consideration each person's dietary needs.

People told us they had enjoyed activities and events that had been organised over the previous months, however they told us they would like to see a lot more going on that they could enjoy daily. A programme of activities was in place however; some people reported that they would like to see improvements in this area. We have made a recommendation about developing activities to meet the needs of people living with dementia.

Some areas of the building showed signs of wear and tear within the environment. A programme of maintenance and redecoration was in place. We have made a recommendation to develop the environment with the needs of people with cognitive impairments in mind.

Each person had an individualised care plan. People's need's and wishes were assessed and recorded as part of their ongoing assessment. Staff were familiar with people's likes, preferences and wishes and positive relationships had developed between staff and people receiving care.

Staff were well trained in various topics appropriate to their role. They were knowledgeable in how to safeguard people from the risk of harm and abuse and were well trained in safely managing people's medications.

A complaints policy and process was also in place to ensure concerns and complaints were listened to and acted upon. The manager developed a simpler version following the inspection for people to use.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had a quality assurance system in place that included seeking the views of people who used the service and their representatives. Action plans were in place which confirmed any feedback received was listened to and acted upon.

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

Rating at last inspection and update: The last rating for this service was 'requires improvement' (published 1 August 2018); there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection improvements had been made and the provider was not in breach of regulations. The service had improved to a good rating.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.
Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Westy Hall Residential Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector and an 'Experts by Experience'. An 'Expert by Experience' is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Westy Hall Residential care home is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during the inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included any statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted local commissioners of the service to gain their views. The provider had completed a Provider

Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used all this information to formulate a 'planning tool'; this helped us to identify key areas we needed to focus on during the inspection.

During the inspection we spoke with the registered manager, the area manager, seven members of staff, 15 people who were living at the service and three relatives who were visiting at the time of the inspection.

We looked at care records of four people receiving support, three staff recruitment files, medication records, and other records and documentation relating to the management and quality monitoring of the service.

In addition, a Short Observational Framework for Inspection (SOFI) tool was used. SOFI tool provides a framework to enhance observations during the inspection; it is a way of observing the care and support which is provided and helps to capture the experiences of people who live at the home who could not express their experiences for themselves.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has remained as good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The management of health and safety was effective with good oversight of all areas of the service including the environment. Regulatory checks and compliance certificates were in place to show safe systems and equipment being in place.
- People and relatives said they felt the service was very safe. They shared very positive comments. One person shared with us, "I've always felt safe here and I've got everything I need in my room, I'm very well looked after, and I've got my buzzer if I need it." Two relatives expressed very positive comments telling us, "Since (my relatives) been here, they haven't had any falls, they look after her" and "My (relatives) safe, because they can't move well, the staff are always here for them."
- Staff supported people with a number of risks and assessed what actions they could take to safely support them with risks such as, falls, the environment and moving and handling.

Staffing and recruitment

- Rotas and dependency tools showed that the registered manager had assessed there were enough staff on shift to support people based on her assessments of each person. However, we received mixed feedback about the staffing levels in place.
- Three staff confirmed that staffing levels were difficult when somebody phoned in sick and felt it was difficult to complete their paperwork. Following the inspection, the manager revisited staff comments with an updated staff survey and advised staff they had increased staffing levels to six support staff each day.
- Safe recruitment practices were used to ensure that new staff were suited to working with vulnerable people. Appropriate checks were completed before new staff started work.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff were familiar with safeguarding and whistleblowing procedures. They knew the processes they needed to follow to keep people safe and told us they would not hesitate to report any concerns.
- Incidents and accidents were reviewed and analysed to identify patterns or trends and subject to further review by senior managers.

Using medicines safely

- Medication was managed safely. Records were accurately maintained and subject to regular audits by senior staff to check safe practices were maintained. Medicines were safely stored and administered in accordance with best-practice.
- People were supported with their medications by trained and competent staff who undertook regular training updates.

Preventing and controlling infection

- The environment was visibly clean and free from any unpleasant odours. There was an efficient system in place for maintaining the cleanliness and hygiene throughout the building.
- Staff had completed appropriate training and were aware of the need to control the potential spread of infection.
- Facilities had been awarded the highest grade of five stars, for cleanliness and food hygiene practises by the food standards agency. Some areas of maintenance within the kitchen such as the ceiling and grouting to tiles needed to be included in the overall maintenance plan.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to a good rating. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were encouraged to tailor their bedrooms as they desired. We saw that some people brought their own personal items into the service to make their bedroom as homely as possible.
- However, some rooms were quite bare in comparison and some in need of refurbishment. For example, one person's surround around their sink was stained and scraped. One mattress needed replacing due to wear and tear. ● The registered manager arranged for this mattress to be replaced. The registered manager agreed to review all mattresses in use to ensure they maintained people's comfort throughout the year.
- The staff had adapted some parts of the environment to help orientate people around the home, especially those people with cognitive needs and dementia. They used pictures to aid some orientation.
- We discussed other ways the service could be further adapted to meet the needs of people living at the service.
- Refurbishment work that took place following the last inspection included the replacement of pvc window frames and one bathroom had been refurbished to a high standard with modern decorations and tiles.

We recommend the registered provider reviews best practice guidance and introduces further development to the environment to meet the needs of people with dementia and cognitive conditions.

We recommend that the registered provider reviews any remedial and refurbishment work that needs to take place and shares the action plans with people at the service.

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

- People received appropriate support with specialist diets such as diabetic and vegetarian meals.
- We received mixed comments about the meals, but most comments were positive. One person told us, "The food's very good here and the cook comes to see me." Another person told us they often didn't like the food, but they were confident the cook came to see them to offer other choices. One person told us they would like to have breakfast in bed on occasions but wasn't sure if they could. Staff reassured this person they could have meals in their room whenever they felt like this.
- We observed staff taking time to communicate and engage with people in a positive and caring manner whilst offering appropriate support to people needing assistance with their meals.
- The atmosphere was relaxed with people enjoying a chat and taking their time with their meals and catching up with friends and staff on duty.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were appropriately assessed with pre-admission assessments carried out and used to help develop detailed support plans for each person.
- People told us they were happy with the care and support received. One person told us, "I'm very well looked after, they get the doctor for me, the chiropodist comes, I've got a hairdresser and my (relative) takes me to the opticians."
- Staff and managers worked effectively with healthcare professionals to ensure that people received the care they needed.
- Care plans evidenced that people had been appropriately referred to health care professionals such as district nurses, hospital clinicians and GP's when needed.

Staff support: induction, training, skills and experience

- Staff were supported with the appropriate training and learning development. They told us they were well supported by the registered manager.
- Staff were very knowledgeable about each person they supported and told us the training had helped them better understand people's needs and conditions.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

At this inspection we checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was operating within the principles of the Mental Capacity Act (2005). People had their levels of capacity appropriately assessed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. At the last inspection this domain was rated good, at this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed staff speaking to people with kindness and respect throughout the inspection. We observed positive relationships, people were comfortable in the company of the staff team. We saw that relatives were also made to feel welcome and encouraged to visit their family members at different times throughout the day.
- People and their relatives were very positive about the caring nature of staff. They told us that they were always treated well by staff. Their comments included, "The girls [staff] are lovely, so kind, it's a wonderful home, they get you anything, I can't fault any of them" and "The carers [staff] are part of my family, I always enjoy coming in."
- Staff were clear about their responsibilities in relation to meeting each person's individual needs and equality and diversity.

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

- Each person had a support plan detailing their communication needs and offering staff guidance on how to support people to communicate and make decisions. One relative told us, "They always phone me if (my relatives') not so good, they are treated very well here, the atmosphere is great, we visited about six homes before this one, but this was clearly the best."
- Some people used pictorial documents to help them to be involved and understand written information about the service and their support.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful and spoke with people in a kind and dignified manner. People were comfortable in the company of staff and were appropriately supported at all times.
- Some of the frosted glass windows in the bathrooms and toilets did not have any type of covering in place to promote privacy. During the inspection the registered manager was responsive and took action to provide net curtains to all of these areas.
- Staff supported people with their personal care needs in a discrete and sensitive manner. They understood the importance of delivering dignified care that was tailored around each person's, wishes and preferences.
- Confidential and private information was stored and protected in line with General Data Protection Regulation (GDPR).
- Staff had developed a blossom tree displayed in the reception area. People were encouraged to complete a comment and tie it to the tree. This was an innovative way to capture feedback from everyone and included lots of positive comments reflective of people's care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as 'requires improvement'. At this inspection this key question remained the same. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives told us they could visit their family member anytime and they were always made to feel welcome.
- We did not observe activities taking place during our inspection. People using the service expressed mixed feedback regarding the activities on offer and told us that they would like access to more activities as they had enjoyed these when they had been arranged. They had really enjoyed their trip to Liverpool in June. They told us they enjoyed the visiting entertainer's, the Elvis show and occasional party fundraisers organised by the 'Westy volunteers.'
- The registered manager advised that their activities organiser was on maternity leave and they had just recruited an additional coordinator to arrange activities.
- The activities board gave limited information about past events and a planned event the week following the inspection. The registered manager was reviewing activities to increase social events and to advertise the events in different formats for people to understand.
- The latest resident's meetings in April and July 2019 were well attended as the manager revised the format to offer afternoon tea. People gave a lot of feedback to the registered manager about the activities they liked and what they wanted to see more of.

We recommend the service reviews best practice guidance to help them develop support with activities for people with dementia and cognitive conditions.

Improving care quality in response to complaints or concerns

- There was a detailed complaints policy in place accessible to everyone. During the inspection the registered manager revised the policy into a pictorial format to help some people better understand the process to raise their comments.
- Some aspects of the complaint's records needed review to show an improved audit trail to the review and investigation of comments raised.
- One record had limited information and didn't fully reflect the actions taken to address the concerns. The registered manager revised their records following the inspection to show improved aspects to how they would record all types of concern and feedback.
- People told us they would feel confident raising any issues with the staff and the registered manager. One person told us, "They've been very good to me, I can't complain." Another person told us "The (registered) manager always sorted things out for me."
- Two people raised their concerns that since the home had been developed into one unit they had people walking around the service due to their condition. One person felt that, "There are too many people with dementia here so there's not much conversation." Another person was unhappy that on occasions a person would wander into their bedroom which upset them. We passed this information to the registered manager

to review.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We observed that staff knew people well and were familiar with their support needs.
- Care plans contained information that had been developed to offer person-centred care which focused on each person's preferences, their likes, dislikes and wishes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carer's.

- Accessible Information was available upon request for people who required extra support in relation to their communication needs. The registered manager was looking at developing various documents into different formats to better meet some people's needs. The staff offered a range of assistive technology for people to use to contact the staff and help them communicate their needs such as, a loop system and mobile pendants.

End of life care and support

- At the time of the inspection, nobody at the service was receiving end of life care.
- Where people had expressed a preference, staff made sure that their wishes were recorded, and staff had been fully trained to offer this support.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as 'requires improvement.' At this inspection this key question has improved to 'good.'

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We received positive feedback about the culture within the service and the support people received. Relatives were very positive about the manager's approach and told us, "She always keeps us informed."
- People and their relatives felt involved in the provision of care being delivered. They were invited to attend regular meetings and could also choose to speak less formally with staff. They were also invited to provide feedback via a recent survey. Out of 39 questionnaires sent out, 18 were received back. The feedback overall was very positive regarding all aspects of the service. Some people requested access to more activities.
- Staff were supported to offer their views and contribute to the development of the service at team meetings and via an annual staff survey. Staff told us they could approach the registered manager at any time and had a good rapport with them.

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

- The registered manager and provider completed regular safety and quality audits to measure performance and generate improvements. The registered manager maintained good oversight of the governance systems at the service and undertook regular spot check visits.
- We received positive feedback about the registered manager from staff, people living at the service and their families. Their comments about the registered manager included, "She has a heart like a lion, she's fantastic" and "She's a marvel."
- The registered manager was aware of their regulatory responsibilities; they demonstrated their understanding of the Health and Social Care Act, 2008 and the importance of submitting statutory notifications to CQC.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care; Working in partnership with others

- The registered manager was aware of their legal responsibilities, the importance of investigating incidents, events and being open and transparent. Following the inspection, they had revised their recording process for complaints to show a clearer audit trail.
- The registered manager had developed positive working relationships with external professionals and local authorities. They had received continuous positive feedback from the local Health Watch group. This organisation had recently visited the service and made positive comments about Westy Hall care home.
- The service had good links with local healthcare professionals and social services. This ensured that

people had access to specific support when they needed it, this helped to promote their health and lifestyle.

- The registered manager acknowledged various areas of improvement were needed within the service. They demonstrated they had taken action to improve activities by advertising and recruiting to a new activities' organiser. They had developed an action plan to further develop the environment.
- The ratings for the last inspection were displayed within the service and accessible to everyone.