

Anchor Hanover Group

Widnes Hall

Inspection report

Coronation Drive
Ditton
Widnes
Cheshire
WA8 8BL

Tel: 01514220004

Date of inspection visit:
26 January 2023
01 February 2023

Date of publication:
21 March 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Widnes Hall provides accommodation and personal care for up to 69 people; some of whom live with dementia in an adapted building over two floors. At the time of our inspection 65 people were living at the service.

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

Risks to the health, safety and welfare of people were not always assessed, monitored and managed to ensure their safety. This included risks associated with some people's care, the safety and cleanliness of the environment and infection prevention and control.

The providers quality assurance systems and processes were not always used effectively to identify and mitigate risk. There was a lack of robust checks carried out across the environment in the absence of the registered manager. There was a lack of management oversight to make sure some people's records were completed accurately.

Consent to care was not always obtained in line with the Mental Capacity Act 2005 (MCA). Consent forms for care were signed on behalf of people by others without the appropriate legal authority and some mental capacity documentation for some people contained conflicting information about people's ability to consent.

People told us they felt safe and family members were confident their relative was kept safe. Staff understood their responsibilities for keeping people safe from abuse. They knew the different signs of abuse and the procedures for reporting any concerns about people's safety and treatment. New staff were recruited safely, and people received care and support from the right amount of suitably skilled and experienced staff.

People's needs and choices were assessed. Staff received the training and support they needed for their role. People received the support they needed to eat and drink and to maintain a healthy diet. People were supported with their healthcare needs including support to access other services. Staff monitored people's health and wellbeing and made prompt referrals where this was required for people. The premises were adapted and designed to meet people needs, however some improvements were needed to décor and fixtures.

People's privacy, dignity and independence were respected. Staff knew people well and spent quality time with them. Staff showed people kindness. People and family members were complimentary about how staff treated them. People or those acting on their behalf were given opportunities to express their views and make decisions about the care provided.

People were involved in planning and reviewing their care along with others including family members.

People and family members told us staff provided the right care and support. Staff organised and encouraged people to take part in a variety of meaningful activities and they supported people in relationships which were important to them. People and family members were provided with information about how to complain and they felt confident speaking up should they need to.

There was a positive culture at the service. People, family members and staff felt included and able to speak up freely. People received all round care through good partnership working with others including family members and other health and social care professionals.

Rating at last inspection and update

The last rating for the service under the previous provider was good published on 25 March 2020.

Why we inspected

This was a planned inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have identified breaches in relation to people's safety, consent and the governance and leadership of the service.

Please see the action we have told the provider to take at the end of this report.

The provider has taken action to mitigate the risks.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Widnes Hall

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors and an Expert 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

Widnes Hall is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed all the information we held about the service since it registered with the Commission. We also obtained information about the service from the local authority and local safeguarding teams. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection visit

We spoke with 5 people and 10 family members about their experience of the care provided. We spoke with the registered manager, 8 care staff, a housekeeper, cook and the district manager.

We reviewed a range of records. This included 5 people's care records and a selection of people's medication records. We looked at recruitment records for 3 staff members employed. A variety of other records relating to the management of the service, including audits and checks were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risk was not always assessed, monitored and managed. This included risks relating to the spread of infection.
- Risk assessments relating to some aspects of people's health, safety and welfare had not been completed and some people's risk management plans did not always provide clear information to guide staff on how to minimise the risk of harm. This included risks associated with smoking and the use of equipment.
- There were some hazards associated with parts of the environment which placed people at risk of harm. For example, people had access to a hairdressing room, kitchen cupboards and a garden area containing potentially hazardous substances and items.
- There was a good stock of the right personal protective equipment and staff used and disposed of it safely, however it was not always safely stored. Some items of unused PPE were stored in sideboards amongst items including hairbrushes and eyeglasses increasing the risk of PPE becoming contaminated.
- Parts of the premises and equipment were unclean and unhygienic. This increased the risk of spreading any infections. For example; some walls, part of the floor and a microwave in a kitchenette were stained with spillages and a build-up of dried food debris. Kitchenette worktops were damaged in parts and unclean. Damaged worktops are more difficult to keep clean.

The provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. This is breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Immediate action was taken by the registered manager to mitigate risks to people.

- Staff received training in topics of health and safety which included the safe use of equipment and how to keep people safe in the event of an emergency. Each person had a current personal emergency evacuation plan (PEEP) in place.
- Staff completed infection prevention and control (IPC) training and received appropriate updates in line with government guidance.
- People's health was monitored for signs of infection and COVID-19 testing was carried out when signs of infection were identified.

Visiting in care homes

- Safe visiting procedures were followed in line with current government guidance.

Using medicines safely

- Medicines were safely administered and recorded; however, the storage of some medicines was unsafe.
- A medication room was unlocked whilst unsupervised and a medication fridge containing prescribed medicines was also unlocked in another room that wasn't monitored. There were some gaps in the records of medication room and fridge temperatures. Therefore, there was no guarantee that medicines were stored at the correct temperatures during those times. Immediate action was taken by the registered to ensure the safe storage of medicines.
- Staff with responsibilities for managing medicines had received the required training and competency checks. Staff were provided with up to date policies and procedures and good practice guidance for the safe management of medicines.

Systems and processes to safeguard people from the risk of abuse

- There were effective systems and processes to safeguard people from the risk of abuse.
- Staff received safeguarding training and regular training updates, they knew the different types of abuse that can take place and the procedures for reporting any concerns they had about people's safety and treatment.
- People told us they felt safe and were well treated. Their comments included, "Yes I'm safe here" and "I'm treated very well by them all [staff]." Family members provided the following feedback when asked if their family members received safe care, "Yes, [relative] is receiving safe care" and "[Relative] is getting safe care there and I'm happy with that".

Staffing and recruitment

- People received care and support from the right amount of suitably skilled and experience staff who were safely recruited.
- Staffing levels were calculated based on people's needs. Staffing rotas were made up of the right amount of suitably skilled and experienced staff to meet people's needs and keep them safe.
- Family members told us they felt there were enough of the right staff to meet people's needs. Their comments included, "Yes, when we have gone in there has been plenty of staff there," "There seems be more lately which is great. There's always a team leader on," "When I've been in there's always staff and enough for me to speak to," and "There's always someone you can speak to."
- A series of pre-employment checks were carried out on all staff to assess their fitness and suitability before they were employed, including a check with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Accident and incidents were recorded and reported to the relevant bodies. Investigations took place and changes were implemented to help minimise the risk of further occurrences.

Is the service effective?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Consent to care and treatment was not always obtained in line with the law and relevant guidance.
- There were multiple examples where forms giving consent for care were signed on behalf of people by others who did not have the appropriate legal authority. Examples included forms signed by members of staff and family members where there was no evidence of them holding a Lasting Power of Attorney (LPA) for Health and Welfare. An LPA enables individuals appointed legal power to make decisions on a person's behalf when they become unable to make decisions for themselves.
- Some people's care records contained conflicting information around their ability to consent and some best interest decision records were generic and therefore were not specific to the person.

The provider failed to ensure consent to care and treatment of service users was provided by the relevant person. This is breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Immediate action was taken by the registered manager to ensure consent was lawfully obtained.

- DoLS authorisations were monitored and regularly reviewed to make sure they remained valid.

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

- People's needs, and choices were assessed to make sure they could be met at the service. However, we

found examples where care plans for some people lacked information and guidance on how some of their needs were to be met.

- The assessment process worked in partnership with other professionals. People's assessments carried out by other professionals were obtained and used to inform the providers overall assessment.

Staff support: induction, training, skills and experience

- Staff were provided with the training and support they needed to carry out their role effectively.
- All staff were safely inducted into their role. They completed mandatory training and learnt about the expectations of their role. Training for all staff relevant to their role and people's needs was ongoing and the registered manager was monitoring staff completion timescales.
- Support for staff was provided through regular one to one supervision with their line manager and staff meetings. Staff told us they felt supported within their roles. One staff member told us, "There is always someone senior to speak with and help us when needed."
- People and family members told us they thought staff were well trained and had the right skills for their role. Their comments included; "Yes, no problem at all.", "Yes, the ones I deal with." and "I've seen them with the ladies, and they work with them really lovely."

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

- People were supported to be as healthy as possible and access healthcare services.
- Care records included details about people's healthcare needs and how they were to be met. There was information about the healthcare services people were registered with. A record was maintained for each person detailing healthcare appointments they attended and outcomes.

- Staff worked consistently with other agencies to make sure people received effective and timely care.

Referrals for people were made promptly to the appropriate services.

- Family members provided the following feedback when asked if they felt relevant healthcare professionals were contacted when required; "Oh yes, certainly [relative] sees the doctor and podiatrist and is now on supplements," "Whenever [relative] seems to have problems, it's dealt with more quickly than if she was at home. Seems to have ready access to the health system" and "I've had more interaction with the doctor since [relative] has been there than the one, they had before."

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

- The service was adapted and designed to meet people's needs; however, some work was needed to improve the décor and some fixtures.
- The décor and fixtures in some parts of the environment needed upgrading due to damage through wear and tear. This included kitchen worktops, cupboard doors and walls, radiator covers and flooring in some bathrooms. The registered manager assured us that the repairs had been identified and work was planned to take place soon.
- The environment was fitted with aids and adaptations to help maximise people's mobility and independence.

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

- People received the support they needed to eat and drink; maintaining a balanced diet.
- The support people needed to safely eat, and drink was detailed in their care plan along with any special dietary requirements they have. Staff including kitchen staff knew people's dietary requirements and they prepared and served food for people in the right way.
- Staff monitored and recorded people's weight and food and fluid intake when this was required. Prompt referrals were made to relevant professionals for people when staff noted signs of poor dietary intake or a

sudden change in their weight.

- People were offered a choice of food and drink for their main meals and snacks were offered in between. People commented positively about the food, their comments included, "Very good" and "Enjoyable." Family members comments included, "I've not seen the food but seen it on the trolleys and smelt it and thought that looks really lovely and [relative] not complained about the food." and "From what I have seen of it, it looks very nice and appetizing."

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.

This is the first inspection of this newly registered service. This key question has been rated requires good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted.
- Staff promoted people's dignity when providing care and support, they spoke with people in a respectful way and listened to their point of view.
- Staff were observed respecting people's privacy. They knocked on doors before entering people's private spaces and were discreet when providing people with personal care and support. Family members told us they were able to visit their relative in private, their comments included, "All visits are private because we take [relative] to their room, I can't fault the visiting system." and "We always go into [relatives] room, so it's private."
- Records about people were only shared with others on a need to know basis and discussions with and about people took place in private. This helped protect people's privacy.
- People's independence was respected and promoted. Care plans detailed the things people were able and preferred to do for themselves and statements such as 'prompt' and 'encourage' were used to help staff promote people's independence.
- Family members told us staff promoted their relative's independence. Their comments included, "[Relative] is encouraged to dress herself." and "Yes, they encourage her."

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

- People were treated well, and their equality and diversity was respected.
- Care records included information about people's likes, dislikes, religion and other things that were important to them.
- Staff were patient and kind towards people and quickly attended to their requests for assistance. They regularly checked on people's wellbeing and comfort. One family member told us, "When they go down the corridor, they pop their head in and ask if you are okay."
- People and family members told us they were treated well and felt respected by staff. Their comments included, "They are all unique in their own ways.", "They seem really lovely, if you need anything, they will sort it.", "Very respectful, kind and really sweet." and "I just think they treat everyone as an individual but as one big family member and when they go around with the drinks trolley, they always ask me if I want one."

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

- People or those acting on their behalf were supported to express their views and make decisions about the care provided.

- People and family members were involved and supported to express their views through care reviews and 'resident and relatives' meetings. One person told us, "Yes, I have my say." Family members told us, "Yes, I do reviews with [staff name]." and "They asked me what [relative] likes. I filled in a big form."
- The registered manager operated an open-door policy and welcomed everyone's feedback. A family member told us, "To be honest you can give any amount of feedback whenever you go in because they are always willing to listen." and another told us, "When we sign out there is an opportunity to feedback and there is always someone in the office you can feedback to in person."

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires good. This meant people's needs were met through good organisation and delivery.

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

- People were supported to develop and maintain important relationships and follow their interests.
- Care records provided information about people's interests, hobbies and important relationships. Family members told us they were always made to feel welcome and offered refreshments with their relatives. A family member told us, "They are very accommodating and make me a cup of tea."
- Staff actively engaged people in a variety of activities. We observed people enjoying art and crafts, singing, dancing and armchair exercises.
- People and family members felt there were appropriate activities available. Their comments included, "There's plenty going on.", "They do bits and pieces [relative] always wants to go back into the lounge because they think it's the club." "They have a lot of activities" and "[Relative] has been on quite a few trips and has joined a gardening club." and "[Relative] loves flowers and they did flower arranging."

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

- There was a personalised approach to planning people's care.
- People and relevant persons such as family members were involved in the planning and reviewing of people's care.
- People's and their family members told us the right care was provided. Their comments included, "Exactly how I like it." and "They are attentive to [relative] needs and they provide what she needs."

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 carers.

- People's communication needs were met.
- Staff communicated effectively with people, they knelt when speaking with people who were sat in chairs and spoke clearly.
- Information was provided to people in a way they could understand for example large print and with pictures or any other formats when this would help people.

Improving care quality in response to complaints or concerns.

- There were systems and processes in place for responding to concerns and complaints.

- Complaints were managed in line with the providers policy.
- Information about how to complain was displayed at the service and made available to people and their family members.
- People and family members told us they had no worries about complaining should they need to and felt they would be listened to. A family member detailed a complaint they had made and told us they felt it was dealt with appropriately and they felt listened to.

End of life care and support

- End of life care and support was provided where this was needed with the support of other professionals.
- People's end of life care wishes was discussed and planned for where this was agreed.
- The appropriate documentation was in place for people where they had expressed a wish to not be resuscitated.

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.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The providers systems for assessing, monitoring and improving the quality and safety of the service were not always used effectively to identify and mitigate risks associated with some people's care, consent, parts of the environment and mitigating the spread of any infections.
- The registered manager was absent from the service for several weeks prior to this inspection and during their absence those deputising did not maintain robust checks on the safety and cleanliness of the environment. There was a lack of provider oversight during the absence of the registered manager to ensure their governance systems were being used effectively to monitor and manage risk.
- The registered manager acknowledged they had lacked oversight of some tasks delegated to senior staff for completion. This included the records relating to risk management and consent to care.

The provider failed to operate effective systems to ensure the safety and quality of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Immediate action was taken by the registered manager to mitigate risk.

- The required notifications were sent to CQC in a timely way and information was shared with other agencies as appropriate.
- The provider's policies and procedures were kept under review and updated to reflect any changes.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A positive culture was promoted at the service and overall people experienced good outcomes. There were however some inconsistencies which put at risk people's safety.
- Everybody felt included and empowered; people, staff and family members felt involved by managers and staff in the running of the service by? in? and were confident about speaking up.
- The manager operated an open-door policy and welcomed everyone's feedback, people's views and opinions about the service and ways to improve it.

Continuous learning and improving care

- There was a culture which promoted learning and improving care.

- The registered manager was receptive of the feedback we gave throughout the inspection and acted quickly to make improvements.
- When incidents occurred, they were reviewed through reflective practice to help understand how the situation happened and to look at ways to improve, and to prevent further occurrences. Lessons learnt were shared with other staff.

Working in partnership with others; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was good partnership working with others.
- Managers and staff worked in partnership with others who are involved in people's care and support, such as other health and social care professionals and family members.
- Family members commented positively about the lines of communication. Their comments included, "They called me straight away and they have kept me informed of any issues they have had with [relative]. I can't fault them.", "I went to visit, and they noticed me coming and they gave me a breakdown of how [relative] has been.", "If anything happens, they phone me straight away." and "They phone regularly to update me."
- A visiting healthcare professional told us staff worked well with them. They told us staff communicated well and always provided the necessary information about people.

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

- The provider and registered manager acted in an open and transparent way, and were open and honest with people when things went wrong.
- The appropriate agencies and relevant others such as family members were notified when things went wrong. Family members told us, "If anything goes wrong, they have been absolutely brilliant.", "Yes, they have told me when [relative] had some medical incidents I've had a call in the night." and [relative] got up and had a fall and they kept me informed."
- The ratings from the last inspection were displayed in the reception area and on the providers website.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider failed to ensure consent to care and treatment of service users was provided by the relevant person.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to assess, monitor and mitigate the risks relating to the health safety and welfare of service users.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to operate effective systems to ensure the safety and quality of the service. This placed people at risk of harm.