

Barchester Healthcare Homes Limited

Westvale House

Inspection report

Old Hall Road,
Warrington ,
WA5 9PA
Tel: 01925 571266
Website:

Date of inspection visit: 10/12 November 2014
Date of publication: 12/03/2015

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?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on the 10 and 12 of November 2014. The inspection was unannounced

The last inspection of Westvale House took place on the 11 December 2013 when it was found to be meeting all the regulatory requirements looked at during the inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

A new home manager had recently started work at the and was being supported by the registered manager during our inspection. The current registered manager was leaving the home and was going to take up a new role as a regional clinical support role for the company. The existing manager was going to de-register and the new manager had applied to be registered with the CQC.

Summary of findings

Westvale House is a care home providing accommodation nursing and/or personal care for up to 61 people over two floors. The home is located approximately 3 miles from Warrington town centre. The home was purpose built in 1989. There were 55 people living in the home on the day of our visit. At the present time the home had a number of people who were being supported at the end stages of their lives.

This inspection took place over two days and during our visit we spent time in all areas of the home, including the lounges and the dining areas. We were able to observe how people's care and support was provided.

Because not everyone in the home was able to fully communicate with us we spoke with staff regarding their knowledge of how people wanted to be cared for and looked at people's care plans to help us understand their care and support needs.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw information that best interest meetings had taken place where people lacked capacity to make decisions for themselves. For example, one person needed to have essential medication given by the use of a syringe and a meeting had been held with the GP, family members and staff at the home to agree the best way to assist the person to take these medicines. This person was then referred and a DoLS was in place.

Care plans included assessments of people's capacity to make decisions and choices and there was a good understanding by staff we spoke with about the Mental Capacity Act 2005(MCA) and Deprivation of Liberty Safeguards (DoLS) The MCA is a law about making decisions and what to do when people cannot make some decisions for themselves. The Deprivation of Liberty Safeguards (DoLS) are part of the Act. They aim to make sure that people in care homes, are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

We looked at care plans which were detailed and provided good guidance for staff to be able to support and care for people living at the home. Staff spoken with were knowledgeable about the people in their care and we saw good relationships between staff and the people living at the home. The atmosphere in the home was calm and pleasant and we saw that there was smiles and laughter. People spoken with said "It is very good here" and "staff are very good."

Staff were seen to treat people with respect and preserve their dignity at all times. We saw staff knocking on people's doors and waiting for an answer before they entered, or saying who they were as they entered the room. We looked at the duty rotas and spoke to people and staff about the numbers of staff on duty. We found there were adequate numbers and skill mix of staff on duty to meet the needs of people living at Westvale House.

People and relatives spoken with were very complimentary about the meals and the choice and standard of food provided. People said the food was "excellent."

The home had a complaints procedure in place and we saw that complaints were logged and actions taken following investigations were recorded so that the service could be improved.

We looked at staff recruitment records and found that appropriate pre-employment checks had been carried out to ensure that only suitable staff were employed to work with vulnerable adults.

We saw that audits and checks were in place to assess the quality of the service given and when shortfalls were identified action plans were put into place to address this. This was also done by involving people who used the service, their relatives, and health care professionals. This meant the service was identifying where improvements could be made and then addressing them.

Summary of findings

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.

We found that staff recruitment was safe as appropriate pre-employment checks had been carried out to ensure that only suitable staff were employed to work with vulnerable adults.

Care plans contained risk assessments so that risks to people were managed and people were supported to be cared for as they wished.

There were adequate staff numbers and skill mix on duty each day to fully support people living at the home.

The arrangements for managing medicines were safe. Medicines were kept safely and were stored securely. The administration and recording of when people had their medicines was safe.

Good



Is the service effective?

The service was effective.

Staff had received appropriate updated training to support them to carry out their roles and responsibilities. Appraisals and formal supervisions had been carried out by the management of the home and all staff spoken with said they felt they were supported.

People were very complimentary about the food quality and menus on offer. One person said “the food is exceptional”. Care plans showed that people’s nutritional needs were fully assessed and referrals to appropriate professionals took place.

We found staff had received training with regard to Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). Staff spoken with had good understanding and knowledge of how to ensure the rights of people with limited mental capacity to make decisions were respected.

The home was spacious and well decorated but some furniture and fittings were outdated. The home was to be fully renovated in the near future. People were able to personalise their bedrooms to make them feel at home.

Good



Is the service caring?

The service is caring.

Throughout the day we observed that staff showed dignity and respect towards people and that people were listened to.

We spoke with relatives who were complimentary about the care and support and they felt that the registered manager and new home manager listened and responded to any concerns they have raised.

We saw that staff supported people to be as independent as possible and that staff took time to support people at their own pace. All staff were attentive and caring throughout our inspection and were very familiar with people’s needs.

Good



Summary of findings

People being cared for at the latter stages of their life were comfortable and care procedures were fully recorded.

Is the service responsive?

The service is responsive.

Care plans looked at were detailed so that all staff were aware of how best to care for each person as an individual.

Choice was recorded in the care plans and people who were unable to make choices were assessed and DoLS documentation was completed.

Complaints made were fully recorded and actions taken had been documented. People said that they knew how to make complaints but didn't have any.

The service provided various activities for people to take part in if they wished. This ensured the service was responsive and met individual needs.

Good



Is the service well-led?

The service is well led.

People spoken with said that they felt the registered manager did a good job and was approachable and provided a well-run home. They liked the new manager who was taking over and said "she is all for the people"

The procedures in place to monitor and improve the quality of the service were effective and actions were taken to address any issues that were found. This ensured that people lived in a home that was safe and well led.

Good



Westvale House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 and 12 November and was unannounced. The inspection team included two inspectors. Before the inspection we reviewed the information we held about the service. This included a review of any notifications sent to us about incidents in the home, which the service is required to send us by law. The service also completed a Provider Information Return (PIR)

which gave us additional information about the home. The PIR is a form which asks the provider to give some key information about its service, how it meets the five questions and what improvements they planned to make

We contacted Warrington Borough Council who commission the service for some people living in the home. They sent us their report and issues raised by them had been actioned.

We met with people throughout the home and saw how care was provided to people during the day. We were able to observe and speak to people during lunchtime. We spoke to twelve people who lived in the home and seven relatives. We interviewed the registered manager, new home manager and seven staff including senior staff, the chef, domestic staff and health care assistants. We looked at five people's care records and documentation in relation to staff recruitment and training, risk assessments, quality assurance audits, policies and procedures and the management of medicines.

Is the service safe?

Our findings

Staff spoken with were able to tell us what action they would take if they suspected abuse was taking place. They told us that they had received training in safeguarding and this had provided them with enough information to understand the safeguarding processes. We looked at the information with regard to staff training and this confirmed that 82% of staff had completed updated training. This helped to ensure staff had the necessary knowledge and information to make sure people were protected from abuse. We saw that a training plan was in place so that all staff at the home would complete the updated training. They were also familiar with the term 'whistle blowing' and each said that they would report any concerns regarding poor practice. Whistleblowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right.

People spoken with said they felt safe and well cared for at Westvale House and could speak to any of the staff if they had concerns or worries. We saw that staff needed to use moving and handling equipment to assist the majority of people around the home and we observed staff doing this in a sensitive way, explaining what they were doing and taking time to reassure people if they became anxious. People had a moving and handling risk assessment in their care plans and we observed people were being assisted to mobilise in a safe way and according to their care plan.

Safeguarding concerns raised in the home had been referred to the local safeguarding team and to CQC. We were aware from our contact with Warrington Borough Council that appropriate actions were taken following any incidents.

Care records looked at contained risk assessments which were detailed and were up to date. Risks such as moving and handling, bedrails, wheelchairs, bathing, smoking and the use of the mini-bus had been completed. For example we saw that a person who had been assessed by a speech and language therapist (SALT) as being at risk of choking had a care plan in place to inform staff that they should have drinks that were thickened to limit the risk of choking. During our observation of care we noted that this person was drinking thickened fluids. This meant the professional advice had been followed to minimise the risk to the person's health. The staff members spoken with were aware of people's needs and how to support them.

We looked at how the service managed incidents and accidents. We saw in the care records and incident recording that one person had suffered a number of falls. After analysing the information a referral had been made to the continuing health falls team and action had been taken. A mat containing an alarm had been positioned next to the bed so that staff were quickly alerted when this person got out of bed unaided. This minimised the risk of a fall and subsequent injury.

We found robust recruitment and selection procedures were in place and the registered manager told us appropriate checks had been undertaken before staff began working at the home. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people. The staff files we looked at confirmed that appropriate checks had been obtained from the disclosure and barring service (DBS) before the person commenced working at the home.

We looked at the duty rotas for staff working in the home and found there were adequate numbers and skill mix of staff to fully meet the needs of the people living at Westvale House. The home is over two floors, with thirty four beds upstairs and twenty six beds downstairs. We saw that on the first floor there was one RGN and six care staff on duty each day. On the ground floor there was one RGN and five care staff and on night duty there were two RGN's and four care staff for the home. In addition to qualified nurses and care staff, a number of other housekeeping; laundry and kitchen staff were on duty to support the needs of the people who used the service.

The environment was clean and fresh and the homes kitchen had been awarded a five star hygiene rating by the local authority. This is the highest award possible. We saw that the kitchen area was clean, tidy and well organised.

All medicines were administered by qualified nurses. Staff administering people's medicines were aware that some medicines needed to be given before food or at differing times throughout the day. We saw that arrangements were in place to ensure this happened in practice and the protocol regarding this was in each person's medicine administration sheet. Records showed that people were receiving pain relief when they needed it. For example, there were daily pain assessment charts which were graded 1-10 for the description of pain and this also contained diagrams of facial expressions for those people who were

Is the service safe?

unable to verbally express their level of pain. People who had been prescribed a medicine in the form of a skin patch had appropriate recording forms which indicated where on the body the next patch was due to be placed.

Diabetic residents had diabetic monitoring charts which documented blood sugar levels taken. One file contained a

letter from a GP to confirm it was in the person's best interest to be given their medication via a syringe when they refused some essential medicines. This person had been assessed and was subject to a Deprivation of Liberty Safeguard.(DoLS.) Further information explaining DoLS is referenced in the section asking "Is the service effective?"

Is the service effective?

Our findings

People we spoke with told us they were very happy with the way staff cared and supported them. They said that staff met their needs and they were happy living at the home. They said “things are good,” “I get very well looked after” and “staff are very good.”

Individual choices were recorded in the care plans and people and their relatives were supported to talk about care needs so they were met in the way the person preferred. Staff were clear when people had the mental capacity to make their own decisions, this would be respected.

We saw that some people living at Westvale House were not able to make decisions about their care. To address this the management had completed an assessment of their mental capacity and a Deprivation of Liberty Safeguard was in place. We saw that care plans for people who lacked capacity had been fully assessed and a referral to the DoLS team if considered necessary made. Documents with regard to mental capacity had been fully completed and discussions with family members had taken place if this was appropriate.

We found staff had received training with regard to Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). Staff spoken with had a good understanding and knowledge of how to ensure the rights of people with limited mental capacity to make decisions were respected.

The Mental Capacity Act 2005 (MCA) is a law about making decisions and what to do when people cannot make some decisions for themselves. The Deprivation of Liberty Safeguards (DoLS) are part of the Act. They aim to make sure that people in care homes, are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

The environment was clean and fresh and we saw the domestic staff carrying out their duties. The home was spacious and well decorated but some furniture and fittings were outdated. The home was to be fully renovated in the near future. We saw that people's bedrooms had been personalised and they contained many of their own belongings to make them feel at home.

Assessments had been completed to determine people's risk of malnutrition and dehydration. People's dietary needs and weight had been fully documented and if someone had been losing weight a referral to a GP or dietician was made. People who lived at the home and their relatives all said the food was of a high quality. Comments made were “food is outstanding;” “excellent meals, lots of choice;” “food very good;” “food is lovely;” and food is excellent.” We saw drinks and biscuits were offered mid-morning and mid-afternoon and people were offered drinks by care staff after care had been provided.

We observed lunch being served in the dining room. People had chosen from the menu that morning after their breakfast and the staff member recorded their choices. The food looked appetising and was well presented on each plate. If people needed support with their meal we saw that they were being assisted to eat in a discreet and dignified way with staff taking time to make sure they were able to eat at their own pace. We spoke with the chef on duty and they said that if

someone didn't like the meal choice or the alternative menu then staff could “nip down to the local supermarket and get them what they felt like.”

Staff spoken with and records looked at confirmed that staff had appraisals and received regular formal supervision. Staff spoken with said they felt supported. Supervision is protected time in which staff have the opportunity to discuss their work and plan their personal development. Staff members told us that Westvale House was a good place to work and that the quality of the care being provided was good. We saw that new staff had a full induction programme before starting work at the home. Mandatory training had been completed by 88% of staff working at Westvale House. An action plan was available to ensure that all staff working at the home received mandatory training updates.

The home had achieved the Gold Standard award for end of life care which meant that all staff have received training to help to care for and support people and their families when the person reached the end stages of their life. The home had a working protocol to guide and assist staff in specialist palliative care for people who were coming to the end of their life. The staff worked closely with the team at

Is the service effective?

the local hospice and the McMillan nurses to ensure that the care of people at the end of their lives and the support for their families was of good quality and based on best practice.

Is the service caring?

Our findings

We saw that people looked well cared for at Westvale House. People looked clean and the ladies had makeup on. Their hair had been done and they had jewellery on. The men had been shaved and they looked clean and smart. The people we spoke with said they were happy living at the home. They told us “It is very good here and the staff are very good;” “Can’t beat it;” “I am well looked after;” “Carers are lovely;” and “The quality of care is excellent.” Relatives said that “This is the best home my relative has been in;” and “My relative is well looked after.”

We saw good relationships between the staff and the people living at the home. People looked comfortable with the staff on duty and we saw that people were having a laugh and joke with staff. It was clear from the way staff interacted with people that they cared about them. We saw that the home had a relaxed atmosphere and staff we spoke with told us they enjoyed supporting the people living in the home.

People living in the home had an end of life care plan. This recorded how people wished to be cared for in the end stages of their life. For example, it recorded if they wished to stay in the home or be transferred to hospital. This

meant that staff and their GP’s were fully aware of how the person wanted to be treated and supported at the end of their life. Pain and symptom control were fully recorded and any nursing or caring interventions were fully recorded so all staff were kept up to date with any changing needs.

During our observations we saw that people were treated with dignity, compassion and kindness. We saw that staff supported people to be as independent as possible and took time to support people at their own pace. All staff were attentive and caring throughout our inspection and were very familiar with people’s needs. We saw staff knocked on doors before entering bedrooms and bathrooms. People were asked where they would like to sit and if they were comfortable.

We saw that personal information about people who lived at Westvale House was stored securely which meant that they could be sure that information about them was kept confidentially.

Information was given to people before they moved into the home in the form of a service user guide. This gave people adequate information that the home would be able to meet their needs. We saw that leaflets were available in the main entrance hall with regard to advocacy services.

Is the service responsive?

Our findings

People who lived in the home and their relatives were happy with the care and support they received. A relative spoken with said they felt their relative was “Being looked after well.”

Care plans looked at focused on the individual needs and support of people as individuals. We saw that some people had signed their care plans and we saw review documents which had been completed showing that people and their relatives had been involved in their plans of care.

For example we looked at a care plan for a person who had a pressure ulcer. The care plan was detailed and gave guidance as to what treatment to use, how to dress the wound and how often the dressing required changing. There were documents in place which recorded the progress of the wound such as improvement or deterioration. Photographs had been taken of the wound so that this could be compared more easily. Advice had been requested from the tissue viability nurse and the care plan documents showed that this advice had been followed.

End of life care was fully recorded using guidelines from St Rocco’s hospice. Pain and symptom control was evaluated on a regular basis and discussions with other health care professionals were recorded.

The home had two activity coordinators whose role it was to organise and plan any activities within the home. A “poppy picnic” was to be held to commemorate armistice day. Trips to Bents garden centre and Blackpool lights had been arranged. Some people liked to go out for a meal to the local pub or the café in the local supermarket. A “bake off” had taken place to celebrate the McMillan coffee morning. A newsletter was produced every two months with birthdays to celebrate, welcome to new people living at the home and general items of interest.

Care plans had records of which activities and events people attend. Staff were able to spend time with people on a one to one basis, for example offering them a hand massage or reading to people.

The home had a complaints procedure in place and the registered manager told us people were given support to make a comment or complaint where they needed assistance. We saw that complaints were fully investigated and actions taken if any were recorded. People and relatives we spoke with said if they had concerns they would speak with the manager.

Is the service well-led?

Our findings

Westvale House had a registered manager in post who was supported by other senior staff. A new home manager had recently started work and was being supported by the registered manager during our inspection. The current registered manager was leaving the home and is to be transferred in to a regional clinical support role for the company. The existing manager was going to de-register and the new manager had applied to be registered with the CQC. This demonstrated that the company took succession planning into account to ensure the smooth transition of management and continuity for people living at the home.

We found the registered manager and new manager both demonstrated an excellent knowledge of the people using the service and the staff team. We received positive comments about the service and how it was managed and led.

People spoken with said “I think the home is run well” “we have meetings with the manager so we can say things about what we would like.”

We saw that resident/relative meetings had been held and minutes were circulated and put on the main notice board. We saw that issues raised were acted upon such as changes to menus adding meals people preferred.

A range of audits had been completed to ensure different aspects of the service were meeting the required standards. For example an audit of the environment showed that some furniture required replacement and as part of the refurbishment people were being asked what they would like.

Audits also covered areas such as the laundry, care plans, medications and the kitchen. We saw that when issues had been identified this was followed up to ensure that action had been taken.

We saw that staff meetings were held every month and a recent meeting had been held to introduce the new home manager. Minutes of these meetings were circulated and a copy was kept in the manager’s office and the staff room. Staff spoken with said they felt they could openly share their views with the registered manager and the new home

manager. We saw audits had also been completed by the regional manager on a monthly basis and action plans that had been given to the registered manager when shortfalls had been found.

We saw records of daily checks completed by the registered manager following a walk around the home which she did on a daily basis. This was to ensure that the home was running well and that people were being cared for properly. This included general checks on the building, cleanliness and whether the staff were appropriately dressed in full uniform. Checks were also made on the people living in the home for example whether the male residents had been shaved, if someone being nursed in bed had positional charts which were recorded properly and an accurate record of food and fluid intake kept. Information was also shared by heads of departments daily in a “10 at 10 meeting” which was held in the manager’s office. This meeting shared information, discussed what changes and changes had taken place and what actions needed to be taken.

We looked at how accidents and incidents were recorded and investigated. We saw that action plans had been put into place where necessary to try to prevent accidents happening more than once. We saw that people had been referred to the necessary health care professionals for advice and support such as the continuing health falls team.

We saw that the service had recently conducted an annual survey. The report following this showed that the issues and concerns raised had been identified and an improvement plan had been developed so that they could be addressed and the service could be improved. We saw that the comments from the survey were on the whole mainly positive.

All staff spoke of a strong commitment to provide a good quality service for people who lived in the home. Westvale House had a positive culture which focused on people as individuals and how best to meet their needs. We saw that staff had a good understanding of how people wanted their care delivering and there were policies and procedures in place to support them to carry to their roles.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.