

Barchester Healthcare Homes Limited

Westvale House

Inspection report

Old Hall Road
Great Sankey
Warrington
Cheshire
WA5 9PA

Tel: 01925571266
Website: www.barchester.com






Date of inspection visit:
18 April 2017
19 April 2017

Date of publication:
07 June 2017

Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

This inspection was unannounced and took place on the 18 and 19 April 2017.

Westvale House was previously inspected in November 2014 when it was found to be meeting all the regulatory requirements which were inspected at that time.

Westvale House provides accommodation, personal and nursing care for up to 61 people, some of whom have dementia care needs over two floors. The home was built in 1989 and is located approximately three miles from Warrington town centre. The service is provided by Barchester Healthcare Homes Limited. At the time of our inspection the service was accommodating 45 people.

There was a registered manager at Westvale House. 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 2008 and associated Regulations about how the service is run.

During our inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of good governance. The registered person had failed to maintain an accurate and complete record in respect of the care and treatment of people with compromised tissue viability (a pressure area that can break down the skin and underlying tissue). You can see what action we told the provider to take at the back of the full version of this report.

The registered manager was present during the two days of our inspection and was supported by her regional director and a clinical development nurse. The management team were supportive, open and transparent throughout the inspection process and were seen to interact with people using the service and staff in a caring and supportive manner.

We observed that Westvale House provided a homely, comfortable and relaxed environment for people to live in. People were able to receive visits from family members and friends throughout the day and staff were attentive and responsive to the needs of the people living in the home.

We found that the needs of people using the service had been assessed and planned for so that staff understood how to provide person centred care and to keep people safe from harm.

The provider had established a programme of induction and ongoing training to ensure people using the service were supported by competent staff. Additional systems of support such as supervisions, appraisals, daily handovers and team meetings were also in place.

Corporate policies had been developed relating to the MCA (Mental Capacity Act (2005) and DoLS (Deprivation of Liberty Safeguards). Staff had received training in relation to this protective legislation and

those spoken with understood their duty of care.

People were offered a choice of nutritious and wholesome meals that were provided in dining areas that offered a pleasant environment for people to socialise and eat their meals.

People using the service had access to a range of individualised and group activities.

Records showed that people also had access to GPs, chiropodists and other health care professionals (subject to individual need). Medicines were ordered, stored, administered and disposed of safely.

Systems to monitor key aspects of the service, obtain feedback on the standard of care provided and to respond to safeguarding concerns and complaints had also been established.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Policies and procedures were in place to inform staff about safeguarding adults and whistle blowing. Staff had received training in regard to safeguarding vulnerable adults and were aware of the procedures to follow if abuse was suspected.

Risk assessments had been updated regularly so that staff were aware of current risks for people using the service and the action they should take to manage them.

Recruitment procedures provided appropriate safeguards for people using the service and helped to ensure people were being cared for by staff that were suitable to work with vulnerable people.

People were protected from the risks associated with unsafe medicines management.

Is the service effective?

Good ●

The service was effective.

Staff had access to supervision and induction, mandatory and other training that was relevant to their roles and responsibilities.

Policies and procedures relating to the Mental Capacity Act and Deprivation of Liberty Safeguards had been developed to provide guidance to staff on this protective legislation and the need to protect the rights of people who may lack capacity.

People received a choice of balanced and nutritious meals and individual dietary needs and preferences were catered for.

Systems were in place to involve GPs and other health care professionals when necessary.

Is the service caring?

Good ●

The service was caring.

Staff interactions were warm and relaxed and people using the service were treated with dignity and respect and their privacy was safeguarded.

Is the service responsive?

The service was not always responsive.

People needs and risks had been assessed, planned for and kept under review however gaps were noted in the completion of repositioning charts for people who had been assessed as being at high risk of developing a pressure ulcer or sore and who were receiving tissue viability treatment.

Systems were in place to receive and act upon complaints.

A range of individual and group activities were available within the home for people to participate in.

Requires Improvement ●

Is the service well-led?

The service was well not always well-led.

A range of auditing systems had been established so that the service could be monitored and developed however some audits were behind target and findings had not always been acted upon in a timely manner.

The home had a registered manager who provided leadership and direction.

There were arrangements for people who lived in the home and their relatives to be consulted about their opinions of the service.

Requires Improvement ●

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 was 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.

The inspection took place on 18 and 19 April 2017 and was unannounced.

The inspection was undertaken by two adult social care inspectors.

Before the inspection the registered manager completed a Provider Information Return (PIR) which we reviewed in order to prepare for the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at all of the information which the Care Quality Commission already held on the provider. This included previous inspections and any information the provider had to notify us about. Furthermore, we invited the local authority and clinical commissioning group to provide us with any information they held about Westvale House. We took any information they provided into account.

During the site visit we talked with 11 people who used the service and six relatives. We also spoke with the regional director; registered manager; a clinical development nurse; three nurses; one care practitioner; four carers; one chef; the maintenance person and a hairdresser.

We looked at a range of records including: four care plans; four staff files; staff training; minutes of meetings; rotas; complaint and safeguarding records; medication; maintenance and a range of audit documents.

Is the service safe?

Our findings

We asked people who used the service if they found the service provided at Westvale House to be safe. People spoken with confirmed they felt safe and secure at the home and told us they were well-supported by staff who had the necessary skills to help them with their individual needs.

Examples of comments received from people using the service or their representatives included: "It's very nice here"; "The cleaners come in every day and keep my room nice"; "I feel content and safe" and "On the odd occasion there are agency staff on duty who don't know our needs as well but that's to be expected."

We looked at four care files for people who were living at Westvale House. We noted that each person had a holistic assessment of need together with a plan of care and relevant risk assessments. A fire risk assessment and personal emergency evacuation plans were also in place to ensure an appropriate response in the event of a fire. This information helped staff to be aware of current risks for people using the service and the action they should take to minimise and control potential or actual risks.

Clinical governance data was kept up-to-date to ensure potential risk factors were monitored and action taken if necessary. A central action plan was in use at the home to enable the registered manager and other senior staff to monitor the status and completion of priority tasks.

At the time of our inspection there were 45 people being accommodated at Westvale House who required different levels of care and support. We looked at the staffing rotas with the registered manager in order to review how the home was being staffed.

Staffing levels set by the provider at the time of our visit were two registered nurses and eight care staff from 8.00 am to 8.00 pm. During the night there were two registered nurses and four care staff on duty within the home.

The management team informed us that there were times when a care practitioner also worked alongside a nurse to provide additional support. Likewise, there were occasions, when a care practitioner might have responsibility for leading a unit under the supervision and direction of one of the remaining nurses. A care practitioner is a member of staff who has undergone additional training to enable the person to undertake some shared roles and responsibilities with a registered nurse.

The provider used an internal staffing tool known as 'Dependency Indicated Care Equation' (DICE) to calculate staffing levels based upon the dependency levels of people using the service. We noted that the manager reviewed staffing in the home on a weekly basis (or more frequently in the event that the needs of a person (s) using the service had changed in consultation with nursing staff. Records indicated that the home was generally being staffed above the hours recommended by the DICE tool.

The service employed a registered manager on a full time basis who worked flexibly subject to the needs of the service. Ancillary staff were also employed for activities; administration; domestic; laundry; catering and

maintenance tasks. At the time of our inspection the home had a vacancy for a deputy manager.

Although systems were in place to monitor the dependency levels of the people using the service and to deploy staffing resources, we received mixed feedback from staff and people using the service regarding the staffing levels deployed at Westvale House. Some people felt that the staffing levels were adequate whereas others felt they were insufficient. Three residents also expressed concern regarding the use of agency staff, particularly at night.

We noted that the home had challenges with recruitment and was using agency staff to meet staffing requirements. However, we did not identify any evidence that the needs of people using the service were not being adequately met within the current staffing levels. For example, call bells were answered promptly and people confirmed their needs were being met. We shared people's feedback with the management team so that they would could monitor the issues raised and take action where necessary.

We looked at a sample of four staff personnel files. Through discussion with staff and examination of records we received confirmation that there were satisfactory recruitment and selection procedures in place which met the requirements of the current regulations. In all four files we found that there were: application forms; two references; medical questionnaires; disclosure and barring service (DBS) checks and proofs of identity including photographs. In appropriate instances there was evidence that Nursing and Midwifery Council personal identification numbers had been checked to ensure valid nursing registration. All the staff files we reviewed provided evidence that the checks had been completed before people were employed to work at Westvale House. This helped protect people against the risks of unsuitable staff gaining access to work with vulnerable adults.

A corporate policy and procedure had been developed by the provider to offer guidance for staff on 'Safeguarding of Vulnerable Adults' (SOVA) and 'Whistle blowing'. A copy of the local authority's adult protection procedure was also available in the home for the registered manager and staff to reference.

We looked at the safeguarding records for the service. The safeguarding log highlighted that there had been 10 safeguarding incidents in the last 12 months. Appropriate action had been taken in response to each incident which included safeguarding alerts being made to the local authority in accordance with local policies and procedures.

No whistle blower concerns had been received by the Care Quality Commission (CQC) in the past twelve months.

Training records viewed confirmed that 79.25% of the staff team had completed safeguarding vulnerable adults training. Systems were also in place to monitor staff that required SOVA refresher training. Staff spoken with during our inspection confirmed they had completed safeguarding adults training and demonstrated a satisfactory awareness of their duty of care to protect the welfare of vulnerable adults and the action they should take in response to suspicion or evidence of abuse.

We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines and found that the provider had developed a medicines policy for staff to reference. A copy of the local authority's medication guidelines were also in place.

We checked the arrangements for the storage, recording and administration of medicines on both the ground and first floor with a registered nurse and a care practitioner, who were designated with responsibility for the management and administration of medication. Staff spoken with confirmed they had

received medication training prior to administering medication. A list of staff responsible for administering medication, together with sample signatures was available for reference.

Medication was found to be stored in dedicated temperature controlled rooms and cabinets were appropriately secured to the walls. Separate storage facilities were available for controlled drugs and medication requiring cold storage.

Westvale House used a blister pack system that was dispensed by a local pharmacist. We saw that a medication administration record was completed following the administration of any medication. Likewise, staff recorded the administration of any controlled drugs in a controlled drugs register.

Medication administration profiles PRN (as needed medication) protocols; patient information leaflets; destroyed / returned medication records and fridge and room temperature checklists were also in place. This ensured key information on people's medication was available for reference and helped to correctly identify people prior to administration.

On the first day of our inspection we noted that a deputy manager from another home in the Barchester group was undertaking a medication audit in the home. We also viewed the most recent pharmacist advice record which had been completed during October 2016. Overall, the report was good and confirmed systems for medicines management were generally safe.

Areas viewed during the inspection appeared clean. Staff had access to personal protective equipment and policies and procedures for infection control were in place.

We noted that infection control audits were routinely undertaken as part of the home's quality assurance system. The last audit undertaken by an infection control nurse was completed on 16 February 2017. The overall score was 83%. An action plan was developed in response to the recommendations made during the infection control audit to improve practice.

Is the service effective?

Our findings

We asked people who used the service or their representatives if they found the service provided at Westvale House to be effective. People spoken with told us that overall their care needs were met by the provider.

For example, comments received from people using the service or their representatives included: "The staff are skilled at their jobs"; "The food is beautiful. It's fantastic I can't fault it. It's all home cooked and you can ask for whatever you want" and "The food is generally very good. I enjoy it and get everything I ask for."

Westvale House provides accommodation, personal and nursing care for up to 61 people over two floors. The home was purpose built in 1989 and is located approximately three miles from Warrington town centre. The home has well maintained gardens and a car park is provided for visitors at the front of the building.

All bedrooms are equipped with a sink and toilet. Each floor has a nurse station; lounge; dining room and serving area and communal bathrooms and toilets. A separate sitting area is located upstairs and the ground floor has a large conservatory.

The management team told us that the home had continued to receive ongoing investment and maintenance. We noted that the architrave, handrails and doors were in need of repainting in some parts of the home. Likewise, the last action plan produced following the infection control audit indicated that bathrooms were dated and in need of upgrade. The provider information return indicated that the service was planning to enhance the residents' surroundings to give people a more homely and fresher environment.

People using the service were noted to have access to a range of individual aids to assist with their mobility and independence. People's rooms had also been personalised with memorabilia and personal possessions and were homely and comfortable.

We noted that the provider had established a programme of staff training and development that was delivered to operational staff via a mix of face-to-face and e-learning.

We spoke to staff during the inspection who confirmed they had accessed a range of training relevant to their roles and responsibilities. The training on offer covered a range of statutory and mandatory training such as: Induction; fire safety; food safety; health and safety; infection control; moving and handling; skin care; falls management; safeguarding; Mental Capacity Act and Deprivation of Liberty Safeguards; customer care; dysphagia and choking; appraisal and supervision.

The overall course completion rate at the time of our inspection was 81.75%. This figure excluded staff on long term leave and starters within the last 90 days. Records also indicated that 59.52% of the care staff had completed a National Vocational Qualification or Diploma in Health and Social Care at level 2 or 3.

We noted that systems were in place to monitor the outstanding training needs of staff and when refresher

training was required. The manager acknowledged that a number of nursing staff had not completed up-to-date training in areas such as: cardiopulmonary resuscitation (CPR); venepuncture (the process of obtaining intravenous access usually for the purpose of obtaining a blood sample) and catheterisation (a medical procedure used to drain and collect urine from the bladder). We saw evidence that the registered manager had sought to apply for external training to address this outstanding training need prior to our inspection.

During our inspection we observed daily meetings known as '10 at 11' taking place with heads of departments. Likewise, staff told us that they undertook handovers at each shift change.

Staff spoken with confirmed they had attended team meetings periodically and received supervision and appraisal sessions. Minutes of meetings viewed also confirmed a range of meetings were routinely coordinated for staff working at Westvale House.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of DoLS. We discussed the requirements of the MCA 2005 and the associated DoLS with the registered manager.

We noted that a policy on the Mental Capacity Act had been developed by the provider to offer guidance for staff on the core principles of the Act, assessing lack of capacity, best interest decision making and deprivation of liberty safeguards.

We saw that mental capacity assessments were undertaken if necessary and if applicable DoLS applications were completed. These were only completed if a person was deemed to be at risk and it was in their best interests to restrict an element of liberty. Applications were submitted to the local social services department who were responsible for arranging any best interests meetings or agreeing to any DoLS imposed and for ensuring they were kept under review. The registered manager maintained a record of people with authorised DoLS in place and the expiry dates. Information on applications awaiting authorisation and people with a Lasting Power of Attorney (LPA) had also been recorded. A LPA is a way of giving someone you trust, the legal authority to make decisions on your behalf if you lose mental capacity at some point in the future, or if you no longer want to make decisions for yourself.

We talked to staff to ascertain their understanding of who had a DoLS in place and what this meant. Staff spoken with confirmed they had completed training in the MCA and DoLS and demonstrated an awareness of their duty of care in respect of this protective legislation.

We spoke with the chef on duty and looked at the kitchen. We saw that information on the dietary needs of people using the service was recorded on a notice board in the kitchen. This identified any special dietary needs for people including allergies so that catering staff were aware of people's needs.

The kitchen area appeared clean and well managed. The cook showed us how he recorded key information relevant to the operation of the kitchen in a food safety manual which had been developed by the provider. We noted that the most recent food hygiene inspection was completed in June 2016. Westvale House was

awarded a rating of 5 stars which is the highest award that can be given.

A four week rolling menu plan was in operation at Westvale House which was reviewed periodically. The menus offered an alternative choice of meal at each sitting. Additional options were also listed on a separate menu plan.

The home had a combined dining room and serving area located on the ground and first floor. Dining areas offered a pleasant environment for people to socialise and eat their meals. Tables were appropriately equipped with daily menus, tablecloths, napkins, table mats, decorative centre pieces and condiments and cutlery.

We observed a lunch time meal being served. The lunch on the first day of our inspection was cream of broccoli soup, tuna salad or mushroom quiche and a selection of deserts. People were seen to be asked what they wanted and if they didn't like the choices on offer were offered an alternative. For example, one person said that they wanted a tuna sandwich and another person asked for an omelette. These requests were respected and acted upon.

The food looked and smelled appetising and was attractively presented. People had a drink of their choice and additional refreshments and snacks were provided throughout the day. We noted that staff were attentive to the needs of people requiring support at mealtimes and that people could eat their meals in their rooms if they wished.

For example, we saw that one lady could only use one of her hands. Staff were noted to ask the person whether she wanted her meal in a bowl or on a plate with a guard and also whether she wanted a spoon or a fork to eat it with.

Staff had developed effective working relationships with a range of social care and health professionals to help ensure positive outcomes for people's health and well-being. We could see from records that staff made referrals to appropriate health professionals where they had concerns about someone's health.

Discussion with people using the service and care plan records viewed provided evidence that people using the service had accessed a range of health care professionals such as: GPs; speech and language therapists; opticians; community psychiatric nurses and chiropodists subject to individual needs. The provider information return also indicated that the home received a visit from its local GP practice each week.

Is the service caring?

Our findings

We asked people who used the service or their representatives if they found the service provided at Westvale House to be caring. People spoken with confirmed they were treated with respect and dignity by the staff who worked in the home.

Comments received from people using the service and their representatives included: "The staff themselves are great and do a fantastic job"; "I'm very satisfied with the care my sister receives" and "The staff are all very nice and have a good sense of humour. They're also caring and treat you as an individual."

We observed that Westvale House provided a homely, comfortable and relaxed environment for people to live in. People were able to receive visits from family members and friends throughout the day and it was evident that visitors were made to feel welcome. Refreshments, snacks and a freshly baked cake were located in the reception area of the home for visitors to access.

We noted that staff had received induction and ongoing training to help them understand the needs of the people they cared for. Furthermore, staff informed us that they had been given opportunities to read care plans and attend daily handovers and meetings to ensure they were kept up-to-date on people's changing needs, expectations and support requirements.

During the two days of our inspection we spent time talking with people using the service and their relatives. People told us that they were generally supported by staff that understood their needs and support requirements and confirmed they were appropriately supported.

People using the service presented as clean, well-cared for and appropriately dressed. People spoken with told us that they were encouraged to make important choices regarding their lifestyle and well-being such as what they wanted to eat each day, how they wanted to dress and their preferred daily routines.

Staff spoken with demonstrated a good level of knowledge and awareness of the people they cared for such as their likes and dislikes, needs, support requirements, interests and preferences. Staff also demonstrated awareness of the need to promote people's choice and independence and to safeguard people's welfare and human rights.

We observed that staff were attentive and responsive to the needs of the people living at Westvale House and that they treated people in a dignified and caring manner. We noted that staff spoke to people using their preferred names and responded appropriately when support was needed. Staff were also seen to spend time interacting with people and responding to any requests for help and support throughout the day in a positive, unhurried, discrete and compassionate manner.

Information about people who lived at Westvale House was kept securely to ensure privacy and confidentiality. The provider had produced an information brochure with supporting documentation on Westvale House which was available in reception for people to view.

Is the service responsive?

Our findings

We asked people who used the service or their representatives if they found the service provided at Westvale House to be responsive. People spoken with confirmed the service was responsive to their individual needs.

Examples of comments received from people using the service or their representatives included: "I can't complain so far. Everyone's so nice; "I've never had to complain but would go to the registered manager and if not resolved go to head office"; "I'm very satisfied with the care my sister receives" and "The staff are very helpful and I haven't seen anything that concerns me."

We looked at the records of four people living at Westvale House during our inspection and noted that corporate care planning documentation was in use.

Files viewed contained a range of information such as: pre admission assessments of need; assessment documentation; care plan records and associated risk assessments.

Care plans viewed were person centred and outlined each person's needs, details of the level of intervention and support required by staff and personal outcomes / objectives.

Supporting documentation including: advanced care plans; admission assessments; care profile reviews; dependency assessments; mental capacity assessments; deprivation of liberty safeguard authorisations; personal life history information; hobbies and interests; property checklists and healthcare records were also in place. This information helped staff to understand the needs of people living at Westvale House and their care and support needs.

Records viewed provided evidence that people using the service or their representatives had been involved in care planning and invited to attend periodic reviews.

Although there was evidence that care plans had been kept under monthly review we found gaps in the completion of repositioning charts for two people who had been assessed as being at high risk of developing a pressure ulcer or sore and who were receiving tissue viability treatment. One of the people had a home acquired pressure ulcer and the other was community acquired.

Positioning charts viewed did not specify the required frequency of turns. Furthermore, the records had not always been correctly completed by staff to confirm people at risk had been repositioned at the correct times and position changes were not consistently recorded.

Failure to maintain accurate records of the care and treatment provided to people may place the health and safety of vulnerable people at risk. Furthermore, the service is unable to demonstrate that it is taking the required steps to effectively prevent and manage wound care.

This is a breach of Regulation 17 of the Care Quality Commission (Regulated Activities) Regulations 2014.

The registered person had failed to maintain an accurate and complete record in respect of the care and treatment of people with compromised tissue viability.

We discussed the findings with the management team during our inspection and received assurance that action would be taken to address the concerns raised and to investigate how one person had developed a home acquired pressure ulcer.

The registered provider had developed a 'Concerns and Complaints' policy to offer guidance to people using the service and / or their representatives on how to make a complaint. Information on how to raise a complaint had also been displayed on a notice board in the reception area of the home and was included in the home's combined statement of purpose and service user guide and 'Welcome to Westvale House' brochure which were available in the reception area of the home for people to view.

An electronic complaints log had been established by the manager to record any concerns or complaints. This outlined the complaint reference number; date of complaint; type and details of complaint; status of complaint and outcome. Additional information was also been recorded on separate complaint records together with supporting documentation.

The complaint log detailed that there had been six complaints in the last twelve months. Records confirmed that any concerns or complaints raised by people using the service or their representatives had been listened to, acknowledged and acted upon.

We also viewed a selection of thank you cards and emails from family members expressing appreciation for the standard of care provided to people who had previously used the service.

At the time of our inspection Westvale House had one part-time activity coordinator in post who worked each Tuesday. We were informed that the main full-time activity coordinator had recently left the home.

The registered manager told us that she was in the process of recruiting a new person to fill the vacant post. We noted that the manager had rostered additional care staff to facilitate a range of activities for people using the service until the vacant post was filled.

We saw that weekly activity programmes were produced together with notices advertising activities, themes and events which were displayed around the home for people to view. Programmes indicated that a range of activities were available for people to participate in each day.

On the first day of our inspection, the activities for the day were card making; a quiz and bingo session; 1:1 time and hand massages. On the second day of our visit, representatives from the Manchester dog's home visited. The mobile tuck shop was also available for people to access.

Examples of the activities provided included: church services; music and movement; one to one time; quizzes; bingo; board and card games; crosswords and word games; raffles; tuck shops; movie afternoons; manicures; reading sessions; chair based activities; poetry mornings; cake decorating; art and craft work; hairdressing; pets as therapy visits and external entertainment.

Overall, people confirmed they were happy with the range of activities on offer however one person reported that they felt the people on the upper floor would benefit from more activities. Furthermore, two people told us that they would like the opportunity to go out more in the home's minibus. We shared this feedback with the management team who assured us that they would take action to address these concerns. The provider

information return also indicated that the service intended to enhance the links people had with their local community.

Is the service well-led?

Our findings

We asked people who used the service or their representatives if they found the service provided at Westvale House to be well led. People spoken with confirmed they were happy with the way the service was managed.

Comments received from people using the service or their representatives included: "We are regularly asked what we think of the home and given surveys to fill in" and "On the whole I feel that the registered manager listens to our views and takes action."

Likewise, comments received from staff included: "The manager is very approachable and gets involved with the residents"; "I think the home is brilliant" and "The manager is always very pleasant. I wouldn't hesitate to go to her if I had a problem".

Westvale House had a manager in place that was registered with the Care Quality Commission. The registered manager was present for the two days of our inspection and was supported by her regional director and a clinical development nurse.

The management team were supportive, open and transparent throughout the inspection process and we saw that they interacted with people using the service and staff in a caring and supportive manner.

We were informed by the regional director that the provider had developed a quality assurance process which was in the process of being updated at the time of our inspection. The process was based upon seeking the views of people who use the service or their representatives. A range of audit tools had also been developed to enable periodic monitoring of medication; care profiles; housekeeping; laundry; kitchen; first impressions; health and safety and infection control.

The regional director told us that she had undertaken regular visits to Westvale House and was involved in the production of bi-monthly 'quality first' audits with another colleague. The last 'quality first' audit had been completed during March 2017 and provided a detailed analysis of the performance of the service which was linked to the five domains used by CQC. Visits had also been undertaken to Westvale House from other senior management within the organisation. Under the 'effective' section of the most recent report, it was noted that 'other required charts' had not been completed accurately and in a timely manner. This included a check of 10% of repositioning charts.

The provider had an internal regulation (IR) team that last undertook an audit of Westvale House during February 2017. An action plan had been produced following the visit. We were told that the organisation was in the process of piloting a new quality improvement review process which was due to replace the work completed by the IR team. Westvale House had undergone a pilot using this new approach the week prior to our inspection therefore the report was not available to review.

We noticed that some audits in the home were behind target or could not be located. For example, the

registered manager was unable to locate a record of the last overall medication audit that had been undertaken for the service. Other audits such as care profile reviews and individual medication administration audits had also not been completed as per the expected frequency since the deputy manager had left. If audits are not undertaken at the required intervals there is a risk that any shortfalls will not be identified.

We were informed that the clinical support team had undertaken regular support visits to Westvale House to provide clinical support and direction to the management team and staff. Records of the visits confirmed a clinical development nurse had looked at a range of issues such as medicines management; competency assessments; staff support and supervision; production of care plans and wound management. Clinical governance data was also recorded to ensure key data on risks such as: pressure ulcers; nutrition; falls; medication errors; choking and infections were available for the clinical development nurse to review and monitor.

Despite a range of auditing, support and monitoring systems being in place, it was evident that findings were not always effectively acted upon. For example, approximately four weeks prior to our inspection a clinical development nurse had recorded that supervisions had been completed with registered nurses, during which wound management documentation (including repositioning charts) had been discussed with relevant staff to include rationale for use, completion and gap analysis. Despite this action, similar issues of concern with record keeping were identified during the inspection.

This is a further breach of Regulation 17 of the Care Quality Commission (Regulated Activities) Regulations 2014. The registered person had failed to improve practice following the identification of record keeping issues.

The regional director assured us that action would be taken to ensure expected targets and findings were acted upon, reviewed and met. Following our inspection we received a detailed action plan which outlined how the service would address specific issues.

The provider also operated a 'central action plan' which was used to record timescales for areas requiring action and included an escalation process for non-compliance. We received assurance that this tool had been updated to include issues identified as requiring action during the inspection.

We noted that a 'Your Care Rating' survey had been distributed to residents and their family and friends by a leading market research organisation during September 2016. The results of the surveys had been collated and a detailed report produced during February 2017. Nineteen responses had been received from residents and a further 19 from family and friends.

Upon receiving the results, the registered manager produced a 'You said and We did' information notice which was displayed on a notice board for people to view. Furthermore, a detailed action plan had been developed which outlined key issues and action taken. The registered manager also told us that she planned to discuss the results at the forthcoming residents and relatives meeting. Areas identified in the action plan for development or review included: activities and outings; catering; the introduction of a tuck shop; the need for blinds and a new floor covering in the conservatory and feedback on staffing.

We noted that people were also encouraged to share their feedback via the carehome.co.uk website and information on how to use this facility was displayed in the reception area of the home. We asked for a print off of the reviews submitted to the website and noted that the average rating was 4.5 out of five from six positive reviews in the last 12 months. Meetings for people using the service and / or their relatives had also

been coordinated throughout the year to ensure opportunities for people to receive information and share feedback.

We checked a number of test and / or maintenance records relating to: the electrical wiring; fire alarm system; fire extinguishers; emergency lighting; gas safety; legionella testing; portable appliances; passenger lift and hoisting equipment and found all to be in order.

The registered manager is required to notify the CQC of certain significant events that may occur in Westvale House. We noted that the registered manager had kept a record of these notifications. Where the Commission had been notified of safeguarding concerns we were satisfied that the manager had taken the appropriate action. This meant that the registered manager was aware of and had complied with the legal obligations attached to her role.

Information on Westvale House had been produced in the form of a combined Statement of Purpose and Service User Guide. A 'Welcome to Westvale House' guide and a detailed brochure was also displayed in the reception area of the home for people to view. The documentation provided current and prospective service users with key information on the provider and other important information such as: key staff; facilities and services provided; how to complain and activities available within the home.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered person had failed to maintain accurate records necessary for the management of the regulated activity.