

Croftwood Care (Cheshire) Limited

Westy Hall Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on the 19 and 21 June 2018 and was unannounced.

This was the first inspection of Westy Hall Residential Care Home following a change of service provider.

Westy Hall Residential Care Home is a 'care home' run by Croftwood Care (Cheshire) Limited. 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.

The care home is two-storey building that is situated in a housing estate in the village of Latchford in Warrington. It is located close to bus routes, local shops and other public amenities.

The care home accommodates up to 39 older people in one adapted building. Ten of the places provide accommodation and care for people living with dementia within a separate unit. At the time of our inspection, the care home was accommodating 36 people.

The home had a Registered Manager. 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 breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of governance and premises and equipment. The registered provider had not consistently maintained an accurate, complete and contemporaneous record in respect of people using the service and care plans and supporting documentation were therefore in need of review.

Furthermore, the registered provider had not maintained parts of the building to a satisfactory standard. For example, a number of the double glazing windows had failed, which looked unsightly and obscured the vision of people living in the care home. The communal carpets on the ground floor were also stained and in need of replacement. Other parts of the home were also in need of refurbishment or maintenance. You can see what action we told the provider to take at the back of the full version of this report.

We noted that creams were accessible in the bedrooms of people living with dementia and have therefore recommended that this practice be reviewed to include updating care plans and risk assessments to address this matter. This will help to safeguard the wellbeing of people using the service.

People spoken with during the inspection told us that they were cared for appropriately by staff and confirmed they were treated with dignity and respect. We observed positive interactions between staff and people living in the home and noted that staff were attentive to people's needs.

Systems had been established to ensure that staff working in the care home had been correctly recruited and to safeguard people from abuse or harm. A complaints policy and process was also in place to ensure concerns and complaints were listened to and acted upon.

Staff had access to induction, mandatory and service specific training to help them understand their roles and responsibilities. Progress in completing training was also monitored by the registered manager and the provider.

Staff had an understanding of the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were supported to attend healthcare appointments and staff liaised with their GP and other healthcare professionals as necessary to maintain people's health or support them at the end of life.

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

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

A programme of activities was in place however some people reported that they would like to see improvements in this area. This feedback was shared with the registered manager who assured us that she would discuss the provision of activities further with people using the service there.

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.

Safeguarding systems and processes were in place to help protect people from abuse and improper treatment.

Staffing levels were adequate to ensure people received appropriate levels of care and support.

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.

Medication policies and procedures were in place however the storage of creams in rooms occupied by people living with dementia was in need of review.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Some parts of the building were in need of maintenance and refurbishment to ensure the care home was maintained to a satisfactory standard.

Staff had access to training and development opportunities to help them understand their roles and responsibilities. Some staff had not completed all the training available or were in need of refresher training.

Managers and staff acted in accordance with the Mental Capacity Act 2005 to ensure that people received the right level of support with their decision making.

People had access to a choice of nutritious meals and systems were in place to liaise with GPs and other health and social 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, respect and their privacy was safeguarded.

Is the service responsive?

The service was not always responsive.

Care plan records and activities remained in need of review and development to assist in the delivery of person centred care.

Systems had been developed for managing and responding to complaints about the service.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

There was a registered manager in place to provide leadership and direction to staff.

A range of auditing systems had been established to enable key aspects of the service to be monitored and developed. However, we identified operational issues relating to the environment, medication, staff supervision and training, records and activities that were in need of review and development.

Requires Improvement ●

Westy Hall Residential Care Home

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 was planned to check 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 19 and 21 June 2018 and was unannounced. The inspection was carried out by two adult social care inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at all the information which the Care Quality Commission already held on Westy Hall Residential Care Home such as intelligence, statutory notifications and / or any information received from third parties. We also contacted the local authority to provide us with any information they held about the care home. We took any information provided to us into account.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the care home and to gather information.

We spoke with the registered manager, deputy manager, home services manager, three care team leaders, two care assistants, the activities coordinator, the cook on duty, the maintenance person, a visiting social worker and a health care professional. Furthermore, we spoke with 10 people who lived in the care home and six relatives.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us

understand the experience of people who could not talk with us.

We looked at a range of records including four care files belonging to people who lived in the care home. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and well-being.

Examples of other records viewed included; policies and procedures; four staff files; minutes of meetings; complaint and safeguarding records; rotas; staff training; maintenance checks and audit documentation.

Is the service safe?

Our findings

People spoken with confirmed they felt safe living at Westy Hall. Although no direct comments were received regarding this domain, people were seen to be relaxed in the care home and in the presence of staff.

We reviewed the care records for four people living in the care home. Risk assessments had been undertaken to support people safely in accordance with their individual needs. Risk assessments had been completed in areas such as pressure area care, moving and handling and mobilising and had been reviewed periodically to reflect any changes in people's needs. This information was used to help formulate a plan of care which was based on individual need and risk to ensure people received safe effective care.

A fire risk assessment, fire safety policy, personal emergency evacuation plans and a business continuity plan were also in place to ensure an appropriate response in the event of a fire or major incident. 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 risks.

We looked at how any accidents and incidents were managed at the care home. We found that there was a process in place to record and analyse any incidents which occurred each month. Additionally, the registered manager had started to utilise the provider's 'electronic falls tool' which helped to capture key information and identify trends or similarities that required action.

At the time of our inspection there were 36 people living at the care home who required different levels of care and support. We observed that the registered manager was on duty together with a deputy manager, two care team leaders and three care assistants. An administrator; activity coordinator; cook; kitchen assistant; two domestics and a maintenance person were also on duty.

We looked at the staffing rotas with the registered manager and noted that the staffing levels deployed were consistent with the information recorded on the rotas. We also saw that between 10pm and 8am there was a care team leader and two care assistants on duty. Staff spoken with confirmed that these were the normal staffing levels in the home and that there were sufficient numbers of staff on duty to provide care and support to people in accordance with their individual needs.

We noted that dependency assessments had been completed for each person using the service and that the registered manager reviewed the dependency of people and the staffing hours deployed on a weekly basis.

We noted that staff responded quickly to the activation of call bells or requests for help and support. People also told us if they needed staff support they did not usually have to wait long.

The provider had developed a 'staff recruitment and selection' policy to provide guidance to people responsible for recruiting staff. Guidance on disciplinary procedures was also available for reference.

We looked at the recruitment records for four staff members who had recently commenced their employment at the home. These showed us that staff had undergone an interview process and checks including obtaining a Disclosure and Barring Service check (DBS), references and proof of identification had been carried out. A valid DBS check is required for all staff employed to care and support people within health and social care settings to check on their criminal background.

Guidance on 'Safeguarding service users from abuse or harm' and 'Whistle blowing' had been developed by the provider. A copy of the local authority's adult protection procedure was also available for management and staff to reference.

Training records viewed confirmed staff had completed training in safeguarding of vulnerable adults and those spoken with were able to explain to us how they would identify a concern and report it. Staff told us they would not hesitate to speak up if they had a concern about a person's safety and well-being. Records confirmed that where safeguarding concerns had been identified the service had reported them to the relevant authorities appropriately.

Records held by the Care Quality Commission (CQC) indicated that there had been no whistleblowing concerns raised in the past twelve months.

The provider had policies in place for the administration of medicines, which included controlled drugs and PRN medicines (these are medicines which are administered as needed).

Medicines were administered by members of staff on each shift who had received medication training. A list of staff responsible for administering medication, together with sample signatures was also available for reference.

Medication was dispensed by a local pharmacist using a blister pack system and were stored securely within a medication trolley or lockable cupboards in people's rooms. Separate storage was also available for medication requiring cold storage and for controlled drugs.

We checked a sample of medicines and medication administration records (MAR) and found that with the exception of one missing entry, people were receiving their medications as prescribed.

We also noted a discrepancy for one person's pain relief medication as the balance on the stock sheet could not be reconciled with the person's MAR. We brought this matter to the attention of the registered manager who assured us that they would review the stock balance and update records accordingly.

We noted that some creams were being stored in the bedrooms of people living with dementia. The registered manager arranged for these products to be removed during the inspection to mitigate risk. We have recommended that this practice be reviewed and that care plans and risk assessments are updated to safeguard the wellbeing of people using the service.

We saw that controlled drugs were stored securely and in the records that we looked at these were being administered and accounted for correctly. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Legislation. We saw that fridge and room temperatures were being recorded to ensure that medicines were stored at the correct temperature.

Checks of medicines were included within monthly medicine audits. This helped the provider to identify any discrepancies and taken action when necessary to improve practice.

The home had a series of internal and external checks for the safety of the premises and equipment. This included the fire alarm and nurse call system; fire extinguishers; electric and gas supply; passenger lift; hoists and slings; portable appliances and water testing. We noted that there had been a gap in the testing of water temperatures and were informed that this was due to the testing equipment being serviced. We received confirmation during our inspection that the temperature probes had been returned and that the testing schedule would be reinstated immediately. These checks help to show that the building and equipment is safe and appropriately maintained.

We conducted a tour of the home and observed that in general the home was clean with no malodours. We noted that bathrooms had sufficient equipment to maintain hand hygiene and staff had access to appropriate personal protective equipment when carrying out personal care or serving food. Policies and procedures for infection control were also in place for staff to reference.

The last infection control audit for the care home had been completed during November 2017 following which an overall score of 84% was achieved. The audit indicated that the service was non-compliant in areas relating to environmental cleaning; sluicing; bathrooms and toilets and the management of laundry.

The registered manager told us that action had been taken to improve infection control standards within the care home in order to address the majority of the findings of the audit and ensure satisfactory infection control procedures. A re-audit of the care home by the infection control team was awaited at the time of our inspection.

Is the service effective?

Our findings

People spoken with confirmed they liked living in the care home and we received comments such as: "The staff are lovely"; "You get everything you need and all the cleaning, laundry and food is taken care of"; "The home is always fresh and clean" and "The food is good. I especially like the toast."

Westy Hall provides accommodation and personal care for up to 39 older people. We undertook a tour of the premises, which included all communal areas including the lounges, dining rooms, bathrooms and some of the bedrooms. We saw that people were encouraged to personalise their rooms with their individual belongings such as pictures, ornaments and personal possessions to make them homely and comfortable.

There was a small 10 bedded unit on the ground floor called 'The Hollies' for the care of people living with dementia. In addition to bedrooms there were two small lounges, a dining room, two assisted bathrooms and two other toilets. There was also a secure garden accessible for people living on this unit. The unit had been adapted for people living with dementia by using colour schemes and signage to help people orientate around the unit. This included the use of memory boards on bedroom doors and the use of accessible communication systems such as pictorial menus.

The rest of the home was over two floors, there being a large dining room and a lounge with French doors leading onto a patio and the garden on the ground floor and a small quiet room and a lounge/dining room on the first floor. There were assisted bathrooms/showers on both floors for people who needed additional assistance and bath and toilet aids, grab rails and other aids were in place to help people maintain independence.

We could see that the provider was making efforts to improve the appearance of the home as some parts needed refurbishment, maintenance and redecoration. For example, during our inspection, we observed the handy person was in the process of re-decorating a room on the ground floor and we saw other examples of remedial work that had been completed.

However, some parts of the building remained in need of maintenance. For example, seven of the seals had blown on the double-glazing units in the main dining room and a further seven in the lounge on the second floor. Double glazing units had also failed in other parts of the home which was causing condensation to collect between the panes. This was unsightly and obscured people's view of the grounds.

Furthermore, the communal carpets on the ground floor and in the unit accommodating people living with dementia were stained and in need of replacement. We also noted that one of the upstairs toilets required a replacement radiator guard as the paint was peeling. Likewise, the drawers on the sink in the laundry area needed replacement as the protective covering had worn away and was exposing the wood. We also noted that one person had a broken chest of drawers in their bedroom.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

The provider (Croftwood Care (Cheshire) Limited) had developed a training programme that consisted of induction, mandatory, skills specific and qualification level training. This was delivered via a range of methods including training booklets for induction and care certificate modules and face to face and on-line training.

Staff spoken with during the inspection confirmed they had access to a range of training that was relevant to their roles and responsibilities and the needs of people living in the care home. For example, dementia care, nutrition and care planning training.

We noted that systems were in place to record, track and monitor training completion rates and the outstanding training needs of staff. Analysis of the provider's training summary report for June 2018 highlighted that some staff needed to complete outstanding or refresher training for mandatory and service specific topics. The provider's area manager had also identified training and e-learning training as a priority task as part of their monthly home visit audits which the registered manager assured us was work in progress and subject to regular review. For example, on the first day of our inspection, we noted that three staff had completed fire safety training and were awaiting their certificates. Progress will therefore be reviewed at our next inspection.

Staff spoken with confirmed they had attended team meetings and received supervision periodically. We noted that the frequency of supervision needed review for some staff to ensure compliance with the frequency outlined in the organisation's policy (which stated that supervision should take place a minimum of four times per annum). This was an area for development that had also been identified by the provider within their monthly home visit reports.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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).

We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met.

The provider had developed policies on the Mental Capacity Act and Deprivation of Liberty Safeguards to offer guidance for staff on this important legislation.

We noted that mental capacity assessments had been 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.

At the time of our inspection, the local authority had authorised DoLS for seven people using the service. A

further 10 applications had also been submitted to the local authority which were awaiting authorisation.

Training records viewed confirmed staff had access to training in the MCA and DoLS. We talked to staff to ascertain their understanding of who had a DoLS in place and what this meant. Staff spoken with demonstrated an awareness of their duty of care in respect of this protective legislation and the needs of people who were subject to a DoLS.

We spoke with the cook on duty and looked at the kitchen area. The kitchen appeared clean and hygienic and catering records relevant to the operation of the kitchen were being maintained to ensure best practice. We noted that the most recent food standard agency inspection was in November 2017. The care home was awarded a rating of 4 stars following the inspection. This meant that food hygiene standards were rated as good.

People who used the service were asked their food likes and dislikes upon admission and information relating to their dietary needs had been shared with catering staff and was displayed in the kitchen area for staff to reference. This helped catering staff to be aware of key information such as allergies, food preferences and how to prepare food.

A four-week rolling menu plan was in operation at the care home. Information on the daily menu was recorded on a white board in the main dining room for people to view, together with the details of staff on duty. Menu stands were also used to display the daily menus on tables which were equipped with dried flowers, paper napkins, cutlery, crockery and condiments.

Menus were supplied on a daily basis so that people could select their preferences. The menus offered alternative choices and included a hot light meal or soup and sandwiches at lunchtime and two choices of main meal in the evening, as well as refreshments and snacks throughout the day. People also had the choice of a full cooked breakfast. Special diets such as soft diets were provided.

We saw that staff used the Malnutrition Universal Screening Tool [MUST] to identify whether people were at nutritional risk. This was done to ensure that people were not losing or gaining weight inappropriately.

Staff spoken with demonstrated a good understanding of each person's dietary needs and food preferences. Staff also demonstrated an awareness of the need to complete relevant monitoring charts for food and fluid intake and the importance of making referrals to health care professionals. For example, speech and language therapists and / or dieticians for anyone identified at an increased risk of malnutrition, dehydration, or who had significant weight loss.

We used the Short Observational Framework for inspection (SOFI) tool as a means to assess the standard of care provided to six people living with dementia during a mid-day meal.

We saw that people using the service were offered a choice of meal and that meals were attractively presented and looked and smelt appetising. Staff were seen to take time to communicate and engage with people in a positive, caring and dignified manner whilst at the same time offering appropriate support to people who required assistance with eating and drinking. People using the service were also given the necessary time to eat and finish their meals at their preferred pace and sufficient quantities of food were available to satisfy people's appetites.

We noted that systems were in place to ensure the needs of people were assessed and kept under review following admission to the home. This helped to ensure the changing needs of people were responded to in

a timely way and that potential and actual risks were appropriately managed.

The registered manager told us that they endeavoured to work in partnership with other teams and services to ensure the delivery of effective care and support for people using the service. For example, whilst undertaking the inspection we observed that a visiting social worker and a health care professional were undertaking visits to the home to provide support to people using the service.

We noted that staff had developed 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; chiropodists, opticians and mental health practitioners etc. subject to individual need.

Is the service caring?

Our findings

People spoken with told us that they were cared for appropriately by staff and confirmed they were treated with dignity and respect.

For example, we received comments from people using the service such as: "The staff are always nice"; "I feel okay to tell people [staff] how I feel" and "I can tell any staff if there is a problem."

Likewise, comments received from relatives included: "Staff are so caring. They are lovely and always smiling"; "Absolutely no worries at all about mum's care or her safety" and "I feel my relative is encouraged to make his own choices and be as self-caring as possible."

During our inspection of Westy Hall, we spent time talking with people and undertaking observations within the care home. We observed the environment to be a warm, homely and relaxed place in which to live and noted that people were encouraged to maintain their independence.

We also saw that people using the service were accepted and empowered to follow their preferred daily routines and that this was respected by staff who were flexible and supportive. For example, people told us they could choose what time they wanted to go to bed or get up in the morning, what they wanted to choose to wear each day and how and where they wished to spend their time.

People living in the care home appeared clean, well-cared for and generally happy in their appearance and confirmed that staff were caring in their approach. We saw lots of positive interactions and banter being exchanged between staff and people living in the care home and saw that people were supported by staff that were warm, attentive and responsive to people's needs. We saw that relatives were also made to feel welcome and encouraged to visit their family members at different times throughout the day.

Staff told us that they had worked alongside experienced colleagues as part of their induction process which included opportunities to read people's care records and to spend time getting to know people. Information on people's life history and other key information was recorded in their care records, together with their interests and preferences in relation to daily living. This helped staff to familiarise themselves with the people they cared for and to develop a more meaningful relationship.

We asked staff specific questions relating to the care needs of people using the service and noted that staff were aware of matters that were important and unique to people such as their needs and support requirements; required personal aids, known risks and preferred routines. Staff also demonstrated an understanding of the importance of providing person centred care, promoting independence and safeguarding and upholding people's dignity, individuality and human rights.

For example, we observed staff asking people for permission before entering rooms or undertaking any tasks. We also saw that staff were mindful of the need to provide discreet support when providing assistance with personal care.

Staff were seen to offer appropriate support and reassurance when helping people to mobilise around the home and were patient and attentive to people's needs. One person also told us how appreciative they were regarding the sensitive, caring and practical support they received from the registered manager and the staff following a bereavement.

Electronic records were password protected. We raised with the manager the security of records on one unit as a cupboard containing records did not have a lock. We received assurance that this would be addressed to help ensure confidentiality and prevent people accessing sensitive and confidential personal information.

A statement of purpose had been developed for the service to provide current and prospective service users and / or their representatives with key information on the services provided. A service user guide had also been produced in large print for people to reference.

Information on how to access services such as the Alzheimer's Society was available in the reception area of the home. The registered manager also told us that the care home had links to 'Warrington Speak Up'. This is an advocacy service that promotes social inclusion, equality and social justice for people who may face discrimination, disadvantage and social isolation.

Is the service responsive?

Our findings

People spoken with told us that they wanted to see changes regarding the provision of activities in the home. For example, we received comments such as "I do get a bit bored. I don't get out enough and I don't like the activities"; "I find it boring here" and "I'd like to go to the shops."

We looked at the personal files of four people who were living in the care home. Files viewed included assessment documentation and 'life plans' (a care plan) which was designed to capture important information on the needs of people using the service and the level of support required by staff. Supporting documentation such as consent forms; weight and health care records and personal care and daily records were also available for reference.

We found a number of issues with records which were raised with the registered manager during the inspection. For example, one person's care plan had not been consistently reviewed on a monthly basis and contained out of date or incomplete information relating to the complex needs of the service user. Likewise, supporting documentation such as daily repositioning and skin inspection charts, food and fluid charts and other key records for the person had not been completed correctly or lacked gaps in recording.

Likewise, in another file, we found that a person's care plan lacked information on how to communicate effectively with the individual. Records had not been kept under regular review and daily progress notes were found to be task centred. This meant they did not provide meaningful information on the wellbeing of person using the service.

Failure to keep records relating to people using the service up-to-date and accurate may place the wellbeing of people at risk

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Similar issues had also been highlighted by the local authority's care quality monitoring team following their last visit to the home in July 2017. During their visit they identified that risk assessments and care plans needed to be reviewed on a regular basis to ensure that they remained relevant and reflected the needs of the individual. This work was still outstanding at the time of our inspection.

The provider had also recorded the development of care plans as an outstanding action in their monthly home visit report. This was scheduled for completion prior to our inspection.

Following our inspection, the registered manager sent us an updated care plan for one individual to confirm that the review of documentation was in progress.

At the time of our inspection, none of the people using the service were receiving end of life care.

We discussed the home's arrangements for end of life care planning with the registered manager and noted that records were in place to record people's wishes. Records included plans for the future such as where people would prefer to be cared for when nearing the end of life and what their wishes were after death, such as which funeral directors they wished to use.

The service had established links with GPs, district nurses and other healthcare professionals to ensure people received appropriate support towards the end of their life, if they expressed a wish to stay at Westy Hall.

The registered provider had developed a complaints procedure to provide guidance to staff and people using the service and / or their representatives on how to raise a concern or complaint. The procedure included timescales for investigation and providing a response.

Information on the complaints procedure had also been included in the home's statement of purpose and service user guide and had been displayed on a notice board in the reception area of the home for people to view.

We looked at the complaint records for the care home which highlighted that no complaints had been received in the last 12 months.

Systems were in place to ensure that any complaints received would be investigated in accordance with the provider's policy. People spoken with told us that they were confident that if they raised a complaint their concerns would be listened to and acted upon.

At the time of our inspection, the provider employed one part-time activity coordinator who was responsible for developing a programme of activities for people using the service.

We saw that a programme of activities was displayed on a notice board in the residential part of the care home and this indicated that a range of activities were provided such as: watching films; visits by children from a local school; 'pamper' time; arts and crafts; board and table games; bingo; quizzes; theme days; external trips; entertainment; gentle exercises and shopping for personal items. No information on activities was displayed in the dementia unit.

We spoke with the activity coordinator briefly on the first day of our inspection as they were due to support a person to attend a hospital appointment. We were unable to view information on people's preferences or the activity records for the service as the activity coordinator told us that she had taken them home to update.

On the second day of our inspection we were provided with a monthly breakdown of group and individual activities that had been completed or declined using codes. The information did not provide us with meaningful information on the activities provided or the outcomes for people using the service.

We did not observe activities taking place during our inspection in either the residential or dementia care unit. People using the service expressed mixed feedback regarding the activities on offer and told us that they would like access to more person-centred activities.

We raised this feedback with the registered manager during the inspection and received assurance that the provision of activities would be reviewed across the care home. The registered manager sent us two photographs following our inspection to highlight that a large number of residents had attended an activity

in the main dining area later in the week.

We saw that visitors were encouraged to visit throughout the two days of our inspection. Relatives we spoke with told us they could visit at any time and they were welcomed by staff.

The care home utilised a range of assistive technology to help keep people safe and to maintain their independence. For example, a loop system, call bells, mobile pendants and sensor mats were available for people to use, subject to their individual needs.

Is the service well-led?

Our findings

People spoken with told us that they were happy with the leadership of the home and we received comments from people using the service to confirm their satisfaction. For example; "The manager is lovely", "The manager is always about. She always asks if I am okay" and "I always can speak my mind."

We also received complimentary comments about the registered manager from staff such as: "I definitely feel listened to. We [staff] are supported with ideas and to make changes"; "The manager is very approachable" and "The manager's door is always open."

The provider was governed by a board of directors that had overall responsibility for the management and operation of the service. We noted that the provider had published a mission statement on its website which highlighted an emphasis on the provision of a safe, friendly environment where the care is person-centred and the diversity of people using the service is celebrated in order to maximise people's potential, physically, emotionally and spiritually.

The care home had a manager in place that had managed the home for over eight years and was registered with the Care Quality Commission.

The registered manager was present during the two days of our inspection and was helpful, honest and supportive in their interactions with the inspection team. We also observed that the registered manager operated an open-door policy throughout our inspection and engaged positively with their staff team and people using the service.

Through discussion with the registered manager, it became apparent that they had extensive knowledge regarding the provider, the operation of the care home and the diverse needs of people using the service. The registered manager also demonstrated a commitment to developing the service in line with provider's aims and objectives and operational mission statement.

The registered provider had a quality assurance policy in place to provide guidance for staff on monitoring and reviewing the service provision. A schedule of audits for the calendar year had also been developed which included systems to seek the views of people who use the service or their representatives.

We noted that 'Home Visit Reports' were undertaken on a monthly basis by an area manager on behalf of the provider. Examination of the most recent report for May 2018 indicated that a range of topics were reviewed as part of the visits such as: home environment; life / care plan records; medication; accidents and incidents; occupancy; staffing; staff training and supervision; safeguarding; notifications; audits and fire records. The report also included an action plan which was kept under review. Following the visit, the service was awarded a rating of 'requires improvement' by the provider.

The registered manager told us that 'resident satisfaction questionnaires' were distributed annually to people using the service or their relatives. The most recent audit was completed in September 2017 and

included questions relating to: respectfulness of staff; level of privacy; quality of care; person centred care; promptness of staff; choice and control; consistency of staff; staffing levels; warmth and friendliness of staff; activities; food and menu choice.

Following the audit, the manager produced a brief summary report which indicated that 20 out of 37 people had completed and returned a survey. The overall feedback was that the majority of people were happy and would recommend the care home. An explanation of what action would be taken in response to significant feedback was also recorded for people to view.

A quality audit schedule was also in place which confirmed key operational areas were subject to periodic monitoring and review by the management team. The audits covered a range of areas such as: personnel files; health and safety; infection control; medication; care plans; mealtimes and night visits. Audits included actions plans to ensure any areas in need of attention were highlighted and kept under review.

However, despite the provider operating a quality assurance system, we identified a number of issues during our inspection that were in need of attention. These covered a range of areas relating to the standard of the premises and equipment, records and activities. We have reported on these matters within other sections of this report.

Periodic monitoring of the standard of care provided to residents funded via the local authority was also undertaken by Warrington Borough Council's care quality monitoring team. This is an external monitoring process to ensure the service meets its contractual obligations.

The care quality monitoring team last undertook a monitoring visit to the care home during July 2017. Following the visit, the service was placed on an improvement plan. The plan was reviewed by the care quality monitoring team during April 2018 and although progress was noted in many areas, the development of care plans, risk assessments and other key documentation required further attention.

The provider had developed a set of core policies and procedures to provide guidance to staff and copies were available in the office and staff room for staff to reference.

Relative and resident meetings were coordinated throughout the year during which people were encouraged to share and receive information. Likewise, monthly newsletters were distributed to people using the service and their representatives to share information regarding the home.

The registered manager is required to notify the CQC of certain significant events that may occur in the service and had notified the Commission of reportable incidents as required under the Health and Social Care Act 2008.

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 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to maintain the premises to a satisfactory standard
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had not consistently maintained an accurate, complete and contemporaneous record in respect of people using the service.