

# Warrington Community Living Westleigh

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This inspection was unannounced and took place on 16 and 20 October 2015.

This was the first inspection of Westleigh following a change of service provider.

Westleigh provides accommodation and personal care for up to 18 people experiencing enduring mental illness. The service is provided by Warrington Community Living, a registered charity and non-profit making organisation. The building is managed by Your Housing.

On the day of our inspection the service was accommodating 16 people.

At the time of the inspection there was no registered manager at Westleigh. The provider had appointed a new manager following the recent resignation of a registered manager who was in the process of applying for registration with the Care Quality Commission.

The manager was present during the two days of our inspection and engaged positively in the inspection

# Summary of findings

process together with her staff. The manager was observed to be friendly and approachable and operated an open door policy to people using the service, staff and visitors.

During this inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take as the back of the full version of the report.

We found that the registered person was not operating effective systems or processes to assess, monitor and improve the quality and safety of the services provided.

We found that the registered person had not undertaken an assessment of the needs of a service user and failed to design care plans for two people with a view to ensuring their individual needs were met.

People living at Westleigh appeared relaxed and comfortable in their home environment. We found that people lived in a homely environment which was properly maintained.

The care provided was personalised and enabled people to live as independently as possible. People who used the service were supported and encouraged to follow their preferred routines and to make decisions about aspects of their daily lives. Feedback received from people using the service was very positive and confirmed that standard of care provided was good. People using the service had a choice of wholesome and nutritious meals.

Staff knew how to protect people from abuse and to keep them safe. The registered provider had policies in place to safeguard people from abuse and staff had completed training in this key area.

Medicines were ordered, stored, administered and disposed of safely. People had contact with their GP and mental health practitioners and had accessed other health professionals as required.

CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring if there are restrictions on their freedom and liberty these are assessed by the supervisory body. The manager and support staff had a good understanding about this and when it should be applied.

Where complaints had been reported, these were responded to appropriately and action had been taken to resolve them. A complaints policy was in place which was also available in easy read format to make it accessible for the people who used the service.

We have made a recommendation about the need to source or develop a needs analysis and staff deployment tool. This will help demonstrate that the staffing levels at Westleigh are adequate at all times and being kept under review.

# 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 not always safe

The use of care staff for catering duties is in need of review as care staffing levels are being reduced. This arrangement may impact on the needs of people using the service.

Safe systems and procedures for supporting people with their medicines were being followed however auditing systems were not robust.

Requires improvement



### Is the service effective?

#### The service was effective

The manager had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff had access to policies, procedures and training in respect of these provisions.

Staff had access to supervision and training that was relevant to individual roles and responsibilities.

People living at Westleigh had access to a choice of wholesome and nutritious meals and had access to a range of health care professionals.

Good



### Is the service caring?

#### The service was caring.

Staff treated people well and they were kind and caring in the way that they provided care and support.

People were treated with respect and their privacy and dignity was maintained.

Good



### Is the service responsive?

#### The service was not always responsive

Arrangements for assessing the needs and risks of people using the service and planning appropriate person centred care and support were not robust.

Requires improvement



### Is the service well-led?

#### The service was not always well led.

Systems to assess, monitor and improve the quality and safety of the service provided at Westleigh were in need of review and development, to safeguard the welfare of people using the service.

Requires improvement



# Westleigh

## 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 16 and 20 October 2015 and was unannounced.

The inspection was undertaken by one adult social care inspector.

Before the inspection the provider completed a Provider Information Return 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 also looked at all of the information which the Care Quality Commission already held on the service. This included previous inspections and any information the provider had to notify us about. Furthermore, we invited the local authority to provide us with any information they held about Westleigh. We took any information they provided into account.

During the visit we talked with 15 people who used the service, two support workers and a visiting health care professional. We also spoke with the Chief Executive Officer on the telephone and spent time with the manager and deputy manager.

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

# Is the service safe?

## Our findings

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

Comments received from people using the service included: “I feel settled and safe here”; “I like the area and feel protected living at Westleigh”; “I’m happy and content. I have my own room and space with staff on hand when I need them” and “Of course I’m happy here. It’s my home.”

The provider had developed an ‘Accident and Riddor’ policy to provide guidance to staff. Systems were in place to record incidents, accidents and falls. This helped the provider to maintain an overview of incidents. We noted that the accident records did not provide any evidence of lessons learnt and actions taken to minimise the potential for reoccurrence. The manager acknowledged this observation and assured us she would update records to ensure this information was documented.

We looked at three care files. We found that key information such as care and support plans had not always been completed and that some risk assessments viewed were vague and lacked information on the actions required to minimise / control actual and potential risks. This has the potential to place the health and welfare of people using the service at risk.

Personal emergency evacuation plans had been completed and copies were available in people’s rooms and personal files.

At the time of our inspection Westleigh was providing accommodation and personal care to 16 people. The manager informed us that minimum staffing levels set by the provider at the time of our visit were as follows. From 10:30 am to 10:30 pm there was one deputy manager on duty who slept in during the night. There was also two support workers on duty from 7:00 am to 10:00 pm. At night a member of staff worked from 10:00 pm until 7:00 am. The manager was supernumerary and worked flexibly subject to the needs of the service.

Other staff were employed for catering and domestic roles. There were vacancies at the time of the inspection for one full time and one part time member of staff.

We checked staff rotas with the manager. We noted that codes were used rather than shift times for the manager and deputy managers. The manager assured us that she would record shift times in future to clarify hours worked.

We noted that the dependency needs of the people using the service were kept under monthly review however there was no system in place to demonstrate how the dependency of the people using the service was being monitored against the staffing hours deployed.

No concerns were raised regarding staffing levels at the time of our inspection from people using the service. However some staff spoken with raised concerns regarding the availability of staff during weekends and on Thursday and Fridays, as they reported that they had to undertake catering duties due to the reduced hours worked by cooks on these days.

We looked at a sample of three staff files for staff who had been employed to work at Westleigh. Through discussion with staff and examination of records we found that there were satisfactory recruitment and selection procedures in place which met the requirements of the current regulations. In all three files we found that there were application forms; two references, disclosure and barring service (DBS) checks and proofs of identity including photographs.

All the staff files we reviewed provided evidence that the checks had been completed before people were employed to work at Westleigh. This helped protect people against the risks of unsuitable staff gaining access to work with vulnerable adults.

The manager and staff spoken with demonstrated a good awareness of their duty of care to protect the people in their care and the action they should take in response to suspicion or evidence of abuse. Discussion with staff and examination of training records confirmed that the majority of the staff team had completed safeguarding vulnerable adults training.

A corporate policy and procedure had been developed by the provider to offer guidance for staff on 'Safeguarding Adults'. A copy of the local authority’s safeguarding adults procedure was also in place for reference.

## Is the service safe?

A safeguarding monthly audit tool had been developed to enable the manager to monitor safeguarding alerts and referrals, details of the incident and lessons to be learned / actions taken. Records confirmed that there had been one safeguarding incident in the past 12 months and that

appropriate action had been taken in response to the incident.

We checked the arrangements for medicines at Westleigh with a deputy manager. We were informed that only the deputy managers and two care assistants were authorised to administer medication and had completed medication training.

A list of staff responsible for administering medication, together with sample signatures was available for reference and photographs of the people using the service had been attached to medication administration records to help staff correctly identify people who required medication. Four records were found not to contain a photograph. This was rectified during the inspection.

We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines. The policy was available in the medication storage room for staff to reference. We found two other policies which were removed during the inspection to ensure one operational policy was in use.

Medication was stored in a medication trolley that was secured to a wall in a locked electrical cupboard. Separate storage was also available for homely remedies, additional stock and for controlled drugs. Authorisation had been obtained from GPs to administer homely remedies.

We checked the arrangements for the storage, recording and administration of medication and found that this was satisfactory. We saw that a record of administration was completed following the administration of any medication on the relevant medication administration record (MAR).

We noted that one MAR had been handwritten and had not been signed or countersigned to confirm the recorded instructions were correct. The management team assured us that all future handwritten MAR entries would be signed and countersigned to ensure a clear audit trail.

Systems were in place to record fridge temperature checks; room temperature and medication returns and patient information leaflets had been retained for staff to reference.

Two people were being supported to self-administer their medication at the time of our inspection.

Monthly audits of medication could not be located. We signposted the manager to review the NICE guidance on 'Managing Medicines in Care Homes' as this provides recommendations for good practice on the systems and processes for managing medicines in care homes.

Overall, areas viewed during the inspection appeared clean and well maintained. Staff had access to personal protective equipment and policies, procedures and audits for infection control were in place.

The building was subject to ongoing maintenance and refurbishment by the landlord to ensure the environment remained homely and comfortable.

**We recommend that a needs analysis and staff deployment tool be sourced / developed to help demonstrate that the staffing levels at Westleigh are adequate at all times and being kept under review.**

# Is the service effective?

## Our findings

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

Comments received included: “I am well supported and get to see my GP and psychiatrist regularly”; “I’ve seen an optician; GP; psychiatrist and chiropractor but I choose not to go to the dentist”; “The food is pretty good. I get enough to eat and drink and a choice of meal” and “Staff are lovely. They come around each morning to ask me my daily meal choices”

Westleigh is a care home providing accommodation and personal care for up to 18 people experiencing enduring mental illness. It is a two storey building set in spacious grounds with a garden and greenhouse. The home has 18 single bedrooms, including five on the ground floor. There is a passenger lift in place and communal facilities for cooking, dining, personal care, relaxing and leisure. There is a designated room allocated for people who wish to smoke.

The provider had established a programme of induction, mandatory; qualifications and key skills / service specific training for staff to access. This was delivered via a range of methods including face to face and on-line training.

We received training information in the form of a colour coordinated training record from the organisation’s head office. This highlighted that staff had access to a range of training as highlighted above and that staff were at different stages in completing the available training. Similar findings were identified by the local authority following their last contract monitoring visit

The manager informed us that systems were in place to monitor the outstanding training needs of staff and when refresher training was required. The manager acknowledged there were gaps in training for some staff and told us that the organisation was monitoring the completion of outstanding training, to ensure all necessary training was completed in a timely manner.

Formal supervisions and an annual appraisal system were also in place. Staff spoken with reported that they had received regular supervision prior to and since the new manager had commenced employment. A number of

supervision records prior to the appointment of the new manager had gone missing and could not be located. The manager told us that the storage of records at Westleigh was to be reviewed to protect confidential personal information.

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

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards.

We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) with the management team.

We saw that there were corporate policies in place relating to the MCA and Best Interests and DoLS. Assessment documentation had also been produced to enable staff to undertake an assessment of capacity in the event this was necessary.

Information received from the manager confirmed that at the time of our visit to Westleigh none of the people using the service were subject to a DoLS and no applications were being considered by the local authority for authorisation.

Training records viewed highlighted that a number of staff had completed training in MCA awareness and DoLS. Although the manager had not completed this training, she demonstrated a good understanding of her responsibilities in relation to this protective legislation and the need to protect the rights of people who may lack capacity.

A four week rolling menu plan was in operation at Westleigh which was reviewed periodically. The daily menu offered a choice of options. The menu was displayed on a

## Is the service effective?

white board and people were asked their meal preferences on a daily basis. People using the service had the opportunity to eat in the dining room or in their own rooms if they preferred.

During the inspection an evening meal was observed. Tables were set with tablemats; condiments cutlery and crockery. The mealtime was unhurried and seen as a social occasion by the people living in the home who were observed to chat amongst themselves and with support staff who were on hand to assist if necessary.

The most recent local authority food hygiene inspection was in July 2014 and Westleigh had been awarded a rating of 5 stars which is the highest award that can be given.

Care plan records viewed provided evidence that people using the service had accessed a range of health care professionals including: GPs; chiropodists; community psychiatric nurses and psychiatrists subject to individual needs.



# Is the service caring?

## Our findings

We asked people living at Westleigh if the service provided was caring. People spoken with told us they were well cared for and treated with respect and dignity.

Comments received included: “I’m very well cared for. The staff are ever so helpful”; “All the staff both day and night are great”; “We get looked after here” and “I can do as I please” and “The reason I like Westleigh is because they promote independence such as washing and shopping. I can go on holidays and the staff are great. We have banter together.”

Interactions between people who used the service and members of staff were seen to be respectful and caring. Staff were observed to spend time talking with people who used the service about their wellbeing; daily routines; employment and interests and were noted to listen to people in an attentive and supportive manner. For example, if a person did not feel very happy or was a little anxious, staff understood how to cheer the person up and addressed their concerns with patience.

Throughout the two days of the inspection, it was evident that staff had a positive relationship with the people that they supported. We observed people’s choices were respected and that staff knew people well and were able to

interpret their support requirements and to anticipate their needs. People who used the service were seen to approach staff for reassurance and support and staff responded to people in a calm, caring and reassuring way.

The environment was warm, personalised and relaxed. We saw lots of laughter and banter between staff and people who used the service. Many of the people living at Westleigh had developed friendships and support networks with each other and were seen to chat amongst themselves in the lounge and smoking room.

Staff supported and encouraged people to be as independent as possible by supporting people using the service to do as much as they could for themselves and this approach was valued by people using the service. Staff also demonstrated a good awareness of the preferred routines of the people living at Westleigh.

Staff spoken with confirmed they received training on the value base of the organisation and social care as part of their induction training and were seen to apply the learning into practice. For example, staff were observed to knock on doors and asked permission before they entered and spoke to people in a dignified manner.

Personal information about people receiving care at Westleigh was kept securely to ensure confidentiality. Information on the service and of interest to people using the service was displayed on notice boards and in the reception area of the home for people to view.

# Is the service responsive?

## Our findings

We asked people who used the service and / or their relatives if they found the service provided at Westleigh to be responsive. Feedback received confirmed people were generally of the view that the service was responsive to their individual needs.

Comments received included: “I go to a photography course on a Friday which I enjoy. I also like collecting coins and stamps”; “It’s a relaxed place to live. You can come and go as you please”; “I like to do a lot of painting and reading of art books which I’m supported to do” and “I have no complaints so far and would speak to the manager or office staff if I did.”

We looked at three care files. Although an index system for the ‘contents of my support file’ had been developed, two of the three files viewed were not easy to follow as they did not follow a consistent approach. One file contained no information on the needs of a person using the service and two files contained no care or support plans and lacked a person-centred approach. Risk assessments viewed were also vague and lacked information on the actions required to minimise / control actual and potential risks.

Furthermore, some documentation viewed such as health action plans; personal care records and other supporting documentation was not up to date and in need of review. Records viewed provided no evidence that people using the service or their representative, where possible, had been involved in care planning.

### **This was a breach of Regulation 9 (3) (a) & (b) of the HSCA 2008 (Regulated Activities) Regulations 2014.**

A copy of the provider’s complaints policy statement was in place to provide guidance to people using the service or their representatives on how to make a complaint. An easy read version entitled ‘Let us have your feedback’ had also

been produced using pictures. Details of how to complain had been included in the statement of purpose. The documents were on display in the reception area of Westleigh.

The complaint records for Westleigh were viewed. Records outlined the date the complaint was received, details of the complainant; details of the complaint; actions taken and outcome. Records detailed that there had been one complaint in the last 12 months. Information about the complaint and outcome was recorded and confirmed that appropriate action had been taken in response to the concern raised.

People using the service told us that in the event they needed to raise a concern they were confident they would be listened to and the issue acted upon promptly.

Discussion with the manager and people using the service confirmed there was no set activities programme in operation at Westleigh as people were encouraged to follow their own interests, further education or employment activities.

We checked the personal activity records and found that the log had not been updated for over a month. The majority of people spoken with confirmed they were happy with the activities on offer but three people highlighted that there were not many activities and that they would welcome more.

The home had a pool / games room with coffee making facilities. People spoken with described a range of activities they had participated in such as working at the Walton Lea garden project; pursuing their own hobbies such as artwork and painting; attending a photography course; visiting friends or family; playing chess and pool at Westleigh; shopping for personal items; drinking at a local pub; playing bingo and trips out in the mini bus. A small group of people had recently travelled to Blackpool to see the lights. Some people told us that they preferred to just relax in the comfort of their home watching television spending times with their friends.

# Is the service well-led?

## Our findings

We asked people who used the service if they found the service provided at Westleigh to be well led. People spoken with told us they were happy with the way the service was managed and spoke highly of the manager.

Comments received included: “The manager is lovely. You couldn’t get a better person”; “We have a new manager and so far she’s been great”; “I get on well with the manager very well”; “I think Westleigh is getting better under the new manager” and “I think a lot of Westleigh. I think it’s the best”.

Feedback received from staff included: “I feel supported by the manager and feel the service is developing under Warrington Community Living” and “I like the manager. She is helpful and approachable”.

Westleigh had a manager in post who had worked at the service since July 2015. The manager told us that she has applied for registration with CQC, had undergone a fit person interview and was awaiting a decision. Upon completion of the inspection, we received confirmation that the application had been approved and a registration certificate had been generated.

Discussion with the manager confirmed she had an extensive background in the adult social care sector. The manager was observed to engage with her staff team and people using the service in a professional and caring manner throughout the two days of our inspection. People spoken with were complimentary of her fresh approach and management style.

The manager engaged positively in the inspection process, was honest and transparent and was seen to operate an open door policy to staff, people living in the home and visitors.

We noted that a crisis management and business continuity plan had been developed to ensure an appropriate response in the event of a crisis or major incident.

We asked the management team to provide us with information on the system of audits in place at Westleigh to monitor key aspects of the service. We found that auditing tools developed by the provider were not in use at

Westleigh such as the ‘Registered Manager Monthly Home Audit’. The introduction of this audit or an equivalent tool would enable the manager to maintain an overview of the service.

The management team was also unable to locate any medication or care plan audits. The last available health and safety audit had been completed in April 2014 however a monthly health and safety checklist was available to view. We also saw evidence that the last infection control audit had been completed in March 2015. A quarterly infection control audit had also been completed during September 2015. The last service improvement plan was dated June 2014.

We enquired when the service had last sought feedback from people using the service or their representatives. The management team were not aware of this information and no quality assurance questionnaires, summary reports or action plans could be located.

### **This was a breach of Regulation 17 (1) (2) (a) of the HSCA 2008 (Regulated Activities) Regulations 2014.**

We checked a number of test records and service certificates relating to: the fire alarm system; fire extinguishers; portable appliances; gas safety; emergency lights and water testing. Some certificates were not available at Westleigh for inspection. The manager arranged for these to be forwarded to us following the inspection. All records and certificates viewed / requested were found to be in order.

The manager and staff spoken with demonstrated an understanding of the organisation’s promise, vision and values. An information leaflet was available in the reception area for people to view which contained key information on the service and registered provider.

A statement of purpose and service user guide had also been developed. Both documents were in need of review at the time of our inspection to reflect the appointment of the new manager.

The manager is required to notify the CQC of certain significant events that may occur at Westleigh. We noted that the manager had kept a record of these notifications. Where the Commission had been notified of safeguarding

## Is the service well-led?

concerns we were satisfied that the manager had taken the appropriate action. This meant that the manager was aware of and had complied with the legal obligations attached to her role.

The provider had also produced a duty of candour policy to provide guidance to managers on the need to be open and transparent with people who use services and other relevant persons. The manager confirmed her awareness of this policy and her duty to uphold the policy.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p><b>The registered person had not established or operated effective systems or processes to assess, monitor and improve the quality and safety of the services provided.</b></p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>How the regulation was not being met:</p> <p><b>The registered person had not undertaken an assessment of the needs of a service user and failed to design care plans for two people with a view to ensuring their individual needs were met.</b></p>