

Anchor Carehomes Limited

Widnes Hall

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Widnes Hall is a residential care home providing personal and nursing care to 63 people aged 65 and over at the time of the inspection. The service can support up to 68 people.

Widnes Hall accommodates people across four separate units, each of which has separate adapted facilities. Two of the units specialise in providing care to people living with dementia.

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

Social interaction and activities were considered to be an important part in people's day to day lives. Activity champions had an incredible passion for ensuring people were able to pursue their interests and hobbies, as well as taking part in new experiences. People had returned to their place of work and visited work related places, such as the local rugby club and aircraft museum.

The variety of activities provided was outstanding. There were many excellent examples of person-centred activities taking place, both in and out of the home, with holidays and activities with other care homes, encouraging new experiences and opportunities for new friendships. People said, "They do a lot of activities here, both inside and outside the home" and "The staff seem to be really good at helping people out and ensuring that no one is forgotten".

People spoke highly of the care they received from staff who knew them very well. Staff were described as caring and people said they were treated as individuals with kindness and compassion and were encouraged to retain their independence. A person told us, "In my view this home is perfect, it is just a very caring place."

The leadership of the service promoted a positive culture that was person-centred and inclusive. We received positive feedback about the quality and safety of care people received and the overall management of the service from people and their relatives. The registered manager and the staff team showed a desire to improve the service provided and in turn the quality of life experiences for the people living at Widnes Hall. People and staff had experienced a positive change in the home since the arrival of the new registered manager.

People said they felt safe living at Widnes Hall. There were enough staff to support people when they needed assistance. People received their medicines at the times they needed them and had ready access to healthcare professionals as and when required. The environment was regularly checked and well maintained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were encouraged to provide their views and opinions about the home and care provided through meetings and questionnaires; these helped to drive continuous improvements. The home completed a range of audits and quality monitoring processes to help support this process.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 25 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Widnes Hall

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector, an assistant inspector and an Expert by Experience on the first day. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service, their area of expertise is dementia care. An inspector carried out the inspection on the second day.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of the inspection was unannounced and the second day was announced.

What we did before inspection

Prior to the inspection we reviewed information we held about the service and notifications we had received. A notification is information about important events which the registered provider is required to send us by law. We also reviewed the Provider Information Return (PIR). The PIR provides key information about the service, what the service does well and the improvements the registered provider plan to make.

We contacted local authority commissioners and safeguarding teams and Halton Healthwatch for

information about the service and they raised no concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and seven relatives about their experience of the care provided. We spoke with members of staff including the registered manager, district manager, team leader and care workers. 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 reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and had access to relevant information and guidance about how to protect people from harm.
- People said they felt safe living in the home; their comments included, "This feels like the right kind of place for me and I feel really safe here", "The staff are so quick to respond to my buzzer" and "No chances are taken with my medicines and they are very alert to any necessary adjustments".

Assessing risk, safety monitoring and management

- Individual risks to people were assessed; risk assessments provided detailed information around people's individual risks and included guidance for staff to keep them safe.
- The environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use. People had individual emergency evacuation plans in place.
- People's comments included, "My wife has had a couple of falls in the home, but the staff have done everything they can to avoid further repeats" and "I am pleased that the staff are aware [name] is at risk of falling and from what I have witnessed, the carers do their best to avoid any such incidents".

Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs.
- Our observations showed staff were vigilant and attended to people's needs straightaway.
- Staff absence from sickness or annual leave was covered by existing staff and the home's bank staff. This ensured consistent staff were working in the home. Agency staff were not used.
- Staff were recruited safely.

Using medicines safely

- People received their medicines safely and on time. Regular medication audits were completed to ensure policies and procedures were followed and any errors or concerns were identified.
- Staff received training in medicines management and had regular competency checks to ensure ongoing safe practice.

Preventing and controlling infection

- Arrangements were in place for making sure the premises were kept clean and hygienic so that people were protected from infections.
- Staff used personal protective equipment (PPE) such as disposable aprons and gloves.
- We found the home to be clean and tidy throughout.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed, so any trends or patterns could be highlighted.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care and support was planned and monitored in line with people's individual assessed needs.
- Care plans contained enough detail to give staff the information necessary to best meet people's needs. The plans were easy to follow and contained the specific care to be carried out by staff.
- Care plans were reviewed each month to update people's support requirements.

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

- People were supported to see their GP, district nurses and were referred to other healthcare professionals, such as, Optician, Speech and Language team and Dietician in a timely way, when required.
- Staff promoted good oral health care in line with recent guidance.
- Staff had good relationships with health and social care professionals who had contact with the service.
- Weekly multi-disciplinary meetings were held to discuss the needs of people in the home.

Staff support: induction, training, skills and experience

- Staff received a good range of support including regular training. Training records showed staff training was kept up-to-date.
- Staff received regular supervision and appraisal to support their developmental needs.
- Staff told us they felt supported by the registered manager.
- Many of the staff had worked at the home for many years; people received support from a consistent staff team.

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

- People were supported to eat a varied and nutritious diet based on their individual preferences.
- Staff assessed people's nutritional needs and any risks related to their eating and drinking. People's weight was monitored.
- People were involved in making changes to the menu based on their own preferences.
- People told us the food was very good; comments included, "The food here is fantastic and you are never rushed to finish" and "My wife likes to eat a lot of fruit and the staff know this and make it available".

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

- The premises were suitable for people's needs and provided people with choices about where they could spend their time.

- People's bedrooms were personalised with items they had bought and pictures.
- There were adaptations to shared bathrooms and toilets for people with disabilities to make them easier to use. Signage on the doors identified these facilities, to enable people to find them without assistance.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had a clear understanding of the MCA and knew what actions to take to ensure that people's rights were upheld under the Act.
- Applications for DoLS authorisations had been made when needed. The registered manager kept a record of who had a DoLS in place and when these needed to be reviewed.
- Mental capacity assessments had been completed to identify when a person had capacity to make a specific decision.
- People had given their consent to care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people with kindness and compassion. There was a stable staff team who knew people well and what mattered to them. Positive and caring relationships had been developed between people and staff.
- Relatives had confidence in the care provided by staff under the management of the new registered manager.
- There was a very caring and friendly atmosphere in the home between staff and people using the service.
- People's comments included, "In my view this home is perfect, it is just a very caring place", "The staff are always smiling and ensuring people are okay, no matter how busy and demanding the day has been" and "They really are a caring bunch, nothing is too much trouble".
- Relatives appreciated that they could visit anytime and no matter when they turned up, they were made welcome and updated if anything had changed. They said they were offered drinks very quickly and more often than not, without asking.
- People were supported to practice their faith both in the home or at the local church.

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

- People and their family members were encouraged to share their views about the care provided.
- People told us they were able to choose how and where they spent their day. Our observations evidenced this.
- 'Residents' meetings were held each month. Changes to staffing, menus and activities had been made as a result of this.
- Care planning documents contained people's specific needs and wishes in relation to their chosen lifestyle. People and their relatives were involved in the review process.
- A relative said, "I like the 'new' manager very much, she has made vast improvements and made me feel more at ease", "There seems to be a move towards more engagement with relatives and the introduction of a suggestion box to put forward considerations, is a good move".

Respecting and promoting people's privacy, dignity and independence

- Staff provided support in private to maintain people's privacy and dignity.
- People were treated as individuals; two people we spoke with felt very strongly that they were encouraged to retain their independence.
- Comments included, "I think the staff are great – they don't treat you as trash, but as a real person", "I

really love it here because they (staff) understand me" and "Yes, my privacy and dignity are respected, and I can say that no issues have ever cropped up".

- People's personal information was stored securely.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were a key strength of the service. Two care staff were 'activity champions'. They had incredible passion for ensuring people were enabled to pursue their interests and hobbies, as well as taking part in new experiences. People said, "They do a lot of activities here, both inside and outside the home" and "The staff seem to be really good at helping people out and ensuring that no one is forgotten".
- The variety of activities was outstanding. Activities were organised both in the home and in the community which was above what would normally be offered in a care home.
- There were many excellent examples of person-centred activities taking place for people to have new experiences, enjoy team work and make new friendships, such as 'Come dine with me' and 'Great British bake off'. People were involved from choosing a theme and the menu to baking the food and deciding the winner. People enjoyed a short break holiday each year.
- Information about people's interests and previous employment was used to arrange activities and visits to places of interest took place.
- A 'Wish Tree' had been designed and created for people to use; this contained people's wishes and aspirations and was displayed in the hallway for everyone to see and draw inspiration from.
- The home had the use a virtual reality headset, whereby people requested to 'go to a particular place or experience'. Programming the device enabled people to experience revisiting places they had not been to for some time or relive a particular experience.
- The home registered with the 'Postcards of Kindness' initiative, where people write and send postcards to 'residents' of care homes. Taking part in this brought a great deal of joy and conversations among the people who received them and helped combat loneliness and isolation.

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

- There was an exceptionally strong and visible person-centred culture with staff going out of their way to ensure that people were respected as individuals.
- Staff were encouraged and supported by the provider to promote the person-centred culture; this was a central theme amongst the provider's care homes.
- The home and staff were extremely responsive to people's needs. Staff had clearly spent time getting to know people, their likes, dislikes, interests and made sure each person's care reflected their wishes.
- People told us they did like to have a routine; for example, go to bed/get up around the same time every day. They told us they were grateful that this was catered for.

- A men's group had been set up at the request of the men living in the home, to allow them to enjoy time together. Activities were held each month and usually involved a trip out for a pub lunch.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care records clearly recorded people's preferred method of communication and any impairments to their hearing or eye sight that could affect effective communication with others.
- Some people had specific communication needs, requiring equipment to enable effective communication, which staff ensured the person had at all times. Another person communicated using signs. British Sign Language (BSL) training had been arranged to further equip staff with extra skills to ensure people received the care they needed.
- Documents were made available in large print as and when required.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to.
- People told us they knew how to make a complaint.
- Complaints received since the last inspection had been investigated.
- Feedback we received was positive; comments included, "I know how to raise a complaint, but thankfully have not yet had cause, however, if I did, then I am sure it would be properly considered", "This home is more than wonderful, I can't think of any faults" and "I like the 'new' manager very much, she has made vast improvements and made me feel more at ease".

End of life care and support

- People who wished to, had been supported to make decisions about their preferences for end of life care, which were detailed in the relevant section of their care plan. Where people had declined to discuss this aspect of their care, this was also clearly recorded.
- The home was supported by external professionals such as GP's and district nurses, to ensure people received the necessary care and support when approaching the end of their life.
- Some staff had received training in end of life care, to enable them to support people correctly at this stage of their life. More training was planned.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and staff promoted a culture of person-centred care by having a clear vision and values, engaging with everyone using the service and family members and supporting people to live fulfilled lives.
- Staff regularly took part in fundraising activities, such as skydiving and fun runs, to raise money for people's holidays and other activities. Half of the monies raised were sent to the Alzheimer's society.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.
- People said the registered manager was open, approachable and willing to listen to their views and comments.
- Comments included, "The management actually welcome constructive feedback, which is good to see" and "There is now very good communication from the home and I trust [registered manager] to do the right thing"

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

- The registered manager, and the district manager were committed to provide a quality service with positive outcomes for people.
- The service was well led by a registered manager; they were supported by two deputy managers and team leaders (senior care staff). They understood their role and what was required to ensure the service provided good care to people.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service.
- Staff said the manager was, "So easy to talk to and approachable" and "Very fair to everyone".
- The quality assurance systems in place were effective in identifying any issues and drove the improvement of the service in all aspects of care in the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People living at the service met with staff regularly to discuss their care; this included any activities they wanted to do and different meals they wanted to try. Staff used communication aids with those who required them. Staff ensured people who needed them wore spectacles and hearing aids.
- Annual questionnaires was circulated to people living at Widnes Hall, relatives and staff. Results and comments were analysed; we saw action had already been taken by the registered manager to implement changes.

Continuous learning and improving care

- Quality assurance systems were in place and continued to be used effectively to monitor key aspects of the service. Audits and checks were completed on a regular basis by the management team and registered provider to identify areas of improvement.
- Staff meetings were opportunities to discuss any incidents or ways to improve the care people received.

Working in partnership with others

- The registered manager had developed good links with key organisations for the benefit of the service, in response to the needs and preferences of people in its care.