

Barchester Healthcare Homes Limited

Westvale House

Inspection report

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17 October 2018

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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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 25 September, 15 and 17 October 2018 and was unannounced.

At the last inspection we found that there was a breach of Regulation 17 of the Care Quality Commission (Regulated Activities) Regulations 2014. In that the registered person had failed to maintain an accurate and complete record in respect of the care and treatment of people with compromised tissue viability. Also that the registered person had failed to improve practice following the identification of record keeping issues during their auditing processes. At this inspection we found that improvements had been made.

Westvale House provides accommodation, personal and nursing care for up to 61 people, some of whom have dementia care needs over two floors. The home was built in 1989 and is located approximately three miles from Warrington town centre. The service is provided by Barchester Healthcare Homes Limited. At the time of our inspection the service was accommodating 51 people.

Since the last inspection there had been a change to the management structure of the home, there was a registered manager at Westvale House. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from the risks of abuse. Risks were identified and managed effectively to protect people from avoidable harm.

Recruitment processes were in place to make sure, as far as possible, that people were protected from unsuitable staff being employed.

Records of people's dietary intake could be improved with consistent portion management.

People received their medications as prescribed so that they remained well and pain free.

People receive support from staff who receive regular training. Effective processes are in place to monitor staff training needs.

People told us they were treated with care and kindness.

People were treated with respect and their dignity was upheld.

People's rights to make their own decisions were protected. People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's needs were assessed and accurate records maintained so that their needs could be met.

People knew how and to whom they should complain.

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.

Medicines were managed safely

Recruitment processes made sure as far as possible suitable staff were employed in the home.

People's needs were assessed and plans in place to minimise the identified risks.

Is the service effective?

Good ●

The service was effective.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 to ensure people's rights to make their own decisions were promoted.

People were supported to eat and drink sufficient.

People were supported by a staff team who were trained and supervised, staff had the appropriate skills and knowledge to provide care to a good standard.

Is the service caring?

Good ●

The service was caring.

People got support from a staff team who knew them well.

People were treated with respect and with dignity.

Staff encouraged people to maintain independence and live full lives.

Is the service responsive?

Good ●

People's social and health needs were kept under review so that they could be met.

There was a complaints policy. People knew how to raise concerns and complaints were managed in line with company policy.

People felt that they could influence the running of the service.

Is the service well-led?

Good ●

The service was well-led

Quality assurance systems had been put in place to monitor the quality of service being delivered and the running of the service. These included seeking the views of people who used the service, their relatives and staff.

Staff were happy working at the service. They felt supported by the registered manager and thought the training and support they received helped them to do their job well.

Westvale House

Detailed findings

Background to this inspection

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

CQC was aware from the previous inspection in April 2017 that improvements were needed in the quality of auditing records maintained in the home and the management of tissue viability.

The inspection was prompted in part by information we received from the local authority in relation to a safeguarding matter regarding a person's care, the management of wound care and referral processes to other agencies on this occasion the mental health team. However, the information shared with CQC about the incident indicated potential concerns about the management of risk and of effective record keeping. This inspection examined those risks.

This inspection took place on 25 September, 15 and 17 October and was unannounced. The inspection was undertaken by one adult social care inspector. Prior to the inspection we reviewed information held by us relating to the service and obtained information from the local authority safeguarding team, the persons social worker, a nurse assessor, an advocate for the individual and the local authority quality monitoring team who were all involved in the safeguarding meeting.

The methods that were used during the inspection were talking to people using the service, their relatives and friends or other visitors, interviewing staff, pathway tracking and reviews of records. During our inspection we did not use a method called Short Observational Framework for Inspection (SOFI). This involves observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who may not be able to tell us. We did not use this as people were able to tell us about their experiences.

We looked at care plans relating to three people in detail and discussed at length the needs of two other people living in the home with the nurse in charge. We spoke with eight people living at Westvale House, seven relatives or friends, twelve staff, the manager and the regional director.

Is the service safe?

Our findings

We spoke with people who used the service, who told us they felt safe from harm or abuse from their care workers. One relative added, "[NAME] my wife is very well cared for, is safe although she has fallen it was because she didn't call for assistance".

The risk of abuse was minimised because there were clear policies and procedures in place to provide staff with information on how to protect people in the event of an allegation or suspicion of abuse. Staff had received training in safeguarding people from abuse and knew what actions to take if they felt people were at risk. They were confident they would be taken seriously if they raised concerns with the management. Audit records provided us with information that 98% of staff had completed safeguarding training, including Mental Capacity Act (MCA) and Deprivation of Liberties (DoLs).

People were protected from risks associated with their health and care provision. Staff assessed such risks, and care plans incorporated measures to reduce or prevent potential risks to individuals. For example, risks associated with moving and handling or related to specific health conditions such as diabetes.

People's needs were assessed using a dependency tool and staff told us they felt that staffing levels were sufficient and had improved and they could meet people's needs. Our observations were such that call bells were responded to promptly and staff appeared relaxed and unhurried.

We saw that there had recently been a recruitment drive in the home, and the staffing levels within the home had improved with less reliance on the use of agency staff. Staff told us that they saw this as positive move.

We looked at four staff recruitment files, staff files included all required recruitment information. For example, a full employment history, proof of identity, evidence of conduct in previous employment and criminal record checks. In appropriate instances there was evidence that Nursing and Midwifery Council personal identification numbers had been checked to ensure valid nursing registration.

We checked the storage arrangements of medicines within the home and found they were kept securely in a temperature controlled environment. Separate arrangements were in place for the secure storage of controlled drugs. There was a homely remedies policy and monitoring charts in place to identify when people needed pain relief medication. We observed medication administration practice and records relating to administration for a sample of people in the home, both on the ground and the first floor. Staff administering medication were qualified nursing staff and therefore had received appropriate medication administration training.

There was an emergency continuity contingency plan and fire risk assessment that had been completed on 02 November 2017. These gave detailed information to show appropriate actions to be taken in the event of an incident, fire or major incident. We saw that the fire officer had visited the home on 31 May 2018 and required remedial work to be completed relating to fire doors and roof voids, we were told that he had revisited but no report had been received. Following our inspection we spoke with the fire officer who told us that he had re-inspected in August and was monitoring the progress being made by the home. Action

plans were provided by the home estates department to identify all the remedial work undertaken.

Personal Emergency Evacuation Plans (PEEPS) had been completed for each person living at the service. PEEPS give staff or the emergency services detailed instructions about the level of support a person would require in an emergency such as a fire evacuation.

We looked at the environment audits and checklists and found them up to date, we sampled service certificates in relation to hoists, bathing equipment, electrical installation and firefighting equipment and found valid certificates in relation to these.

We looked around all areas of the home and found it clean and tidy. We interviewed the housekeeper who told us that cleaning products and personal protective equipment was readily available. Daily, weekly and monthly environmental checks and infection control audits were in place and monitored by the manager and the regional director.

Is the service effective?

Our findings

People in Westvale House told us that the food was "Excellent". One person told us "You can have whatever you want, you only have to ask". We ate lunch with three residents of the home and saw that they were supported well to make choices. We observed staff in the dining room helping people to eat in a discreet and supportive manner. Staff responses and attitudes towards people were encouraging. We spoke with the chef on duty and looked at the kitchen. We saw that information on the dietary needs of people using the service was recorded on a notice board in the kitchen. This identified any special dietary requirements for people including allergies so that catering staff were aware of people's needs. We recommended some further work be completed by the catering team to obtain consistently accurate information to the size of portions specifically useful when monitoring people's dietary intake when they are unwell.

We found people received care from staff that had the necessary knowledge, skills and experience to perform their roles. All mandatory training was either up to date or dates had been scheduled where the training was due. We saw evidence that the manager was proactive in reminding staff when their refresher training was to be completed by and this had an effect on driving up the training completion records for the home. Some staff held additional relevant qualifications, nursing and national vocational qualifications in caring and management.

We looked at a sample of support files in which we saw evidence of the use of DoLS. These records were stored in the care file to recognise each person's views and rights. 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 make 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 with appropriate legal authority. In care homes, and some hospitals, this usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked that Westvale House 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 manager had made applications to the local authority to deprive people of their liberty with explanations why this was needed in each person's best interest. We found that two applications had lapsed for a short period before renewal (2 days), however this was during a period the manager was on annual leave. We suggested that improvements could be made to the monitoring forms to identify when applications are due for renewal at an earlier stage.

We saw there was a high staff completion rate for MCA training and speaking with staff they knew and understood their responsibilities.

Staff we spoke with told us of significant changes since the new manager had been appointed. One staff member told us "He is part of the team", "The new manager and deputy support us", "We have lots of meetings and supervisions, so that we know what's going on".

We observed the manager had implemented a head of department meeting each day at 11 o'clock, a short

meeting discussing any matters important to the running of the home and was well attended by all heads of department. This was a quick and effective way of sharing information and where necessary managing risk and resources. Examples from each department such as reporting damage to a window on the upper floor, what action had been taken and agreeing how to manage the risk before the repair company could attend. Staffing issues like sickness and how this would be managed. How the recent recruitment drive was going and forthcoming events birthdays etc. and any expected visitors to the home.

Is the service caring?

Our findings

People living in the home told us that staff were very caring. We heard and observed interactions between staff and residents throughout our visit, people were spoken with kindly and encouragingly. We heard on many occasions staff complimenting people on their appearance and/or achievements. We could see from people's demeanour this made them feel valued. One staff member told us, "People need the very best and should get the very best". Relatives spoke of staff as being "Fantastic" and "All the staff are wonderful, they are very loving and kind towards [NAME].

Staff told us they enjoyed supporting the people at the service and were able to tell us a lot of information about people's needs, preferences and circumstances. This showed that staff had developed positive caring relationships with the people they supported.

People said staff treated them with respect and dignity. Staff were able to describe actions they took to ensure that people's dignity and privacy were maintained.

Staff were respectful of people's diverse needs, relating to religion and physical needs, however we felt that improvements were needed when supporting people with communication other than spoken english. One person in the home used sign language and lip reading to communicate with staff. Staff had developed ways to communicate by writing things down and they were all aware to face them when talking. Their relative told us that there wasn't a problem as they were always on hand for more complicated issues e.g. attending medical appointments. However we felt that a minimal amount of staff knowledge of sign language would improve the person's feelings of inclusion. Following our inspection we were told by the regional director that the manager had explored training for staff to support communication with the individual. We also found that for another person english was not theirs or their families first language, we explored this with a new member of staff at the home who told us that they had started to collate phrases and words off the world wide web to help to communicate with them, this was in the early stages and we suggested they explore where they could possibly get support from the local community groups/advocacy groups.

Is the service responsive?

Our findings

At the last inspection in April 2017 we found the registered person had failed to maintain an accurate and complete record in respect of the care and treatment of people with compromised tissue viability. We found that the home was failing to maintain accurate, effective records for the management of pressure ulcers. This was a breach of Regulation 17 of the Care Quality Commission (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made to the quality of repositioning charts and the details relating to any treatment plans for wound care management. We noted that one person who was assessed as having capacity was refusing to be repositioned despite understanding the risks. Staff had shared information regarding the serious nature of their condition by showing them photographs and providing information which at times had had a positive effect.

We were aware that the local authority safeguarding team had asked the service to compile a reflective account of lessons learnt relating to the safeguarding referral. We spoke with them and they confirmed that the report had highlighted the failing and they were satisfied regarding the outcome.

People's care plans were based on a full assessment, with information gathered from the person and others who knew them well. The assessments and care plans captured details of people's abilities and wishes regarding their personal care. Their usual preferred daily routines were also included in their care plans so that staff could provide consistent care in the way people wanted. The daily notes demonstrated staff knew the people well and provided personal care based on the way individuals liked things done.

We found that people's needs and care plans were regularly assessed for any changes. People's changing needs were monitored and the package of care adjusted to meet those needs if necessary. Staff reported any changes in people's health or needs to the nurse on the unit or the deputy manager who is also a nurse, so that the care plans could be updated. On day three of our visit we observed the effective management of a number of critical situations, which were managed well by the nurse on duty, with prompt referrals to relevant external agencies. The care plans we saw were well written and up to date. Discussions with staff about individual's care plans demonstrated that they knew people well and knew their responsibilities to ensure their needs were met.

Comments we received and the compliments we saw demonstrated the service and staff were responsive.

People and their relatives knew how to raise a complaint and were confident the service would take appropriate action. They said staff responded well to any concerns they raised. Staff were aware of the procedure to follow should anyone raise a concern with them. The right to complain and whom to complain to was set out in the service user guide and a copy was available in each person's care file. The complaints procedure included contact details of other bodies people could raise a concern with. We looked at complaints received since our last inspection and found that they had been managed in accordance with the company's policy.

The home employed one full and one part-time activities co-ordinator, both relatively new in post. We saw there was a full activities programme throughout the week with a very wide range of activities. One relative did comment that the activities didn't always suit their relative and they would prefer some more stimulating activities for example quizzes and current affairs events. They told us that they had already suggested this with staff and management at the relatives' meetings or at the social cheese and wine event organised by the manager.

We saw minutes of the relatives meeting and invitations to social events in the home which demonstrated to us that the manager was accessible, listening and giving opportunities to the relatives to be involved with the running of the home.

Is the service well-led?

Our findings

At the last inspection in April 2017 we found that there was a breach of Regulation 17 of the Care Quality Commission (Regulated Activities) Regulations 2014 in that the registered person had failed to improve practice following the identification of record keeping issues. At this inspection we found the provider and registered manager had taken the action they needed to ensure that issues identified during audits and monthly visits were addressed.

It was clear that staff at provider level, the registered manager and all service staff had been working hard, and were fully committed to making improvements at the service. Various checks and audits had been completed daily, weekly, monthly in respect of the environment, health and safety, documentation ie records, medicines and infection control to name a few and were effective in monitoring the quality of the service provision. Regular monthly quality visits were carried out by the regional director to have an oversight of the homes performance. Where any issues were identified we saw action had been taken.

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. The current manager had been registered with CQC to manage the service, the manager was present for our inspection and was supported by the regional director and/or the deputy manager.

People received a service from staff who worked in an open and friendly culture and who were happy in their work. The staff we talked to spoke positively about the leadership of the home and the recent changes in the management structure.

They said their managers were accessible and approachable and dealt effectively with any concerns they raised. They also said they would feel confident about reporting any concerns or poor practice to the registered manager. They said they were asked what they thought about the service and felt their views were taken into account. Comments received from staff included, "The manager is very approachable" and "They're a great bunch here, everyone pulls together".

The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.