

Warrington Community Living Westleigh

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

Summary of findings

Overall summary

This inspection took place on 21 February 2017 and was unannounced. At our previous inspection in October 2015 we had concerns that people's care records were not up to date and reflective of their current care needs. We found that the systems the provider had in place to monitor and improve the service were not in use so were not effective. At this inspection we found that improvements had been made and the provider was no longer in breach of these Regulations.

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. There were 18 people using the service at the time of this inspection.

There was a registered manager in post. 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 being safeguarded from abuse as staff and the management team followed the local safeguarding procedures if they suspected someone had suffered potential abuse. People who used the service were encouraged to report any concerns or potential abuse.

Risks of harm to people were assessed and action was taken to minimise the risks through the effective use of risk assessment. Staff knew people's risks and followed their risk assessments to keep people safe.

There were sufficient numbers of suitably trained staff to keep people safe and meet their needs in a timely manner.

Staff had been recruited using safe recruitment procedures to ensure they were of good character and fit to work with people who used the service.

People's medicines were stored and administered safely by trained staff. Medication was regularly checked and audited.

The principles of The Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) were being followed as the provider was ensuring that people were consenting to their care.

Staff told us and we saw they had received training and were supported to be effective in their roles.

People were supported to maintain a healthy diet dependent on their individual preferences. People received regular health care support and were referred to other health care agencies for support and advice if they became unwell or their needs changed.

People were treated with dignity and respect and their right to privacy was upheld. People were offered choices and were fully involved in the planning of their care. People were encouraged to be as independent as they were able to be.

Care was personalised and met people's individual needs and preferences. People were involved in the planning of their care and this was regularly reviewed. People's care records were clear and comprehensive and reflective of people's current care needs.

People were supported to participate in hobbies and activities of their choice within the home and local community.

People felt listened to and people's complaints and suggestions were taken seriously and acted upon.

The systems the provider had in place to monitor and improve the quality of service were effective in delivering good quality care for people who used the service.

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.

People were protected from the risk of abuse as the staff and registered manager knew what to do if they suspected someone had suffered potential abuse.

Risks of harm to people were assessed and minimised through the staff knowledge of people's risks and the effective use of risk assessments.

People's medicines were stored and administered safely.

There were sufficient suitably trained staff to safely meet the needs of people who used the service. New staff were employed through safe recruitment procedures.

Is the service effective?

Good ●

The service was effective.

The provider followed the principles of the MCA to ensure that people consented to or were supported to consent to their care when they lacked mental capacity.

People were cared for by staff who were supported and received training to be effective in their role.

People were offered food and drink of their choice and their nutritional needs were met.

People received support from a range of health care professionals when they became unwell or their health care needs changed.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People were encouraged to be as independent as they were able

to be.

People's right to privacy was upheld.

Is the service responsive?

Good ●

The service was responsive.

People received care that reflected their individual needs and preferences.

The provider had a complaints procedure and people knew how to complain. People's requests and suggestions were listened to and acted upon.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager in post who had made improvements to the quality of the service.

The systems the provider had in place to monitor and improve the service were effective in delivering good quality care.

People who used the service and the staff liked and respected the registered manager.

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 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 21 February 2017 and was unannounced. It was undertaken by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held on the service including the last inspection report and the provider's action plan following that inspection. We looked at notifications the manager had sent us about significant incidents. Statutory notifications include information about important events which the provider is required to send us by law.

We spoke with 12 people who used the service and observed their care and support in the communal areas. We spoke with two support workers, two deputy managers and the registered manager.

We looked at the care records for three people who used the service including care plans, risk assessments and medicine records. We looked at staff rosters, two staff recruitment files and the systems the provider had in place to monitor and improve the quality of service.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said: "I would talk to the manager if anyone hurt me. I feel very safe". Another person told us: "I feel very safe here. Different to where I was before". We saw that abuse and what to do if a person experienced abuse was discussed at the residents meetings. Some of the people at the service had taken part in a safeguarding forum called 'Be Safe' which the provider had arranged. It involved people discussing the different forms of abuse they could experience and putting together a document which informed people what to do if they had been abused or suspected abuse. Staff we spoke with knew what to do if they suspected someone had been abused. One staff member told us: "Safeguarding is protecting people we work with from abuse. That can be from family, friends, in the community and other staff. I would report any concerns to the manager and she would act upon it". We saw that the registered manager had raised safeguarding concerns in the past with the local authority for further investigation.

At our previous inspection we had concerns that people's risk assessments lacked detail to support staff in minimising any identified risks and to keep people safe. At this inspection we found that improvements had been made as risks to people were assessed and risk assessments were put in place to minimise those risks. We saw one person's needs had changed in relation to their mobility and professional advice and support had been gained. A comprehensive risk assessment had been put in place informing staff how to support this person with the help of equipment when moving. Staff we spoke with knew the person's risks and how to use the equipment safely. The staff we spoke with told us they had received training in how to use the equipment and we observed them supporting the person to move safely as described in their risk assessment.

We saw other risks were assessed such as the risk associated with people becoming anxious and aggressive. We saw that staff at the service liaised with people's community psychiatric nurses to help formulate plans to support people when they became anxious. Staff told us how they supported one person when they became anxious by remaining calm and offering them a cup of coffee as a distraction. We observed one person become upset and anxious and the staff quickly recognised this and were able to distract them on to another activity which helped them become calm.

Several people who used the service chose to smoke cigarettes and there was a room allocated for this. One person told us: "I do like a smoke. I go outside or in the smoke room. It's good so there are no fires". The registered manager told us and we saw that risk assessments were in place for some people who on occasions smoked in their bedrooms. The registered manager had arranged fire training for the people who used the service to inform them of the dangers of smoking. On the day of the inspection it was being arranged for portable smoke detectors to be fitted in the bedrooms of the people identified at risk of smoking in their rooms as the detectors in place only detected heat and not smoke. During the inspection the registered manager rang and spoke to the fire service who advised them to ring the landlord of the property to fit the appropriate smoke alarms which would be linked to the homes fire alarm. This showed that the registered manager was minimising the risk associated with people choosing to smoke cigarettes within the building after being advised not to.

People told us they had their medicines as prescribed. One person told us: "I get my tablets when I need them. If I didn't I would say". Staff had been trained to administer medicines and we observed that this was completed safely from the clinical room. Medicines were stored in a locked trolley and locked cabinets within the locked clinical room. Medicines were counted and then the balance recorded. We checked two people's medicine balance and found they corresponded with people's medication administration records (MAR). We saw that people had regular medication reviews to ensure the medicines they were taking met their current care needs.

At our previous inspection we had concerns that the cooks vacancy was impacting on the care staff availability. At this inspection we found that improvements had been made as the vacancy had been filled. People and staff told us there were sufficient staff to care for people safely. One person told us: "The staff are here 24 hours and there is always someone to help you". Another person told us: "If I need anyone in the night there are staff on. That helps me to feel safe too". We saw that staff were available to people when they needed them. Staff told us and we saw that they were able to spend quality time with people chatting or engaging in activities. The registered manager told us there were flexible shifts which meant that staff would be rostered to work when people needed them, for example, to support people with health appointments or social activities.

We saw that a safe recruitment procedure had been followed to ensure that prospective staff were of good character and fit to work with people who used the service. These checks included disclosure and barring service (DBS) checks for staff. DBS checks are made against the police national computer to see if there are any convictions, cautions, warnings or reprimands listed for the applicant

Is the service effective?

Our findings

People consented to their care where they were able to. One person told us: "Staff know me very well. I can tell them what I want". We saw that people came and went freely throughout the home and some people went into the community as they wished. One person told us: "We have regular meetings about my care here and I sign for my own care". We saw that several people had signed their care plans and had agreed to risk assessments.

The registered manager and staff demonstrated an understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The 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. The registered manager had been in discussions with the local authority about several people who used the service to ensure that they were not restricting these people's liberty. 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. This meant that the principles of the MCA 2005 and DoLS procedures were being followed.

People told us that they were supported by staff who were effective in their role. One person told us: "Staff know what they are doing they are brilliant". Staff we spoke with told us that they received regular support and training to be able to fulfil their roles. We saw staff attended a range of training applicable to their roles and received quarterly supervision and an annual appraisal. One staff member told us: "There is always room for reflective practice". The same staff member told us: "I did my Level 3 apprenticeship here and now I am an 'I-Care' ambassador and volunteer for Skills for Care, talking to people about the opportunities within the caring profession".

People told us they liked the food and they were offered choices. One person told us: "The food is lovely here, the cooks are the best". Another person told us: "We choose what we want to eat. If we don't like it we say so and it's changed". We saw one person had been experiencing difficulty in eating and drinking and the staff had sought advice from the Speech and Language Therapist (SALT). Episodes of the person struggling with their eating were being recorded and we saw a member of staff sat with the person at meal times to support them as directed by the SALT.

People told us if they became unwell that staff supported them to gain health advice and support. One person told us: "The staff at Westleigh have saved my life, they took me to the Doctors and then to the hospital when I was poorly". Another person told us: "If I need a doctor there's no problem. I'm looked after very well". We saw people received health care from other agencies such as an optician and dentists. One person told us: "I had trouble with my teeth the staff sorted it for me". People's mental health care needs were kept under constant review. If people's needs changed, staff sought support from people's community psychiatric nurses. One person told us: "I can talk to staff when I feel down they listen to me and it helps me". This meant that people were being supported to remain healthy with the appropriate health care.

support.

Is the service caring?

Our findings

People told us they were treated with dignity and respect. One person told us: "This is the best home in the world and we have the best manager. I don't want to leave". Another person told us: "The staff are lovely they care very much". We observed that interactions between people and the staff were based on a mutual respect and understanding. Staff told us that there were no rules or restrictions. A member of staff told us: "This is people's home; they can do what they like".

We saw that people were encouraged to be as independent as possible. One person told us: "I decide what I want to do and I go out every day to the village. It's great here". People freely accessed all areas of the home, making themselves drinks, going outside to smoke and relaxing in their rooms or lounge areas. We saw that the front door was unlocked so people who used the service could come and go as they pleased. We discussed with the registered manager that we also saw that visitors often entered the building without ringing the bell and waiting and this could compromise people's right to privacy. The registered manager told us that they would put a sign up asking visitors to ring the bell and wait for people who used the service or a staff member to let them in.

People who used the service were actively involved in how their service was run. There were regular residents meetings where people discussed menus, activities and other issues concerning the running of their home. One person told us: "We have meetings. They ask me about if there is anything I don't like or if there is anything I want changing". Another person told us that they were part of a group called 'Be Spoke' which the provider organised. The 'Be Spoke' group gave people from all the provider's services an opportunity to meet, discuss and implement policies which would affect the way the service was run for all people. This showed that people's opinions were being listened to and respected.

People told us that their friends and relatives could visit at any time. One person's girlfriend often stopped overnight and other visitors were able to stop and enjoy a meal with people. One person told us: "I have visitors sometimes. They can come when they want".

Is the service responsive?

Our findings

At our previous inspection we found that the provider was in breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had found that people's care plans had lacked comprehensive information to inform staff how to care for people dependent on their individual needs. We had also found that some information was out of date and had not been reviewed. At this inspection we found that improvements had been made and they were no longer in breach of this regulation.

Since the last inspection the registered manager had implemented a dependency assessment which documented people's individual assessed needs. Following the completion of the assessment, care plans and risk assessments were put in place based on the information within the assessment. The care plans and risk assessments we saw were clear, concise and comprehensive and informed staff how to best meet people's individual needs. We saw that when able to, people had signed their own care plans and had been part of the care planning process.

We saw that there was information about people that helped staff to understand their history and personal preferences. There was a 'My autobiography' document and staff we spoke with knew people's individual needs and knew their likes, dislikes and individual preferences. One staff member told us: "I love it here, it is so person centred, and people can do what they like".

People who used the service told us that the service was responsive to their needs. One person told us: "I go out when I like". Another person told us: "The care staff have days out planned if I want to go I can. If not I don't they don't make me". We observed that people were independently coming and going or being supported to attend community activities and appointments. One person went shopping with a member of staff whilst another was supported on an appointment. One person showed us their drawings and we saw some of these were displayed on the wall in the pool room. During the afternoon one person played the piano in the lounge and other people sat and listened and sang along.

People who used the service told us that if they had any concerns they would speak to the registered manager. One person told us: "If I don't like anything I say so. The manager is great". Another person told us: "I know who to speak to if I don't like anything and yes they will listen". We saw that people's suggestions and requests were acted upon. We saw one person had recently asked for a new bed and this had been purchased for them. We observed the person asking for their room to be redecorated and we heard discussions over what colours they would like. Other people had suggested a coffee morning, BBQ in the summer and Bingo with prizes and all these activities had been actioned. The provider had a complaints procedure and the registered manager told us there had been no recent complaints to investigate.

Is the service well-led?

Our findings

At our previous inspection the provider was in breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There had been insufficient systems in place to monitor and improve the service. At this inspection we found that improvements had been made and they were no longer in breach of this regulation.

Since the last inspection the manager had applied and been accepted to be the registered manager with us (CQC) as they are required to do and they had notified us of significant events within the service. This meant that the registered manager was aware of their obligations to inform us of significant events.

Following our previous inspection the registered manager had sent us an action plan informing us how they planned to improve. We found that the required improvements had been made and their action plan was complete. The registered manager was now using the provider's monthly audit tool to monitor and improve the service. The information from the audit tool was submitted to the chief executive on a monthly basis and we saw that an operations manager made regular checks of the service.

Previously people's medicines had not been audited on a regular basis to ensure that people were having their correct medicines at the prescribed times. We saw that a medicines audit had been implemented and was being regularly undertaken. This meant that the registered manager could be sure that people were having their medicines at the prescribed times.

A compliments, complaints and suggestions box had been put in the reception area. We saw that several people who used the service had made suggestions using this and their suggestions had been actioned. For example one person had wanted a coffee morning and this had been facilitated. This meant that people who used the service were being listened to and their opinions respected and acted upon.

People who used the service told us they liked the registered manager and that she was approachable. One person told us: "The manager is a good one this time. She is doing stuff properly". Another person told us: "[Person's name] is the best manager". We saw that the registered manager made herself available to people with an open office door and people freely came to talk to her.

Staff we spoke with told us that the registered manager was supportive and approachable and they had confidence that any concerns they raised would be dealt with. One staff member told us: "She is a lovely manager, very much for the residents". There was an inclusive ethos demonstrated throughout the service with people who used the service being at the centre of how their service was run.