

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Westleigh provides accommodation and personal care for up to 20 people who require mental health support, the service also provides support to some older people. The service is provided by Warrington Community Living, a registered charity and non-profit making organisation. There were 16 people living at the home at the time of the inspection.

Accommodation can be found across two floors; there is a communal living and dining area, well maintained garden areas and an accessible passenger lift.

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

People's support needs and areas of risk were assessed from the outset, however we found that some care records did not contain the relevant risk assessments and not all risks were effectively recorded or monitored.

Measures were in place to monitor the quality and safety of care people received but these were not always effective. We identified a number of concerns during the course of the inspection in relation to the provision of care being delivered.

Medication processes were in place; although we found that some areas of practice needed to be improved. We have made a recommendation regarding this.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, we found one person's restrictions were not monitored as regularly as they should've been.

Up to date safeguarding and whistleblowing policies were in place. Staff told us how they would raise any concerns and were familiar with the reporting procedures.

Staffing levels were routinely analysed and assessed in relation to the dependency support needs of people who were living at Westleigh. Pre-employment checks were carried out and people received care by staff who had been appropriately recruited.

Staff told us they were supported on a daily basis and training, learning and development opportunities were available. Staff received regular supervision and annual appraisals.

We observed staff providing kind and compassionate care. Staff were familiar with the support needs of people who were living at Westleigh and told us how they developed positive relationships with the people they cared for.

An activities co-ordinator was employed at the home. The co-ordinator helped to arrange a variety of different group and one to one activities. Activities were tailored around people's likes and interests.

An up to date complaints procedure was in place. People were provided with complaint information from the outset and complaints were responded to and managed in line with organisational policy.

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 01 March 2017) At this inspection we found the quality and safety of care being provided had deteriorated and the provider was in breach of regulations. The service was rated 'requires improvement'.

Why we inspected:

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches of regulation in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up: We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will 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 not always safe.

Details are in our 'Safe' findings below

Requires Improvement ●

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 responsive.

Details are in our 'Responsive' findings below

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our 'Well-led' findings below

Requires Improvement ●

Westleigh

Detailed findings

Background to this inspection

The 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 registered 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.

Inspection team:

The inspection was carried out 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.

Service and service type:

Westleigh is a 'care home'. People in care homes receive accommodation and nursing or personal care. 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 CQC. This means that they and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection we reviewed the information we held about the service. This included any statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted local commissioners of the service to gain their views. We used the information the provider sent us in the 'provider information return'. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to formulate a 'planning tool'; this helped us to identify key areas we needed to focus on during the inspection.

During the inspection we spoke with the registered manager, four members of staff, one kitchen chef and nine people who were living at the home.

We also looked at care records belonging to three people, three staff recruitment files, medication records, and other records and documentation relating to the management and quality monitoring of the service.

In addition, a Short Observational Framework for Inspection (SOFI) tool was used. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

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 now deteriorated to 'requires improvement'. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed

Assessing risk, safety monitoring and management

- People's support needs and level of risk were assessed from the outset, however, we found that not all relevant risk assessments were in place. For instance, one person did not have the relevant skin integrity risk assessment or support plan in place and one person's mental health support needs were not safely managed.
- We found that people's areas of risk were not monitored as regularly as they should have been. For instance, one person was not receiving daily skin integrity checks.
- People had personal emergency evacuation plans (PEEPs) in place in the event of an emergency evacuation. We found that PEEPS were not always reviewed on a monthly basis.
- Environmental health and safety checks were taking place, but we found that not all safety checks were being conducted as routinely as they should have been as a measure of keeping people safe.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered manager ensured that all regulatory compliance checks and certificates were in place. For instance, we saw certificates in place for gas, electricity, fire safety and legionella.

Using medicines safely

- Medication processes were in place; although not all processes were compliant with the administration of medication policy.
- Medication temperature checks were not completed as regularly as they should have been, and we identified some concerns with the ordering and supply of medicines.

We have recommended that the registered provider reviews the medication processes to ensure safe medication processes are followed.

- People received support with their medicines by trained members of staff; staff also had their competency levels regularly checked.
- All medicines were stored in locked cupboards in people's bedrooms and arrangements for storing and managing controlled drugs were legally met.

Staffing and recruitment

- People's dependency support needs were regularly assessed and staffing levels were regularly monitored.

- At the time of the inspection, the dependency assessment tool indicated that staffing levels were appropriately managed.
- Staff were safely recruited; staff were subject to the necessary pre-employment and Disclosure and Barring System (DBS) checks.
- One person told us, "I'd say there are enough staff and they're always running around for us."

Systems and processes to safeguard people from risk of abuse

- There was an up to date safeguarding and whistleblowing policy.
- Staff received safeguarding training and told us how they would report any concerns.
- People told us they felt safe. Comments we received included, "[I was given] choice of a supported flat or here. I chose here because I felt much safer here."
- The registered manager notified CQC and the Local Authority of any safeguarding incidents that occurred.

Preventing and controlling infection

- There was a dedicated infection control lead at Westleigh; they ensured infection control procedures were followed.
- There was a dedicated infection control folder which contained all relevant guidance and policies in relation to infection control procedures such as hand washing and the management of outbreaks.
- Infection control audits and cleaning schedules were routinely completed.

Learning lessons when things go wrong

- All accidents and incidents were reported, recorded and regularly monitored.
- There was an accident and incident reporting procedure in place; staff were familiar with this.
- A monthly review and trend analysis was taking place; this enabled the registered manager to identify if further risk management measures were needed.

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.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People who were unable to provide consent to receive care were not unlawfully restricted; 'best interest' decisions were made, and the appropriate applications were submitted to the Local Authority. However, we did note that one person's specific restrictions were not reviewed as regularly as they should've have been. We raised this with the registered manager, who was responsive to our feedback.
- Principles of the Mental Capacity Act, 2005 were complied with and staff received the necessary training in relation to the MCA.
- People's level of capacity was assessed from the outset; where possible, people were involved in the decisions that needed to be made around the care and support they needed.

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

- The service was designed to meet the needs of the people who were living there. The registered manager explained how new carpets were due to be fitted and they were in the process of renovating an old smoking room into 'The snug'
- Westleigh offered a spacious communal and dining area as well as attractive, well maintained garden areas.

Staff skills, knowledge and experience

- Staff received support with training, learning and development opportunities.
- Staff were supported to complete 'The Care Certificate'. This is an agreed set of standards that staff within the health and social care sector are expected to complete.

- Staff received regular supervision and annual appraisals. Staff told us they received support as and when they needed it and found team leaders and management approachable.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; and staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Systems and processes were in place to assess and establish people's needs and choices in line with legislation and best practice.
- Various external healthcare professionals provided support to people living at Westleigh. We saw that people were supported by local GP's, district nurses, social workers, neurologists and physiotherapists.

Supporting people to eat and drink enough with choice in a balanced diet

- People received effective nutrition and hydration support and were encouraged to eat healthy, balanced diets.
- A recent resident survey identified that people were happy with the standard and quality of food provided.
- People were supported with meal choices' and told us they were happy with the quality and standard of food. People told us, "Honestly, the food here is absolutely gorgeous" and "They [staff] make nice meals for me. If it's something like chicken curry, they'll do Quorn one for me."

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

- People told us they received kind and compassionate care by the staff who worked at Westleigh. People said, "They're [staff] always looking after us", "All the people here and all the staff are very kind" and "They'll always help me if I need it."
- It was evident during the inspection that staff were familiar with the people they supported and how they preferred their care to be given.
- People's equality and diversity support needs were assessed and accommodated from the outset. For instance, assisted equipment such as hoists, and wheelchairs were provided to support people with any disability support needs.
- People were treated as individuals and a tailored level of care was observed during the inspection.

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

- People were encouraged and supported to make decisions around the care and support they needed.
- People were consulted in decisions that needed to be made about some of the refurbishment plans that were taking place. For instance, people were asked their views on the design and decoration of proposed 'snug' room.
- 'Resident' meetings were regularly taking place. These provided people with the opportunity to share their views, opinions and suggestions about the provision of care being delivered.

Respecting and promoting people's privacy, dignity and independence

- People's sensitive and confidential information was safely stored and protected in line with General Data Protection Regulations (GDPR).
- We observed staff providing respectful and dignified care; people's independence was also supported and promoted. One staff member told us, "We encourage them [people] to make their own decisions and try to help them become more independent."

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 remained the same. This meant people's needs were met through good organisation and delivery.

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.

- An activities co-ordinator helped provide a range of different group and one to one activities for people living at Westleigh. Both internal and external activities were arranged.
- Activities were arranged around people likes and interests and people told us they enjoyed the support they received in this area of responsive care. People told us, "They [staff] took me to a karaoke bar last week. I love karaoke" and "I've been to Liverpool for a visit. It was lovely."
- Care records contained information in relation to the activities people participated in; this enabled staff to review the different activities people liked/disliked.
- The registered manager confirmed that a service vehicle had been purchased. This was going to positively enhance the experiences of people living at Westleigh.

Improving care quality in response to complaints or concerns

- The process of recording and monitoring complaints was well managed.
- Complaints were reviewed and responded to in line with organisational policy.
- People were provided with the 'complaint process' information from the outset.
- At the time of the inspection, no complaints had been submitted.

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

- A person-centred approach to care was observed during the inspection. Staff told us they were able to develop positive relationships with the people they supported and developed a good understanding of people's likes, wishes and preferences.
- People were supported with choice and encouraged to have control over the care they received.
- Care records contained 'One-page profiles' and outlined important information for staff to familiarise themselves with. For instance, one care record stated, '[Person] tries very hard to be independent and takes pride in [their] appearance.'

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.

- People's level of communication and sensory support needs were assessed from the outset.
- People were supported with 'easy read' material and alternative methods of communication could be

provided on request.

- Staff used 'picture cards' as a way of communicating with people who had difficulty expressing their needs and requests.
- Pictorial menus were available for people to refer to; visual images helped people to choose what meals they wanted to have.

End of life care and support

- There was 'end of life' policy guidance in place for staff to consult.
- At the time of the inspection nobody was receiving 'End of Life' care; however, staff had access to 'end of life' training.
- We saw that some care records contained 'advanced care plans'; people had 'chose' to discuss their wishes and preferences in relation to the end of life care they wished to receive.

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 has deteriorated to 'requires improvement'. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Manager's and staff are clear about their roles, understanding of quality performance, risks and regulatory requirements

- Quality assurance systems were in place; however, these were not always effective. For instance, monthly care record audits were not identifying that people's areas of risk were not regularly reviewed or monitored.
- Areas of governance needed to be robust. For instance, although principles of the MCA and DoLS were complied with, conditions that needed to be reviewed and monitored were not being recorded.
- Environmental health and safety checks were not completed as routinely as they should have been and audits were not identifying the concerns we found.

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

- The registered manager was aware of their regulatory responsibilities; they demonstrated their understanding and the importance of submitting statutory notifications to CQC.
- The registered provider had a variety of up to date policies and procedures.
- We received positive feedback about the registered manager and her management style and approach.

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

- Care plans and risk assessments did not always contain the relevant information required; however, it was evident that staff knew people well.
- A consistent staff team supported people who lived at Westleigh. Staff empowered people to remain as independent as possible and were committed to enhancing the experiences of people they supported.
- People were encouraged and supported to make decisions around the care they needed.

Continuous learning and improving care

- Quality assurance measures were not always identifying areas of improvement. However, the registered manager was responsive to our feedback and began to address the concerns we raised as a matter of priority.
- The registered manager maintained a good level of oversight in relation to all accidents, incidents and events that occurred at Westleigh.
- A 'Service Improvement plan' was in place; this identified areas of development that the management

team needed to address as a way of improving the provision of care people received.

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

- Equality characteristics were assessed and supported from the outset. Measures were put in place to ensure people received the care they needed.
- Resident questionnaires were circulated as a way of establishing people's views on the quality and safety of care they received. Feedback was analysed, and an action plan was devised, this ensured people's feedback and suggestions were acted upon.
- Regular team leader and staff meetings took place; staff told us they found meeting 'useful' and helped them to stay informed.
- People living at Westleigh were consulted with in relation to decisions that needed to be made about 'their home'. For instance, refurbishment and decoration plans.

Working in partnership with others

- People received support from external healthcare professionals; support was provided in relation to people's overall health and well-being.
- Partnership work supported the process of effective referrals and ensuring people received timely, responsive care.
- Positive working relationships have developed between the Local Authority and Commissioners.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not always receiving safe care and treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems were not always effectively in place.