

Barchester Healthcare Homes Limited

Westvale House

Inspection report

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Date of inspection visit:
14 November 2023
21 November 2023

Date of publication:
01 February 2024

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Westvale House is a care home registered to provide accommodation along with personal and nursing care for up to 61 people, in one purpose-built building. At the time of our inspection 36 people were living at the home.

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

Governance processes were not always effective in the monitoring of the service. Auditing tools were in place however, they had failed to identify some of the concerns we found during this inspection.

There were systems in place to record and analyse incidents. However, they were not always effectively investigated.

A safeguarding policy was in place and staff we spoke with understood their role within the safeguarding process and had received adequate training. People told us they felt safe.

Good practice regarding the safe administration of medicine was not always being followed. The oversight of medicine was not robust enough to ensure people were safely given their medicines.

The deployment of staff within the home was not always appropriate, we observed people being left for long periods of time without their assessed level of support.

The provider has recently recruited new members of staff and there has been a change in roles for some existing staff members, this appears to be having a positive impact on the home. Staff and people living at the service commented management were being supportive and things improving.

The management sought people's feedback through meetings to gain a better understanding of what people wanted.

We observed positive interactions between staff and people who lived at the service. Staff knew the people they supported well.

The registered manager was receptive to feedback during the inspection and took some immediate steps to address some of the concerns raised.

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 13 December 2018). The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection. We have found evidence the provider needs to make improvements. Please see the safe and well led sections of this report.

You can see what action we have asked the provider to take at the end of this full report.

Why we inspected

We undertook a focused inspection to review the key questions of Safe and Well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westvale on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to the safe administration of medication, the risks of the health and safety of the people living at this service and good governance. We made recommendations in relation to the deployment of staff.

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 alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Westvale House

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 2 inspectors, a nurse specialist advisor, 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

Westvale House is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Westvale House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 14 November and ended on 30 November 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the Local Authority and reviewed the information held by CQC. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke to 10 people who used the service, 6 family members and 10 staff members to gain their views and experience of the service. We observed interactions between staff and people living at the service. We looked at the health safety records within the service and looked at the environment. We reviewed 5 care records, multiply medication administrations records, and 3 staff personnel files in relation to recruitment. We also viewed various records, policies, and procedures in relation to the governance of the service and management.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed 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 could not always get their needs met in a timely manner. Equipment was in place to reduce risk such as sensor mats and call bells. However, call bells were not always accessible for people and were not always responded to by staff in a timely manner. One person told us, "Staff can be slow to respond but the light flashes outside the door", another person stated, "If I fell, I would press the buzzer and staff would come but not quickly enough."
- People had individual emergency evacuation plans in place, however, they did not always reflect people's current assessed needs.
- We were not assured the provider was keeping people safe through assessing and managing risks to their health and safety. People's current needs and risk were not always clearly assessed and managed.
- Fluid and diet charts were not effective in the monitoring of people's fluid and dietary intake, this placed people at risk of dehydration and malnutrition. The management team were aware of this concern and were taking action to address this however, at the time of the inspection this had not currently been embedded into practice
- People were not always repositioned in line with their assessed need. This placed people at risk of pressure wounds. One relative told us, "I had to chase the staff sometimes as [person] has not been repositioned for over 5.5hrs when they require repositioning every 4 hours."

Systems had not been effective to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This had placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Health and safety checks of the building and utilities were completed.

Using medicines safely

- Medication administration records (MARs) for topical preparations such as creams were not always completed accurately. We could not be assured that people were having creams applied as prescribed.
- MARs did not accurately record the dose of medication given for people on medication 'as required' with a variable dosage. One person was prescribed paracetamol 10-20ml 'as required', the MAR had been signed when administered however, did not state how much had been administered. This placed people at risk of overdose.
- The oversight of medication was not always effective; we found a bag of medication equipment required for people with end-of-life care had an expiry date of 2019. This was brought to the registered managers attention who removed this.

- Medication was not always destroyed when it was no longer required.
- One tub of prescribed thickening agents was being utilised for other people. Prescribed medicines should only be used for the person they are prescribed for as instruction for use are tailored to that person's specific needs.

The oversight of medicine was not robust enough to ensure people were safely given their medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Treatment rooms were clean and clutter free,
- Nurses were trained and assessed in medication administration.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Staff were not always effectively deployed, and we found occasions where staff could not be located on the unit for periods of time. Some staff told us they did not feel there was enough staff to support people, one staff member said, "We can't get some people up until nearly lunchtime as there isn't enough staff."

We recommend the registered provider reviews how staff are deployed across the service, in line with people's dependency levels and the layout of the building

- When staff were not available due to sickness, regular agency staff were used. However, agency usage had reduced significantly in recent weeks as more permanent staff were recruited.
- Staff were mostly up to date with training the provider considered mandatory for the role. Where there were gaps, this was due to staff either starting their induction or long-term sickness.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding policies were in place and staff were aware of their own roles and responsibilities to safeguard people.
- People told us they felt safe, one person stated, "I feel safe and if I had any problems I would talk to staff."
- Staff received safeguarding training and had access to relevant information and guidance about how to protect people from harm.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and

control practices.

Visiting in care homes

- There were no restrictions on visiting. We observed many visits taking place during the inspection.

Learning lessons when things go wrong

- There were systems in place to report any incidents and accidents, which allowed for analysis of these to identify themes or trends. However not all records evidenced whether action had been taken in response.
- Staff were aware of how to report accidents and incidents.

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 our last inspection we rated this key question Good. At this inspection the rating has changed 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.

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

- The provider had various audits and checks in place to monitor the quality of the care; however, these had not identified all the issues found during the inspection. These included issues relating to the safe management of medicines, and the delivery of good quality care in line with peoples' current needs.
- Systems to ensure communication of relevant information relating to people's care needs was not always effective. For example, involvement and support from external professionals was not recorded accurately within people's care plans or communicated to all care staff. Daily flash meetings were not completed when there was no management in place. This meant staff did not always have the current information about how people needed to be supported." However, this is working in line with the Quality assurance policy and information was shared during handovers.
- Daily records were not being suitably maintained to ensure people's care needs were being met. We observed several examples where people were not receiving the care, they needed including positional changes and sufficient fluids. Where support had been given, records were not always being updated by staff in a timely way and gaps were identified in the recording of people's needs. We therefore could not be certain of the accuracy of any records held regarding people's daily care.

The provider did not always operate effective systems and processes to make sure they assess and monitor the service. This was a further breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There had been a significant change within the staffing team including, a new housekeeper, deputy manager, chef, care staff and maintenance person and the registered manager had only been registered since July 2023. This meant the provider's vision and values had not been fully embedded at the time of the inspection.
- Staff were positive about working at Westvale House and spoke in a caring and empathetic way about the people they supported. Staff spoke highly of the service people received. One staff member said, "It's very homely here it has a really nice feel too it." Another stated, "I love being here, it's a nice care home."

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

- The registered manager understood their legal responsibility when things went wrong. They were open and transparent during the inspection and showed a commitment to continually making improvements to the service.
- Staff were positive about the management support and said the registered manager was approachable.
- People told us they knew who they could speak with if they needed to raise any concerns. One person told us, "I would speak to the manager if I had a problem, I would tell her, and she would sort it. I am confident that it would change."
- The provider was responsive to feedback and took immediate action to address some of the concerns raised. The next inspection will determine the effectiveness of these actions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff spoke highly of the registered manager, a staff member told us, "They [manager] appreciate us, they are a good home manager, always listening."
- Staff received regular supervision which enabled them to reflect on their role and to identify any learning they would like to do.
- The provider sought feedback from resident and relative by holding meetings. We received mixed feedback regarding the effectiveness of these meetings. One person stated, "There are residents' meetings, but I have never been to one as I have never been invited." Another person stated, "There are residents' meetings which my daughter goes to."
- The provider works in partnerships with the Local GP surgery who visits weekly.
- The provider works alongside other health professionals including district nurses, however, documentation needed to be clearer. One person's catheter had been changed by the district nurses the service had not updated their records to reflect this.

Continuous learning and improving care

- The management team were dedicated to improving outcomes for people.
- The registered manager was responsive to feedback from people who used the service and their families to improve care. One family member suggested utilising a symbol to indicate someone is approaching end of life care to minimise interruptions for families. This has since been implemented.

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
Treatment of disease, disorder or injury	<p>The oversight of medicine was not robust enough to ensure people were safely given their medicines.</p> <p>Regulation 12 (2) (g)</p> <p>Systems had not been effective to assess, monitor and mitigate risks to the health, safety and welfare of people using the service.</p> <p>Regulation 12 (2) (a) (b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider did not always operate effective systems and processes to make sure they assess and monitor the service.</p> <p>Regulation 17 (1) (2)</p>