

Belong Limited

# Belong Warrington Care Village

## Inspection report

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## 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

### About the service

Belong Warrington Care Village is a 'care home' and support up to 73 older people and younger adults who are living with dementia and physical disabilities. People in care homes receive accommodation, nursing or personal care as a single package under one contractual agreement. At the time of our inspection 63 people lived at Belong Warrington Care Village across six adapted 'households'.

### People's experience of using this service

We have made a recommendation about staffing. The skill set, experience and knowledge of staff needed to be considered so that people received a consistent level of care from the right staff. Pre-employment recruitment checks were conducted, and disclosure and barring service (DBS) checks were carried out.

Safeguarding measures and procedures were in place. However, we noted that the procedures were not always followed in a timely manner. Shortfalls had been identified by the new management team and improvements were being made as a measure of keeping people safe and protecting them from the risk of abuse.

Improved quality assurance and governance measures were in the process of being embedded. The new registered manager acknowledged that additional oversight and monitoring measures needed to be implemented and complied with. Individual risks to people were assessed and reviewed.

The registered manager expressed that areas of improvements had been identified prior to our inspection but a period of sustained stability was needed at the service. The registered manager provided assurances that improved processes and systems would support positive outcomes and the delivery of high-quality, compassionate care. Staff expressed that improvements across the service were being made and their feedback and suggestions were being listened to.

Medication administration procedures were in place. Staff received medication administration training, regularly had their competency levels checked and there was an up-to-date medication policy in place. Regular medicine audits were completed, and staff competence was monitored.

Infection prevention and control (IPC) measures and arrangements were in place. There was an up-to-date infection control and hygiene policy, staff had access to the required PPE and safe visiting guidance and arrangements were being followed.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection

The last rating for this service was good (published 16 March 2020). At this inspection, the service has been rated requires improvement.

### Why we inspected

This inspection was prompted by a review of the information we held about this service. We found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

For all types of inspections in care homes, we look at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed

One recommendation has been made, which is a proportionate response to the evidence we found. We will continue to monitor the service and will take further action if needed.

### Follow up

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** ●

# Belong Warrington Care Village

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors, an 'Expert by Experience' and a specialist advisor. 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

Belong Warrington Care Village is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Belong Warrington Care Village is a care home with nursing care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all the information to plan our inspection.

#### During the inspection

We spoke with 5 people who lived at Belong Warrington Care Village, 10 relatives about their experiences of the care provided. We also spoke with the registered manager, 3 senior members of the management team, 8 members of care staff, 2 registered general nurses, 1 admiral nurse and received feedback from four external professionals who support the service.

We reviewed a range of records. This included 7 people's care records, multiple medication records, 5 staff personnel files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.

# 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 this key question was rated as good. At this inspection this 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.

### Staffing and recruitment

- Staffing was not always consistent to meet people's needs. Safe recruitment measures were followed.
- Feedback indicated that there had been over-reliance on agency staff who were not always familiar with the service or the people who used the service.
- The skill set, knowledge and experience of staff had not always been considered when staff rota's were being completed. One external professional said, "Staff do not always know how to manage things, they rely heavily on other services." We received feedback confirming that improvements had been made and staffing arrangements were being addressed. Prior to our inspection the registered manager had recognised and responded to the staffing arrangements as a priority.
- Safe recruitment procedures were in place. Pre-employment checks were conducted, suitable references were sought, and Disclosure and Barring Service (DBS) certificates were checked. All of which provided assurances that applicants were suitable to work in adult social care environments.

We recommend that the provider embeds safe and consistent staffing arrangements, taking into consideration the skill set, experience and knowledge of staff.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Safeguarding systems and processes were not always followed.
- Whilst safeguarding incidents were reported to the relevant local authorities and the necessary action taken, CQC were not always notified, as required. The registered manager had identified this prior to our inspection and had put measures in place to improve reporting procedures.
- Safeguarding training was provided, and staff expressed that they knew how to report concerns. We discussed with the registered manager that training in this area was still outstanding for some members of staff.
- Additional clinical governance oversight meant that themes/trends were being analysed and additional risk management measures were being implemented.

### Assessing risk, safety monitoring and management

- Systems and processes to assess, monitor and manage risk were in place. Although areas of improvement were identified.
- A designated member of staff was given the responsibility for carrying out and recording outcomes of daily, monthly and quarterly environmental checks. Daily records had not been completed to show the checks had taken place when the designated staff member was absent from the service. The registered

manager was reviewing this after we raised it with them.

- Health and safety checks and certificates were in place. For instance, fire risk assessments and electrical compliance checks were conducted accordingly.
- People's area of risk were established, routinely monitored and risk management plans were put in place; we saw evidence of tailored and generic risk assessments which were regularly reviewed.

#### Using medicines safely

- Safe medication management processes were in place.
- Staff received the necessary medication administration training and routine medication competency checks were completed.
- There was an up-to-date medication policy in place; Staff were familiar with medicine administration recording procedures, PRN (as and when) processes and controlled drugs arrangements that needed to be complied with.
- Weekly audits were completed across the service. Audits ensured compliance was being monitored and any errors or discrepancies were identified in a timely manner.

#### Preventing and controlling infection

- Safe IPC measures, systems and arrangements were in place.
- An infection control and hygiene policy was in place. This contained relevant COVID-19 risk management procedures and provided staff with the most up to date information that needed to be followed.
- IPC training was provided to staff; touch point cleaning and deep cleaning schedules were in place and IPC audits were routinely completed.

#### Visiting in care homes

- The provider's approach to visiting was in line with current government guidance. Relevant COVID-19 visiting procedures were in place, families were communicated with, people / visitors were kept safe, and the risk of transmission was reduced.

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
- The appropriate authorisations were in place and being followed to lawfully deprive a person of their liberty and in their best interests.



# 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; Continuous learning and improving care

- A new manager and management team had been appointed since the last inspection. The manager was registered with CQC and understood their roles, responsibilities and regulatory requirements.
- The new management team had identified that improved quality assurance arrangements and a greater level of provider and management oversight was required. They responded prior to our inspection by putting in improved systems and processes to improve the quality and safety of the service.
- The registered manager was candid and responsive in his approach during the inspection. They acknowledged areas of improvement were required, expressed that a period of stability was needed and provided assurances that improved systems and processes would bring about the required improvements to the service.
- Whilst it was recognised improvements had been identified and made prior to our inspection, we needed to be sure they would be sustained and embedded over a longer period.

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; Working in partnership with others

- The registered manager was aware of duty of candour responsibilities.
- Lines of communication between external services and agencies had not always been effective. However, the registered manager had put measures in place to improve this by strengthening investigations and follow up actions.
- We received feedback that indicated professional working relationships needed improving. One comment we received included, "There is poor communication between staff, management and ourselves." The registered manager was committed to improving partnership work.

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

- There was a commitment to ensure an improved, positive, person-centred approach to care was being delivered.
- We observed positive interactions and engagement between staff and people using the service. People appeared happy, content and were supported to engage in different activities they enjoyed.
- Although the service had faced a variety of challenges, the new management team expressed their commitment to improving service delivery and outcomes for people receiving care and support.

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

- Engagement and involvement of people and others had not always been effective.
- There had been a lack of routine processes to gather feedback from people and others about the quality and safety of care being provided. However, prior to our inspection the registered manager had identified this and acted upon it by introducing meetings and surveys as a way of gathering the views of people and others about the service delivery.
- Staff expressed that they had been through a difficult period, however they felt they were now being listened to, having their concerns responded to and felt valued members of the team. One staff member told us, "It's been very, very hard, big lack of management support, I do feel now that positive changes are being made."
- We received feedback from staff and relatives which indicated improvements were being made at the service. One relative told us, "New manager is a big improvement." One staff member told us, "New manager is putting things in place to make staff feel valued, he is very hands on and visible."