

Warrington Community Living

Warrington Community Living - 53 Twiss Green Lane Residential Care Home

Inspection report

53, Twiss Green Lane,
Culcheth
Warrington
Cheshire
WA3 4DQ
Tel: 01925 246870
Website: www.wcliving.org.uk

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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 

Overall summary

This inspection was unannounced and took place on the
17 December 2015.

Summary of findings

The service was previously inspected in April 2014. One breach of legal requirements relating to records was identified. We undertook a follow-up inspection in July 2014 and found that improvements had been made to address the breach.

53, Twiss Green Lane Residential Care Home provides both accommodation and personal care for up to four adults with learning and physical disabilities. It is located in Culcheth, a suburb of Warrington in Cheshire. The service is provided by Warrington Community Living, a registered charity. At the time of our inspection the service was accommodating three people.

The home is a domestic style four-bedroom bungalow in a residential area of Warrington and blends in with neighbouring properties. The building has been adapted to accommodate the needs of people with a physical disability and has a small laundry area, accessible wet room, spacious lounge, conservatory and kitchen.

At the time of the inspection there was a registered manager at 53, Twiss Green Lane Residential Care Home. 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.

The registered manager was present during the day of our inspection and engaged positively in the inspection process, together with staff on duty.

The provider had established a programme of induction and on-going training to ensure people using the service were supported by competent staff. Additional systems of support such as supervision, appraisals and team meetings were also in place.

People using the service were observed to be comfortable and relaxed in their home environment and in the presence of staff. Staff used their knowledge of the people they supported effectively so their conversations and interactions reflected their understanding of people using the service, their diverse and complex needs and preferences. For example, we observed staff using facial expressions, gestures, eye contact, posture, and tone of voice effectively to respond sensitively to the needs of people with non-verbal communication.

People using the service had access to a range of individualised and group activities and a choice of wholesome and nutritious meals. Records showed that people also had access to GPs and other health care professionals (subject to individual need) and medicines were managed safely.

The needs of people using the service and the management of risks had been appropriately planned for. Likewise, systems to monitor key aspects of the service, obtain feedback on the standard of care provided and to respond to safeguarding concerns and complaints had been established.

Summary of findings

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 safe.

Policies and procedures were in place to inform staff about safeguarding adults and whistle blowing. Staff had received training in regard to safeguarding vulnerable adults and were aware of the procedures to follow if abuse was suspected.

Risk assessments had been updated regularly so that staff were aware of current risks for people using the service and the action they should take to manage them.

Recruitment procedures provided appropriate safeguards for people using the service and helped to ensure people were being cared for by staff that were suitable to work with vulnerable people.

People were protected from the risks associated with unsafe medicines management.

Good



Is the service effective?

The service was effective.

Staff had access to supervision and induction, mandatory and other training that was relevant to their roles and responsibilities.

Policies and procedures relating to the Mental Capacity Act and Deprivation of Liberty Safeguards had been developed to provide guidance to staff on this protective legislation.

Staff were aware of the need to promote people using the service to have a healthy lifestyle and to maintain hydration and good nutritional intake.

Systems were in place to liaise with GP's and to involve other health and social care professionals when necessary.

Good



Is the service caring?

The service was caring.

Staff treated people well and they were kind and caring in the way that they provided care and support.

People were treated with respect and their privacy and dignity was maintained.

Good



Is the service responsive?

The service was responsive.

Care records showed people using the service had their needs assessed, planned for and regularly reviewed.

People received care and support which was personalised and responsive to their needs.

Good



Is the service well-led?

The service was well led.

The home had a registered manager who provided leadership and direction.

Good



Summary of findings

A range of auditing systems had been established so that the service could be monitored and developed. There were arrangements for people who lived in the home and their relatives to be consulted about their opinions of the service.

Warrington Community Living - 53 Twiss Green Lane Residential Care Home

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 was 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.

The inspection took place on 17 December 2015 and was unannounced.

The inspection was undertaken by two adult social care inspectors.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also looked at all of the information which the Care Quality Commission already held on the provider. This

included previous inspections and any information the provider had to notify us about. Furthermore, we invited the local authority to provide us with any information they held about 53, Twiss Green Lane Residential Care Home. We took any information they provided into account.

During the inspection we met the three people who lived in the property and encouraged the people to communicate with us using their preferred communication methods.

We also spoke with the registered manager, three support workers and two visiting health care professionals and telephoned two relatives to obtain feedback.

We undertook a Short Observational Framework for Inspection (SOFI) observation during lunch time. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of records including: two care plans; three staff files; staff training; minutes of meetings; rotas; complaint and safeguarding records; medication; maintenance and audit documents.

Is the service safe?

Our findings

We asked people who used the service if they found the service provided at 53 Twiss Green Lane Residential Care Home to be safe. People spoken with confirmed they felt safe and secure at the home and told us they were well-supported by staff who had the necessary skills to help them with their individual needs.

One person stated: "I'm happy living here." Likewise, a relative reported: "My daughter is very settled and loves her home."

We looked at two care files for people who were living at 53 Twiss Green Lane. We noted that each person had a care plan and supporting documentation which included a range of risk assessments. Personal emergency evacuation plans were also in place to ensure an appropriate response in the event of a fire. This information helped staff to be aware of current risks for people using the service and the action they should take to minimise and control potential / actual risks.

The provider had developed an 'Accident and Riddor' policy to provide guidance to staff. Systems were also in place to record incidents, accidents and falls. We noted that the manager maintained an electronic database to record this information. This system enabled the manager to maintain an overview of incidents.

At the time of our inspection 53 Twiss Green Lane was providing accommodation and personal care to three people with different needs. We checked staff rotas which confirmed the information we received throughout the inspection about the minimum numbers of staff on duty.

The service employed a registered manager on a full time basis who worked flexibly between two homes, subject to the needs of the service.

Examination of the rotas highlighted that the service was normally staffed with a minimum of two care staff between 7.00 am and 10:00 pm. During the night there was one waking night staff on duty. An on-call service was also in operation outside of office hours to provide additional support.

No concerns were raised regarding staffing levels at the time of our inspection by people using the service, their representatives or staff.

We looked at a sample of three staff files. Through discussion with staff and examination of records we received confirmation that there were satisfactory recruitment and selection procedures in place which met the requirements of the current regulations. In all four files we found that there were application forms; two references; disclosure and barring service (DBS) checks; proof of identity including photographs and interview notes which included a question related each applicant's health and fitness to undertake the role.

All the staff files we reviewed provided evidence that the checks had been completed before people were employed to work at 53 Twiss Green Lane. This helped protect people against the risks of unsuitable staff gaining access to work with vulnerable adults.

A corporate policy and procedure had been developed by the provider to offer guidance for staff on 'Safeguarding Adults' and 'Whistle blowing and Reporting Bad Practice'. A copy of the local authority's safeguarding adults procedure was also in place for reference.

Training records viewed confirmed that all of the staff team had completed safeguarding vulnerable adults training. Furthermore, discussion with the registered manager and staff confirmed they understood their duty of care to protect the people in their care and the action they should take in response to suspicion or evidence of abuse.

The registered manager maintained a record of any safeguarding incidents that had occurred at 53 Twiss Green Lane. We viewed the safeguarding log record which indicated that there had been one safeguarding incident in the last 12 months concerning a medication administration error. Records indicated that the incident was referred to the local authority's safeguarding unit in accordance with the organisation's policies and procedures.

No whistle blower concerns had been received by the Care Quality Commission (CQC) in the past twelve months.

We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines and found that the provider had developed a policy for the administration of medication. The policy was not easily accessible to staff as it was stored in a policy file and took some time for staff to locate. The registered manager assured us that she would arrange for the policy to be stored alongside Medication Administration Records (MAR).

Is the service safe?

People's medicines were looked after and managed by support staff and usually given to people at a time that fitted into their normal daily routine. Staff responsible for medication confirmed they had completed medication training and had their competency assessed prior to administering medication and periodically thereafter.

A signature checklist was available for reference to confirm which staff were authorised to administer medication and photographs of the people using the service were attached to MAR records to assist staff in identifying the people using the service. Likewise, patient information leaflets had been retained for staff to read and a daily medication stock check system was in place.

We checked the arrangements for medicines at 53 Twiss Green Lane with a support worker.

Medication was found to be securely stored in a kitchen cupboard and medication administration records (MAR) viewed had been correctly completed and provided a clear audit trail of medication administered.

Systems were also in place to record: the room and fridge temperature; medication returns and incidents concerning medication. Additionally, monthly medication audits were undertaken by the manager or a senior support worker. At the time of our inspection none of the people using the service had chosen to self-administer their medication.

Overall, areas viewed during the inspection appeared clean and well maintained. Staff had access to personal protective equipment and policies and procedures for infection control were in place.

Is the service effective?

Our findings

We asked people who used the service or their representatives if they found the service provided at 53, Twiss Green Lane to be effective. People spoken with confirmed that their care needs were met by the provider.

For example, one person reported: “The staff are good workers. They are like a mum to me” and “The food is great.”

Likewise, feedback received from two relatives included: “The staff are absolutely wonderful. I visit weekly and have no current concerns” and “The staff are very helpful.”

53, Twiss Green Lane is a domestic style four-bedroom bungalow in a residential area of Warrington and blends in with neighbouring properties. The building has been adapted to accommodate the needs of people with a physical disability and has a small laundry area, accessible wet room, spacious lounge, conservatory and kitchen.

We noted that there had been recent investment into the maintenance and refurbishment of the property. For example, new furniture, curtains, carpet, blinds and cushions had been purchased for the lounge and one person’s bedroom had been refurbished. Likewise, the bathroom had been developed into a modern wet room.

People using the service were noted to have access to a range of individual aids to assist with their mobility and independence. People’s rooms had also been personalised with memorabilia and personal possessions and were homely and comfortable.

The provider had established a programme of induction, mandatory; qualification level and service specific training for staff to access. This was delivered via a range of methods including face to face and on-line training.

We received training information in the form of a colour coordinated training record from the organisation’s head office. This highlighted that staff had completed a range of training as highlighted above.

We noted that systems were in place to monitor the outstanding training needs of staff and when refresher training was required. Formal supervisions and an annual appraisal system were also in place. Staff spoken with reported that they had access to ongoing training and received regular supervision.

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 refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the registered manager.

We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) with the registered manager.

We saw that there were corporate policies in place relating to the MCA and Best Interests and DoLS. Assessment documentation had also been produced to enable staff to undertake an assessment of capacity in the event this was necessary.

Information received from the registered manager confirmed that at the time of our visit to 53 Twiss Green Lane Residential Care Home there were two people using the service who were subject to a DoLS.

Discussion with the registered manager and staff together with examination of training records confirmed staff had completed training in the MCA and DoLS and understood their duty of care in respect of this protective legislation.

There was no set menu plan in place as the people using the service had different requirements in respect of their dietary needs and / or preferred to exercise choice and control over their daily meal options.

Records of the daily choices offered had been recorded on a weekly menu plan and provided evidence of a varied, wholesome and nutritious diet. Fluid balance charts were also in use to monitor daily intake. One person using the service told us that they were involved in shopping for food and had a choice of what they wanted to eat each day.

Is the service effective?

One person using the service was fed via an alternative method and was provided with medical nutrition products to help meet their dietary needs. We noted that a speech and language therapist and a dietician were monitoring the well-being of this person.

Staff spoken with confirmed that they had received training in how to introduce Nutricia products and fluid via a jejunostomy tube (a surgical creation of an opening through the skin at the front of the abdomen and the wall of the jejunum (part of the small intestine),

We observed staff supporting people to eat their breakfast and lunch time snacks and with refreshments throughout the day. Staff were noted to offer discreet support to service users who required assistance with eating and drinking.

People using the service or their representatives told us that they had access to a range of health care professionals subject to individual need. Care plan records viewed provided evidence that people using the service had accessed a range of health care professionals including: GPs; dieticians; community nurses; dentists; physiotherapists; speech and language therapists; opticians and chiropodists etc. subject to individual needs. We also observed two nurses visit a person using the service during our inspection.

Is the service caring?

Our findings

We asked people who used the service or their representatives if they found the service provided at 53 Twiss Green Lane to be caring. People spoken with confirmed they were treated with respect and dignity by the staff who worked in the home.

One person told us: “The staff love me and I love them.” Likewise, feedback received from two relatives included: “The staff are always kind and warm to me and they care for the people who live there” and “My sister seems quite happy.”

We spent time with people using the service, staff and visitors during our inspection of 53 Twiss Green Lane. We found that interactions between staff and people were positive, responsive to need and caring.

The home had a warm atmosphere and people appeared content, relaxed and happy in their home environment. Staff were observed to speak with people using the service in a friendly manner and people looked at ease with staff.

Staff used their knowledge of the people they supported effectively so their conversations and interactions reflected

their understanding of people using the service, their diverse and complex needs and preferences. For example, we observed staff using facial expressions, gestures, eye contact, posture, and tone of voice to respond sensitively to the needs of people with non-verbal communication.

We used the Short Observational Framework for inspection (SOFI) tool over lunch time as a means to assess the standard of care provided. We observed people’s choices were respected and that staff communicated and engaged with people in an effective polite and dignified manner. We also noted that interactions between staff and people were unhurried; caring and personalised and that staff were attentive and provided appropriate assistance in accordance with people’s needs.

Staff spoken with confirmed they had completed training to help them understand the importance of providing person centred care. It was evident from speaking to people using the service and / or direct observation that staff applied the principles of treating people with respect, safeguarding people’s right to privacy, promoting independence and delivering person centred care in their day-to-day duties.

Information about people receiving care at 53 Twiss Green Lane was kept securely to ensure confidentiality.

Is the service responsive?

Our findings

We asked people who used the service or their representatives if they found the service provided at 53 Twiss Green Lane Residential Care Home to be responsive. People spoken with confirmed the service was responsive to their individual needs.

One person told us: “I’ve been Christmas shopping and visited the pantomime in Manchester to see Shrek. There is always lots to do. Sometimes I go to the pub, pictures, visit my hairdresser and I help with food shopping too.” Likewise, a relative stated: “I am happy. They keep very good records and take her out on a regular basis.”

We looked at two care files. Each file contained records on the needs of people using the service together with care planning, risk assessment and health information.

Each file viewed contained an 'essential lifestyle plan'; active support schedules (guidelines) and care plans that outlined: 'My needs'; 'The aim of my care'; 'What I need you to do to help me' and 'How will we know this need has been met'. Plans viewed had been signed by people using the service (if practicable) and kept under review on a monthly basis by the senior support worker or registered manager.

A range of supporting documents including: health passports; dependency assessments; weight records; personal diaries; medical appointment records; diary sheets; review meetings and other miscellaneous records were also in place.

The registered provider (Warrington Community Living) had developed a corporate complaints procedure. Likewise, an

easy read 'service user complaints procedure' and a 'complaints and comments' booklet had been produced to provide people using the service and / or their representatives with information on how to provide feedback on the service provided. 'Easy read' formats include pictures, signs and symbols together with text to help people to understand information more easily.

The complaint records for 53 Twiss Green Lane were viewed. An electronic log of incidents had been established by the registered manager to record any concerns or complaints received. This highlighted that there had been no complaints in the last twelve months. No complaints or concerns were received from people using the service or their representatives during our visit.

Discussion with the manager and people using the service confirmed there was no set activities programme in operation at 53 Twiss Green Lane as people were encouraged to follow their own interests, activities and routines. People using the service and their representatives spoken with confirmed they were happy with the range of activities on offer.

Records of individual activities had been recorded in personal diaries. Records detailed that people had participated in a range of person centred activities. For example, records highlighted that people had enjoyed trips out to Pennington Flash Country Park, Tree Baron Garden Centre; Walton Gardens; Trafford Centre; Blue Planet Aquarium; Cinema; Theatre Shows and Blackpool. People had also participated in one to one interactions with staff; listened to talking books and music and enjoyed pamper and art and craft sessions.

Is the service well-led?

Our findings

We asked people who used the service or their representatives if they found the service provided at 53 Twiss Green Lane Residential Care Home to be well led. People spoken with confirmed they were happy with the way the service was managed.

The home had a registered manager in place that had been in post since June 2011. The registered manager was present throughout our inspection and was helpful and responsive to requests for information from the inspection team. Staff were observed to refer to the registered manager by her first name which reinforced that there was a friendly relationship between them.

We asked the registered manager to provide us with information on the system of audits in place at 53 Twiss Green Lane, to monitor key aspects of the service.

We noted that a comprehensive 'Registered Manager Monthly Home Audit' had been completed on a monthly basis. This covered a range of areas including: home presentation; exterior of building; enquiry management; medications; care documentation; review of pressure ulcer audits; review of accident audits; complaints management; statutory records; human resources; personnel files; finance; maintenance and domestic services; training records; staff supervision and communications; social activities and privacy and dignity. A medication audit tool had also been completed each month.

We noted that only four of the audits in the past year had been completed by the registered manager as the others had been completed by a senior support worker. We raised this issue with the registered manager and discussed the benefits of other registered managers within the service auditing each other's services. The registered manager

informed us that she would raise the issue with the chief executive officer who had visited the service the day before our inspection. A report of this visit was sent to CQC following our inspection.

We were informed that the service had last sought feedback from people using the service or their representatives during October 2015. A summary of results report had been produced together with an action plan.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Warrington Borough Council's Contracts and Commissioning Team. This is an external monitoring process to ensure the service meets its contractual obligations.

We sampled a number of test and / or maintenance records relating to: electrical wiring; gas safety slings and hoisting equipment and found all to be in order. We also noted that the fire alarm system and doors had been tested on a weekly basis and that the emergency lights and extinguishers had been tested / checked each month.

An emergency plan had also been produced to ensure an appropriate response in the event of an untoward incident.

A statement of purpose and service user guide had also been developed to provide information to people using the service and / or their representatives on the service provided. The provider had also produced a duty of candour policy to provide guidance to managers on the need to be open and transparent with people who use services and other relevant persons. The manager confirmed her awareness of this policy and understanding of her duty to uphold the policy.

The manager and staff spoken with demonstrated an understanding of the organisation's promise, vision and values and a commitment to the delivery of person centred care.