

Warrington Community Living Heathside Mews

Inspection report

Honiton Way
Penketh
Warrington
Cheshire
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Heathside Mews is a residential care home in the Penketh area of Warrington. They are registered to provide accommodation and personal care for up to 25 younger people, older people and people living with dementia. At the time of this inspection there were 24 people living there, all of whom were living with dementia.

People's experience of using this service: People who lived at Heathside Mews told us they were happy and were cared for by staff who were kind and caring.

Without exception, relatives of people who lived there told us they were happy with the care their relatives received.

The service kept people safe with detailed risk assessments and management plans. The staff showed a good understanding of types of abuse, how to spot these and who to report them to.

The service had good infection prevention and control measures. The home was clean and free from malodours.

Staff received comprehensive training and competency assessments.

People were treated as individuals and their privacy, dignity and independence were promoted.

There were dedicated activities staff who devised a varied and imaginative schedule of activities both inside the home and trips out.

The service had close links with the local community and invited people in to engage and interact with people living there who had shared interests.

People living there, their relatives, staff and the local authority all spoke highly of the registered manager. Staff told us they felt supported by a fair and approachable management team.

The registered manager was supported by a deputy manager and team leaders. All worked together to ensure people's care was planned and reviewed with input people and their relatives.

The registered manager maintained complete oversight of the home with a comprehensive quality assurance system.

Rating at last inspection: At the last inspection the service was rated Good (Published May 2016).

Why we inspected: This was a planned comprehensive inspection.

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

Details are in our Safe findings below.

Good 

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 well-led

Details are in our Well-Led findings below.

Good 

Heathside Mews

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This unannounced inspection was completed on 11 February 2019. The inspection team consisted of one adult social care inspection manager, one adult social care inspector and one Expert by Experience. An Expert by Experience is a person who has experience of using this type of service, in this case, caring for older people.

Service and service type: Heathside Mews Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection: This inspection was unannounced.

What we did: Before our inspection we looked at information we held about the service. The provider had completed a Provider Information Return form (PIR). A PIR is a form we ask providers to submit annually detailing what the service does well and what improvements they plan to make. We reviewed information stored on our database, such as notifications that the registered manager is required, by law, to submit to us as and when incidents may have occurred. We also spoke to the local authority and commissioning team to gain feedback about the service. The information gathered was utilised to plan the inspection.

We spoke with seven people living at the service, four of their relatives and seven staff including the registered manager. We spoke with two visiting healthcare professionals. We reviewed four people's care files, medication records, staff rota's, food menu's, policies and procedures, quality assurance records,

training records and complaints.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- We spoke with people who lived at Heathside Mews and all told us they felt safe there. Comments we received included, "Staff always come quickly if I need them". One relative we spoke with said, "My [relative] depends a lot on the staff and they have never let [relative] down". The service had comprehensive safeguarding and whistleblowing policies in place. Staff demonstrated a good understanding of the types of abuse, how to recognise signs of abuse and how to report these if necessary. Where safeguarding referrals to the local authority were required, they were completed quickly and comprehensively. The registered manager kept a log of safeguarding referrals, outcomes were clearly recorded. This enabled the registered manager to identify trends and identify what was needed to prevent the same thing happening again.
- Risks to people's safety were assessed. Management plans were put in place to ensure staff were aware of the steps required to keep people safe. Risk assessments were reviewed and updated regularly. If someone had an accident, or their needs changed, risk assessments and management plans were updated to reflect this.

Staffing and recruitment

- Staff were recruited safely. All had been subject to pre-employment checks with the Disclosure and Barring Service (DBS). DBS informs prospective employers if the applicant has a criminal record or if there is any information held on file that would suggest a person is not suitable to work with vulnerable people.
- There were enough staff to meet people's needs and provide companionship. We reviewed rota's and saw that the staffing levels were consistent. The service used agency staff to cover short term absence, they ensured they used the same agency staff so that people who lived there had got to know them.

Using medicines safely

- People who lived there received their medicines correctly. We reviewed medication administration records (MAR) and found they were comprehensively completed. We observed a medication round and saw that the staff member was patient and kind with people while they took their medicines. Staff who administered medication had completed training and had regular competency assessments.

Preventing and controlling infection

- Throughout the inspection the service was clean and free of malodours. Staff were seen to wear appropriate personal protective equipment such as gloves and aprons when assisting with personal care, cleaning and during meal times.

Learning lessons when things go wrong

- We reviewed records of accidents and incidents. We saw that these were comprehensively documented and referred to the local authority or relevant healthcare professional if necessary. The registered manager analysed and audited the accidents and incidents. This identified trends and enabled them to create management plans to reduce the risk of the same thing happening again.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People told us they were cared for by staff who were well trained. One person said, "The staff are excellent, every day they look after me so well." One relative we spoke with said, "I am here a lot, the staff do a wonderful job, they are amazing."
- New staff received an induction when they commenced employment, this included completion of the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific roles in the health and social care sector. Staff completed shadowing shifts where they were supernumery for approximately two weeks. Staff told us they received the training they needed to be able to do their job properly. One staff member said, "I've done all my training, we do a lot".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; 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 with appropriate legal authority. 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. We found that the service was working within the MCA and DoLS.
- We observed that staff asked people for their consent before assisting with personal care. All people who lived there, or where appropriate, their representatives had signed to give their consent to living there.

Supporting people to eat and drink enough to maintain a balanced diet

- People we spoke with told us they enjoyed the food provided. One person said, "I like the quality of food and the portion size." We saw that people who had been at risk of malnutrition when they were admitted had gained and maintained a healthy weight. People's weights were regularly monitored and people who were prescribed nutrition supplements received these appropriately.
- People who lived there chose their meals the evening before and were served what they had requested.

We discussed with the registered manager that people living with dementia might not remember their choices so it would be beneficial to have a choice on the day and for staff to explain to people what they were eating. The registered manager assured us they would do this.

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

- The registered manager had made many changes to the design and decoration of the premises to make them relaxing and comforting for people living with dementia. We saw that there were separate communal areas that people could enjoy, some were more lively and where activities generally took place. Others were quieter areas, for example, there was a library area and an indoor garden area. We saw people relax in these areas during the inspection.
- The registered manager had researched and sourced dementia friendly signage that was placed around the home. One corridor had been decorated to resemble a street, each person had their own doorway and window with different colour curtains. People we spoke with told us they liked this as it was easy to remember which was the door to their room.
- People's bedrooms were personalised in a way they chose. All bedrooms were large enough for a bed, seating area and sink. This gave the feeling of being in a self-contained flat. We saw that people had their own furniture, pictures and other personal items in their rooms that gave a homely feel.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People we spoke with told us they were happy living there and were cared for by staff that they liked. Comments we received included, "The staff are kind to me, I appreciate that." Relatives of people who lived there all told us they were very happy that their relative was cared for by kind and attentive staff. Comments we received included, "The consistently high level of care displayed is a credit to the whole team." Another relative said, "I am so happy with this place, all the staff know and love my [relative]."
- We observed staff speak to people in a kind and caring way. We saw that staff and people living there knew each other well and engaged in pleasant, meaningful conversations.
- People were encouraged to express their equal and diverse needs and preferences. When people moved in the registered manager explored their life histories, family histories and current important relationships. This enabled staff to get to know people and encourage them to live their life in the way they chose.

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

- There were regular resident and relative meetings where people were encouraged to share their opinions of the home. These were entitled 'Mews Views'. Relatives of people living there all told us they were invited to ask any questions and express their views on the relative's care. One relative we spoke with said, "The staff are superb, I can ask about my relative at any time."
- The registered manager ensured meetings were held in way that people living with dementia could understand and engage with. One relative we spoke with told us, "We are always made welcome and the dementia friendly meetings are very helpful."

Respecting and promoting people's privacy, dignity and independence

- Throughout the inspection we saw that people's privacy and dignity were maintained. People were treated with respect; personal care needs were not discussed in communal areas. Staff told us they always shut doors and curtains before assisting with personal care and were mindful of people's privacy and dignity. One relative we spoke with said, "It is reassuring to know that staff always do their best to protect people's dignity and respect."
- Throughout the inspection we saw that people living there were respected as individuals with different levels of independence. One person held a key to their room and chose to keep this locked when they weren't inside. People were encouraged to assist with tasks around the home if they wished to. An example of this was when they took down the Christmas decorations. People living there told us they enjoyed helping with this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People we spoke with told us they receive care that is personalised to their own needs and preferences. One person said, "I love fixing things so they give me stuff to fix". A relative we spoke with said, "So much thought has gone into their care, like the creative area, this is great for residents and relatives alike."
- People who lived there were supported to complete a wish list. This listed the things they would like to do. Once the activities staff had this they planned activities around people's interests. Throughout the inspection we saw the activities co-ordinator engage with people and relatives. They adapted their communication methods to meet the needs and preferences of each individual person. They took time to ensure people were relaxed and comfortable and then kindly encouraged them to join in the activities. This included music therapy and arts and crafts. We saw people smile, laugh, sing, dance and appear happy and engaged. .
- We observed that different activities were offered for different people to meet their personal needs and preferences. One person who lived there was supported to visit a local café with their spouse. The service provided the transport so the couple could enjoy time together away from the home.

Improving care quality in response to complaints or concerns

- We reviewed the complaints policy and the small number of complaints that the service had received. We saw that these were dealt with comprehensively and as per the registered provider's policy. Where it was necessary to change care arrangements after a complaint, this has been done.

End of life care and support

- At the time of the inspection there were no people living there who had been identified as approaching the end of their life. We reviewed the end of life policy and found this to be comprehensive. One staff member we spoke with was particularly knowledgeable and passionate about ensuring people were treated with kindness and compassion at the end of their lives. We spoke with visiting healthcare professionals who told us they had seen the service offer good care to people at the end of their lives.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People who lived there spoke very highly of the registered manager. Comments we received included, "I certainly do think this home is well-managed". A relative we spoke with said, "Absolutely this place is well-led." The local authority also gave positive feedback about the registered manager. They told us, "The manager stands out as one of the best we have in the area."
- We reviewed care files and accident logs and were satisfied that the registered manager had fulfilled their legal responsibility to notify CQC as and when certain incidents occur. The registered provider is required to display the ratings from the last CQC inspection in the premises and on their website. We saw that this was done.

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

- The registered manager was supported by a deputy manager and a group of team leaders. As the registered manager also managed the sister home within the same grounds, day to day tasks of running the home were completed by the team leaders. The registered manager completed quality assurance and audits to ensure they had full oversight of the running of the service.

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

- The registered manager completed resident and relative meetings. Newsletters were shared amongst people living there and their relatives. These included photographs and details of things that had happened in the home, and plans for future events.
- The service had links with faith groups of different religious denominations in the local community. A local nursery visited the home every month so children and people living there could engage and interact together. The registered manager had forged links with local charities, including a charity for veterans. This was to meet the individual preferences of a person who lived there. The registered manager had taken ownership of relocating a cenotaph which would otherwise have been destroyed. This was moved to the grounds of the home to enable people living there and the local community to have somewhere to visit. Veterans were invited in to speak with people who lived there. This provided a source of comfort to some people as they were able to share stories with people who had similar life experiences.

Continuous learning and improving care; Working in partnership with others

- The registered manager had identified that team leaders were often occupied with medication rounds. They had developed a senior support worker role to support the team leaders and free up some of their time. The registered manager had designed and implemented a dependency tool. Dependency tools are used to establish how many staff need to be on duty to meet the needs of the people living there. The registered manager had felt that other dependency tools available did not suit their service so had spent time designing and developing their own.