

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: 01925246870

Date of inspection visit:
09 February 2018

Date of publication:
27 March 2018

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

Warrington Community Living, 53 Twiss Green Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The home is registered to accommodate up to four adults with learning disabilities, physical disabilities or mental health needs. The home is a four bedroom bungalow in a residential area of Warrington.

At the last inspection the service was rated good. At this inspection we found that some improvements to the service were needed and this rating had not been maintained. This was because at this inspection we found breaches of regulation 12 (safe care and treatment), regulation 18 (staff support and training) and regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report. This meant that the domains of safe, effective and well-led were rated requires improvement.

During our inspection we reviewed how people's needs and risks were assessed and managed. We found that although some of the risks associated with people's care were assessed and staff provided with sufficient guidance on how to manage these risks, others risks were not. This meant there was a risk that inappropriate and unsafe care would be provided.

The provider's risk assessment relating to the identification and management of Legionella bacteria in the home's water supply was overdue and the actions identified as necessary to mitigate risks had not been undertaken. This placed people at risk of contracting a Legionella type infection. Legionella bacteria naturally occur in soil or water environments and can cause a pneumonia type infection. It can only survive at certain temperatures. Under the Health and Safety Act 1974, a provider has a legal responsibility to ensure that the risk of legionella is assessed and managed.

Some aspects of the way medication was managed at the home required improvement. One person's medication was not stored securely and their ability administer to their own medication had not been assessed. Stock levels were correct for all but one of the medications and staff had received training in how to administer people's medicines. The competency of staff to administer medication however had not been assessed since 2016. This meant there was no robust evidence that staff continued to be competent in the administration of medication

Staff training was not up to date for some staff members and the majority of staff members had not had a supervision meeting with their line manager for 12 months. There was also no evidence that staff members had received an annual appraisal of their skills and abilities since the last inspection. This meant that staff had not received appropriate managerial support to do their job role effectively.

The provider's complaints procedure required improvement as it was not in a format that met the legal

requirements of the Accessible Information Standard that came into force in 2016. The provider's complaints procedure was not in easy read format. It was written in small print and there were no pictures, photographs or symbols used in the procedure to make it easy for the people who lived at the home to understand.

The governance systems in place to monitor and manage the quality and safety of the service had not been maintained during a period in which there was no registered manager in the service. We were told the registered manager of the service left in approximately May to June 2017 and from the records we looked at, the quality assurance checks in place had not been continued from this time. This meant the risks to people's health, safety and welfare had not been properly managed. At the time of this visit, an acting manager had just recently been appointed and was in the process of becoming registered with CQC.

There were limited mechanisms in place for people to share their views of the service and the support they received. There were no residents' or relatives' meetings and people's satisfaction with the service had not been properly assessed to enable the provider to gain an informed view of the quality of the service received.

People we spoke with told us they were happy with the support provided. They told us staff were kind and caring and that they could choose how they lived their life at the home. It was clear during our visit that staff and the people who lived at the home were comfortable with each other and the atmosphere was homely and jovial.

We observed that staff interactions with people who lived at the home were person centred and it was clear that staff knew people well. Care plans contained good information about the person, their likes and dislikes, social interests and hobbies and how they preferred their support to be provided. We saw that people were supported to pursue the hobbies and interests that they were enjoyed and it was clear that people's independence was promoted where possible.

People's health needs were well monitored and people had access to specialist and routine health and social care professionals in support of their health and well-being. We saw that some people had specific health conditions that required proactive management and records showed staff were responsive to people's healthcare needs.

One of the people who lived at the home required help with making decisions in accordance with the Mental Capacity Act. We found that both the acting manager and team manager had a good knowledge of this and how to ensure any decisions made were in the person's best interests.

People told us that they got enough to eat and drink and were involved in choosing what meals they had each week. People's nutritional needs were assessed and monitored and where people had special dietary requirements staff had clear information on how to support these needs. Staff recruitment was safe and the number of staff on duty was sufficient to meet people's needs.

No accident or incidents had occurred at the service since the last inspection. Staff we spoke with understood how to protect people from the risk of abuse but staff training in this area had not been renewed appropriately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The safety of the service required improvement

Not all of people's risks were assessed and managed.

Actions to mitigate the risk of Legionella had not been adhered to.

People had received the medicines they needed but the competency of staff to administer medication needed review.

Staff recruitment was safe and there were enough staff to provide people with the support they needed.

A staff member spoken with understood safeguarding procedures but staff training was not always up to date.

Is the service effective?

Good 

The service was not always effective

Staff had not received adequate training or support to do their job role effectively.

People's consent had been sought and it was clear they were involved in deciding upon the support they needed.

People were provided with nutritional support in accordance with their needs and preferences.

Is the service caring?

Good 

The service was caring.

People told us staff were kind, caring and supported them well.

Staff spoke with genuine affection about the people they cared for.

The atmosphere in the home was relaxed, homely and jovial. It was clear people felt comfortable with staff.

People's independence was promoted and people could live their lives as they chose.

Is the service responsive?

Good ●

The service was responsive

People's support was person centred and staff knew people well.

Records showed that people received their support in accordance with their wishes.

Staff were proactive in ensuring people received the healthcare support they needed from other professionals.

The complaints procedure required improvements. No-one had any complaints or concerns about the service at our visit.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The registered manager left the service in 2017 and an acting manager had only recently been appointed.

The way in which the provider monitored the quality and safety during the period without a registered manager was ineffective.

The provider complaints procedure did not adhere to accessible information requirements.

People's satisfaction with the service was not formally assessed and there were limited opportunities for people to feedback their views on the service.

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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 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.

The inspection took place on 09 February 2018 and was announced. The inspection was carried out by an adult social care inspector.

Prior to our visit we looked at any information we had received about the service and any information sent to us by the provider since the home's last inspection in 2015. We also contacted the Local Authority for their feedback on the service.

During the inspection we spoke with two people who lived at the home, the acting manager, the team manager and a support worker.

We looked at a range of records including two people's care records, medication records, three staff files, staff training records and records relating to the management of the service.

Is the service safe?

Our findings

We spoke with two people who lived at the home. We also looked at their care files and a sample of their daily records. Both of the people we spoke with told us they felt safe and well looked after by staff.

People's care plans and risk assessments were designed to provide staff with guidance on people's needs. Some of risks associated with people's care were clearly identified and managed but others were not. For example, one person had special nutritional needs and we could see that staff had clear guidance on how to support these needs, how to spot changes to their nutritional health and the action to take. The same person's moving and handling and mobility risks however had not been properly assessed and staff did not have sufficient guidance on how to prevent them.

The individual risks associated with keeping vulnerable people safe in the community were clearly described but records showed people sometimes displayed behaviours that posed risks to themselves and others inside the home. These behaviours had not always been risk assessed. This meant staff lacked clear guidance on how to support people when these behaviours occurred in order to mitigate risks to themselves and others. One person had a specific health condition that was not properly described in their care plan to enable staff to understand how this condition impacted on the person's day to day well-being. The team manager acknowledged that they did not have much information about this condition.

One person self-administered one of their medications. This medication was stored in a fridge in the person's bedroom but both the fridge and the person's bedroom was unlocked and accessible to others. This meant that the medication was accessible for unauthorised use. We checked to see if the risks associated with the person self-administering and storing this medication in their bedroom had been assessed. We found they had not. The team manager confirmed this.

We spoke with the acting manager and team manager about the need to ensure people's risk assessments and care plans identified and managed all of their needs and risks. They told us that they would review this without delay.

These incidences were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people's risks had not always been properly assessed and staff lacked adequate guidance on how to mitigate them.

We looked at how the provider monitored the risk of Legionella in the home's water system. Legionella bacteria naturally occur in soil or water environments and can cause a pneumonia type infection. It can only survive at certain temperatures. Under the Health and Safety Act 1974, a provider has a legal responsibility to ensure that the risk of legionella is assessed and managed.

We saw that the risk of Legionella had been assessed in 2015 and a series of risk management actions were identified to monitor and mitigate any potential risks. There was no evidence that these actions had been undertaken. The 2015 legionella risk assessment also advised the provider to re-assess the risks associated

with Legionella in July 2017 but there was no evidence that this had been undertaken either.

This meant that the systems in place to monitor and mitigate the risks of Legionella infection had not been adhered to. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Everyone's medication, with the exception of the person's medication mentioned above, was stored securely in a locked cupboard in the home's kitchen. The temperature at which it was stored was also monitored appropriately. We checked whether the balance of medication stored in the home matched what had been administered to each person. We saw that the balance of medication brought forward from the previous month at the start of the new medication cycle had not always been recorded on people's medication administration charts. Recording the carry forward amounts of medication from one medication cycle to the next, is good practice as it helps staff account for medication received and administered from one medication cycle to the next. We saw that a separate 'count sheet' was in place to record the amount of medication administered and the balance of medication in stock. We checked the count sheets in respect of seven medications and found that stock levels matched what was recorded for six out of the seven medications.

Records showed that staff had received training in the safe administration of medication. Formal training was provided every three years. The team manager told us that during this three year period, staff competency to administer medication was observed regularly. We asked to see the records in relation to these checks but none were available. This meant there was no documented evidence that the ability of staff to administer medication safely had been checked on a regular basis to ensure they were safe to do so. This aspect of medication management required improvement.

We asked one staff member about the safeguarding of vulnerable adults and the action they would take if they suspected abuse had occurred. We found they had a good knowledge of what to do to protect people from potential harm. Records showed however that four out of the ten staff employed to work in the home had not completed up to date training in the safeguarding of vulnerable adults. This meant there was a risk that some staff would not have an up to date knowledge on the legislation surrounding the protection of vulnerable adults or the action to take should abuse be suspected. We drew this to the attention of the acting manager and team manager.

We looked at three staff recruitment files and saw that appropriate pre-employment checks were undertaken to ensure staff were safe to work with vulnerable people prior to appointment. For example, all files contained an application form, previous employer references, proof of identification and evidence that a criminal records check had been undertaken prior to employment. The number of staff on duty was sufficient to meet people's needs.

The team manager told us that no accident or incidents had occurred at the service since our last inspection. The premises were clean and well maintained. The required safety checks on the home's gas, electrics, moving and handling equipment and fire safety arrangements had all been undertaken. We saw that people had personal emergency evacuation information in place that described the support they would need to evacuate safely in an emergency situation.

Is the service effective?

Our findings

The two people we spoke with during our visit felt staff knew them well and gave them the help that they needed. We spoke with the acting manager, the team manager and a staff member about the support they provided to people. We found they had a good understanding of people's needs and the support they required.

Staff training was provided in a range of health and social care topics such as safeguarding, moving and handling, infection control, first aid, food hygiene, medication administration and the management of challenging behaviours. Staff training records showed however that staff training was not up to date for some staff members.

For example, six out of the ten staff member employed had not had up to date food hygiene training. Four staff members had not had up to date training in the safeguarding of vulnerable adults, mental capacity and deprivation of liberty safeguards or the management of challenging behaviour. Three staff members had not completed up to date training in first aid and two staff members fire safety training was out of date. This meant there was a risk that some staff members did not have up to date knowledge to support people effectively.

The acting manager provided us with a copy of the provider's supervision schedule for staff. This schedule recorded the date each staff member had received supervision in their job role. The acting manager told us that each member of staff was to receive six supervisions per year. We checked the supervision schedule and saw that it showed significant gaps in the supervision of staff members. The majority of staff had not received any supervision with their line manager for over 12 months. One new staff member was not listed on the schedule and there was no evidence they had received any supervision since they commenced in employment.

There was no appraisal schedule in place to record when each staff member received an appraisal of their skills and abilities. The acting manager told us this usually took place annually but acknowledged there were no records in place to evidence this. The acting manager in post at this inspection was different to the manager in place at the last inspection in 2015. They told us that the previous manager had left in May or June 2017 and that the service had a gap in managerial arrangements from this time.

A staff member we spoke said that they had not had any formal supervision in their job role for a while and that their appraisal was "Long overdue".

These examples demonstrate a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider failed to ensure staff received appropriate training, supervision and appraisal in their job role.

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.

The acting manager and team manager told us there was only one person who lived at the home who lacked the capacity to make decisions in accordance with the Mental Capacity Act 2005. They told us about the best interest process they had followed recently when a decision relating to the person's health needed to be made. It was clear that both the acting manager and the team manager understood the requirements of the MCA when making decisions on people's behalf.

The two people whose care files we looked at showed that they sometimes needed help from staff when day to day decisions needed to be made but that they were able to ultimately decide for themselves.

Care records contained information relating to people's dietary needs and preferences. We saw that where people had special dietary requirements, there was clear guidance on the type of meals they required in order to maintain their well-being.

People we spoke with told us that they got enough to eat and drink. On the day we visited people were enjoying sausages and beans for lunch. There was a light hearted family atmosphere and people who required help from staff to eat their meals, were supported patiently and discreetly. One person told us that staff organised for them to enjoy their favourite meal out at a local restaurant each month and another person told us the food was good and they always got a choice.

We saw that people had health passports in place. Health passports contain information about the person and their health needs. They are designed to share information with other healthcare professional about the person's needs if they are admitted to hospital. This was good practice and ensured that healthcare professionals had accessible information about people's needs on admission.

Is the service caring?

Our findings

People we spoke with said staff were kind and caring. One person told us "I am very close to (name of staff members) but all staff are nice". During our visit we saw that people were relaxed and comfortable around staff members. There was a warm and homely atmosphere and it was obvious that people who lived at the home and staff members knew each other well and had genuine affection for each other.

Staff we spoke with demonstrated a good knowledge of the way people preferred to be supported, their needs, likes and dislikes. This showed that they cared that people's support was provided in accordance with their wishes. We observed staff interacting with people in a natural and spontaneous manner and saw that staff gave people their full attention during conversations and spoke with them in a kind and respectful way.

Most of the people who lived at the home enjoyed relatively independent lives with the support of staff. We saw that people's care plans contained clear information about what personal care tasks the person needed help with and what they could do independently. People spent their time how they chose and on the day we visited, all of the people who lived at the home were out in the community participating in whatever they had chosen to do that day.

People were supported by staff to undertake tasks aimed at encouraging and promoting their independence. For example, staff encouraged and supported people to clean and tidy their rooms or to make their own drinks. The team manager told us that staff only offered additional support when people could not manage these tasks safely without staff support. We saw that people's care plans contained information for staff to follow to motivate and make it easier for people to be independent. For example, one person's care file showed that the person liked a structure to their day so a morning, evening and bedtime schedule had been put into place with their help.

People's care plans contained details of people's family and friends networks. People's important relationships were identified and care plans contained guidance to staff on how these relationships were to be supported. We saw from people's records that staff supported people to maintain the relationships that were important to them.

We visited a sample of people's bedrooms and saw that they were personalised and homely. People's preferences in décor and decoration were evident and the things that they liked or treasured were visible. This showed that the service cared that people felt at home and in control of their environment.

Is the service responsive?

Our findings

All of the people we spoke with told us the support provided by the service was good and that staff were nice.

We found that people's care needs were met in a personalised and individual way. People's needs were assessed on admission to the home and care plans were created to advise staff how to care for them. Staff had personalised guidance on how to meet a person's needs in respect of their personal care, nutrition, night care, social interests and some of their health needs. Some improvements to the information regarding people's moving and handling needs and medical conditions were required. People's care plans included information on people's individual preferences, their life before they moved to the home and how they liked to be cared for. The staff kept daily care notes and these showed that care plans were followed and people's preferences were considered.

People's care plans gave staff information on how people communicated their needs and the best way to communicate with them. It also gave staff information on the types of situations people may become anxious in or what environmental factors may cause them to be anxious. This information helped staff to understand how people may be feeling so that person centred support could be provided.

People's care plans were updated with any changes in people's needs and staff communicated with each other via a verbal handover between shifts. This helped staff respond to people's daily needs and wishes. Records showed that people's healthcare needs were monitored. Staff ensured the service responded proactively with regards to ensuring people had access to other health and social care professionals. For example, some people had specific medical needs that required specialist support and we saw that people attended regular appointments with specialist consultants and medical teams in respect of these needs. Routine healthcare appointments were also facilitated and records showed that people had regular access to dentists, opticians, podiatry and dietetic services. Care files contained information on these visits, the advice given and any follow up appointments that may be necessary. This demonstrated a responsive approach to maintaining people's well-being.

Records showed that people were supported to maintain their independence and access the community. People were able to be involved in activities of their choice both in and outside the home.

We looked at the provider's complaints procedure and found that it required improvement in order for people who lived at the home to understand how to make a complaint. The team manager told us that most of the people who lived at the home expressed any day to day concerns or complaints that they had directly with staff and these were usually sorted out straightaway in an informal manner. They told us that no formal complaints had been received since 2011. No-one we spoke with during our visit had any concerns or complaints to make and were happy living at the home.

Is the service well-led?

Our findings

The last inspection of this service took place on the 17 December 2015. At the time of this inspection, there was a registered manager in post. The acting manager in post at the time of our visit told us the registered manager left the employment of the provider in May or June 2017. The acting manager was appointed to manage the service in approximately December 2017. At the time of this inspection, the acting manager was not registered with the Care Quality Commission (CQC) as a manager of the service but was in the process of doing so.

At the last inspection, the service was rated 'good'. At this inspection, the rating of the service had not been maintained. This was because there were aspects of service delivery that required improvement and records showed that there were gaps in the quality and safety checks undertaken by the provider.

We looked at the arrangements in place for quality assurance and governance. Quality assurance processes are systems that help providers assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

For example we saw that a managerial audit of all aspects of service delivery was due to be undertaken each month in order to mitigate risks to people's health, safety and welfare. This audit was designed to check the home's environment, medication, care planning, accidents, complaints, staff support arrangements, maintenance and finances. We found however that the last audit undertaken was dated June 2017 which meant it had not been completed for up to eight months prior to our inspection. We asked the acting manager about this and they said that this was due to no registered manager being in post for approximately seven months prior to their appointment. It was evident that during this time period no robust managerial support had been given to the service to ensure it was well-led.

Other aspects of service delivery also required improvement. For example, we looked at the provider's complaints procedure. We found it was not in a format that was easy for people who lived at the home to understand. The previous manager was also still listed in the report as the person to contact in the event of a complaint. The procedure was printed in very small print and was not in an easy read format for example, in simple English with the use of photographs, pictures and symbols to ensure people had the best chance of understanding what was written. This meant it did not meet the Accessible Information Standard recommended by NHS England. This standard became law in 2016. We spoke with the acting manager about this and they acknowledged the procedure required improvement.

We saw that the provider had achieved silver accreditation by Investors in People in 2017 but we found there were no effective systems in place to ensure that staff received the support they needed to do their job role. Staff training, supervision and appraisals were not up to date and there were no records of any team meetings taking place since March 2017. The team manager told us team meetings had taken place subsequent to this date but acknowledged none of these team meetings had been documented. The last managerial audit undertaken had identified that improvements with regards to staff support were needed but there was no evidence that any action had been undertaken to address this.

There were no robust management systems in place to ensure that the risk of Legionella was monitored and mitigated appropriately and the provider had not identified that the risk assessment completed in respect of Legionella management was overdue. The last medication audit had been completed in November 2017 but had not picked up that the competency of staff to administer medication safely had not been formally reviewed since 2016. This did not show that the provider had a clear oversight of the service at all times.

There were no systems in place to enable people to regularly share their views about the service in any meaningful way. There were no resident or relatives meetings and a customer satisfaction survey had not been completed. The team manager told us that due to only being a small service, people usually just told staff what they wanted or made suggestions as and when. This meant however that there was no open forum for people to be advised of any new service developments or plans or for people to discuss improvements to the service they received.

After the inspection, the acting manager provided us with a copy of a 'Customer Service Excellence Assessment Report' that had been completed in November 2016 by an external company. We found it difficult to ascertain what had been assessed in this report and what people's views were on the service provided at 53 Twiss Green Lane. There was limited information on people's individual views and generic statements to describe people's experiences were used. The information on how the assessment had been scored was unclear as there was no information on what raw data had been used to inform the scores given. We did not find that this was a robust way for the provider to gain an informed view of people's experiences of the service at 53 Twiss Green Lane.

These examples are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because provider failed to have robust systems in place to assess, monitor and improve the quality and safety of the service provided.

At the end of our visit, we discussed our concerns with the acting manager and team manager. We found them to be open and transparent. They acknowledged the issues raised and took on board our feedback.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People's risks had not always been properly assessed and staff lacked adequate guidance on how to mitigate them.</p> <p>The systems in place to monitor and mitigate the risks of Legionella infection had not been adhered to.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to have robust systems in place to assess, monitor and improve the quality and safety of the service provided.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure staff received appropriate training, supervision and appraisal in their job role.</p>