

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

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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: Warrington Community Living, 53 Twiss Green Lane is a home that is registered to accommodate up to four adults with learning disabilities, physical disabilities and/or mental health needs. The home is a four-bedroom bungalow in a residential area of Warrington. At the time of our inspection the service was supporting four people.

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; promotion of choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Since the previous inspection a new registered manager has been in post who has worked hard with staff to make improvements to the service. The management team and staff promoted a culture that was person-centred and inclusive. Staff were motivated to deliver care and support that was based on people's needs and choices. People were treated with kindness, compassion and respect and staff interacted well with people. Staff knew people well and how best to support them in the least restrictive way possible.

The atmosphere within the home was calm, friendly and joyful; people felt relaxed during the inspection process and happily invited us into their home. People were keen to tell us how happy they were and how much they enjoyed living in the home. People were proud to tell us and show us the things they had done since living in the home and spoke positively about the caring approach of the staff team. Strong familiar relationships had been built between staff and people and it was clear that a genuine mutual friendship had been developed.

People told us they felt safe living in the home and family members were confident their loved ones were safe and well looked after. Risks people faced were assessed and those identified were safely managed. Medicines were managed safely by trained staff; appropriate assessments were in place for those who managed their own medicines. Staff showed a good understanding of their roles and responsibilities for keeping people safe from harm. The environment was safe and people had access to appropriate equipment where needed.

Enough suitably qualified and skilled staff were deployed to meet people's needs. Since the previous inspection the registered manager had worked hard to recruit new staff and ensure required training was up-to-date. Staff told us they received a good level of support from the management team and felt able to approach them at any time.

People's needs and choices had been assessed and planned for and care plans identified intended outcomes for people and how they were to be met in a way they preferred. Family members told us they felt their loved ones received the right care and support from well-trained staff. People were encouraged and

supported to eat and drink well and were supported to access healthcare when needed. Staff worked hard to advocate for people to ensure they received the health care they were entitled to. Staff continuously offered people choice and control and where able to, consented to their care and treatment. Where people lacked capacity to make their own decisions they were made in their best interests in line with the Mental Capacity Act.

People, staff and family members all described the management team as approachable and supportive. The passion, knowledge and experience held by the management team created a relaxed environment for everyone; it was clear that people were put first and staff worked around what they wanted and how they wanted to spend their day. The management team showed a desire to improve on the service and were always looking at ways to do this. Effective systems were in place to check the quality and safety of the service.

Rating at last inspection: Requires Improvement (report published March 2018)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

This service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

This service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

This service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

This service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

This service was well-led.

Details are in our Well-led findings below.

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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: The inspection team consisted of one adult social care inspector on both days.

Service and service type: Warrington Community Living 53 Twiss Green Lane is a care home. People in care homes receive accommodation and nursing or personal care. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means 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: We gave the service 24 hours' notice of the inspection site visits because it is small and we needed to be sure that they would be in. We also wanted to give the registered manager time to prepare people who use the service for our visit to help reduce anxiety and disruption to their day.

What we did: Our plan took into account information the provider had sent us since the last inspection within their provider information return (PIR). We also considered information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We obtained information from the local authority commissioners and safeguarding team, Healthwatch and other professionals who work with the service. We assessed the information we

require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with two people using the service and two family members to ask their views about their experience of care. We also spoke with the registered manager, assistant manager, team leader and three support staff.

We looked at three people's care records and a selection of medication and medication administration records (MARs). We looked at other records including quality monitoring records, recruitment and training records for four staff and records of checks carried out on the premises and equipment.

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.

Assessing risk, safety monitoring and management; Using medicines safely

- During the previous inspection we found concerns in relation to the management of people's individually assessed risks, safety of the environment and the safe storage of people's medication; during this inspection we found improvements had been made.
- Individual risks to people had been assessed with the involvement of the person and their family members where appropriate. Care records provided detailed information around people's individual risks in order for staff to keep them safe from avoidable harm.
- Risks to people were regularly reviewed and records updated to reflect any changes in identified risks to ensure people received the right support in the least restrictive way possible.
- People told us they felt safe living in the home; comments included "Yes I feel safe, I love living here" and "I have nothing to be worried about, I feel really safe here."
- Family members felt reassured that their relatives were safe and told us they knew they did not need to worry about them.
- Regular safety checks were now completed on the environment and equipment used to ensure it remained safe for people to use.
- Medicines were now stored and managed safely by appropriately trained staff who had their competency to administer medication assessed on a regular basis.
- Medication administration records (MARs) were completed correctly and staff had access to information and guidance about how to safely administer people's prescribed medication.
- Guidance was in place for people who required medicines to be administered 'as required' (PRN). This ensured that medicines were only administered when absolutely necessary.
- Where people were assessed as having capacity to administer their own medication, risk assessments and training had been completed with the involvement of the person to ensure they fully understood the importance of taking their medication.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and had access to relevant information and guidance about protecting people from harm. Staff showed a good understanding of what was meant by abuse and were confident to report safeguarding concerns.
- The registered manager kept a record of safeguarding incidents that had occurred. Incidents were dealt with appropriately and action taken to minimise further occurrences.
- Personal Emergency Evacuation Plans (PEEPs) provided guidance for staff to safely evacuate people in an emergency.

Staffing and recruitment

- Enough suitably qualified and trained staff were deployed to meet people's needs and keep them safe.
- Since the previous inspection the registered manager had worked hard to recruit new permanent staff in order to provide consistency for people.
- Safe recruitment processes continued to be followed.

Preventing and controlling infection

- Staff had received training around preventing and controlling the spread of infection and had access to relevant guidance and information about good infection prevention and control.
- Staff had access to personal protective equipment (PPE).
- The home was clean and well-maintained.

Learning lessons when things go wrong

- A record of any incidents and accidents was kept and reviewed regularly to identify any patterns or trends so that lessons could be learnt when things went wrong.

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

- During the previous inspection we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had failed to ensure that all staff had received training appropriate to their role and staff had not received regular supervision. During this inspection improvements had been made.
- All staff had now received up-to-date training to ensure they were competent, knowledgeable and skilled and carried out their roles effectively.
- Newly recruited staff had completed a comprehensive induction and continued to receive training relevant to their role and people's needs.
- Following the previous inspection the registered provider had implemented the role of 'learning co-ordinator' who held regular training and 'skills sessions' with staff. The learning co-ordinator also delivered training specific to people's individual needs.
- Staff told us they felt well supported in their role and received regular one-to-one supervision. They told us the on-going support enabled them to discuss work concerns or learning and development when needed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Assessments were completed with the involvement of health and social care professionals prior to people receiving support to ensure staff were able to meet people's needs. Information was used to help plan effective care.
- Assessments of people's care and support needs were completed in good detail and included expected outcomes based on their needs and choices.
- Staff worked closely with other health care professionals to ensure people's needs were met effectively.
- Staff knew people well and how best to meet their needs. Staff used the training and experience they had received to support people, provide good outcomes and a good quality of life.

Supporting people to live healthier lives, access healthcare services and support

- Where people received additional support from healthcare and social care professionals this was recorded within their care records.
- Where required the management team worked closely with healthcare professionals to monitor and identify changes to people's health needs such as those with epilepsy to ensure the right care and support was provided.
- Staff worked hard to advocate for people to ensure they received the medical treatment they needed. Their detailed knowledge of the people they supported and their professional and compassionate approach

meant that people received treatment they had previously been refused.

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

- People were supported and encouraged to maintain a healthy balanced diet. Staff recognised and placed a strong emphasis on the risks associated with poor food and drink intake.
- People were encouraged to make decisions around meals and what food to buy for the house.
- Staff had good knowledge of people's preferred food choices and dietary requirements and ensured these were provided.
- Risks associated with food and drink intake, such as choking risks, had been assessed and planned for.
- Staff used food moulds for people who required their meals to be pureed to ensure that it remained appetising.

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

- 53 Twiss Green Lane is old detached house; the registered manager was aware that aspects of the house required re-decoration and had plans in place for this be completed.
- People had been given the opportunity to decorate their rooms as they chose; during inspection one person's room was in the process of being re-decorated. They told us how excited they were and had enjoyed being part of the choices made.
- People had access to equipment they needed to help with mobility and transfers.
- The registered manager was aware that space within the house was an issue; funds had been raised to build a summer house for the garden which would provide additional space for people to use. Following the inspection, the registered manager provided evidence that this was being completed.

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.

- Staff showed good knowledge of MCA and were aware of the importance of offering people choice and control over the care they received.
- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation to ensure decisions made on behalf of people were lawful.
- Staff worked hard to ensure people felt empowered and part of the decisions made about their care. Where people lacked the capacity to make particular decisions, they were supported to have maximum choice and control over their lives.
- Where decisions needed to be made in people's best interests, relevant people were involved and appropriate records had been completed.

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; respecting equality and diversity

- People and family members spoke positively about the care provided by staff. Comments included "I love living here the staff are lovely," "Staff are really nice, [staff name] and [staff name] have a special place in my heart" and "The staff are great, they are so kind to [name] I couldn't ask for better."
- Staff knew the people they supported well and displayed positive, warm and familiar relationships when interacting with them.
- Strong relationships had been developed and staff spoke of people with genuine fondness; they told us they felt privileged to be supporting them.
- Staff created a warm and happy environment that made people and visitors feel relaxed and welcome.
- Staff understood and supported people's communication needs and choices; various methods of communication were used to ensure information was made accessible to people. Staff were encouraging one person to teach them all how to use Makaton so that they could communicate with him more effectively.
- People were supported to maintain and develop relationships with those close to them, social networks and the community.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and provided compassionate support in an individualised way; people felt listened to.
- Staff provided support and comfort to people who were upset and anxious to help relax them.
- People's right to privacy and confidentiality was respected. Staff ensured they delivered personal care to people in private.
- Records relating to people's care were kept confidential and staff understood the importance of discussing people's care in private.
- People were given choice and control in their day to day lives and supported to maintain their independence wherever possible. Staff were keen to offer people opportunities to spend time as they chose and where they wanted.

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

- People and family members had been given the opportunity to provide information about their lives, important relationships and preferences about how they wanted to be supported by staff. Staff used this information as well as positive interaction, to get to know people and engage them in meaningful conversations.

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

- The care people received was person-centred and based on their individual needs. Staff knew people's likes, dislikes and preferences well and used this knowledge to care and support people in the way they wanted, such as, how they preferred to spend their time.
- People's needs were identified, including those related to protected equality characteristics, and their choices and preferences were regularly met and reviewed.
- The service recognised and met the communication needs of people with a disability or sensory loss.
- People were supported to access a range of personalised activities and encouraged to maintain hobbies and interests.
- People were at the heart of the decision making regarding activities; the registered manager believed that people had the right to live a life as they chose which extended to the activities they took part in. One staff member told us, "We literally do what they want to do; sometimes they just like to get out and do normal things like trips out in the van and love doing things that normal families do."
- People told us they enjoyed doing what they wanted to do and that it was always their choice. Comments included, "I like knitting and I go to the craft shop or wool shop, that's what I like to do" and "I love going to Blackpool, [staff] take me when I want to." One family member told us "I know [relative] gets out a lot and they always seem happy with the things they do. Staff take her to the places she likes to go to which is nice."
- Where people required access to sensory equipment to help with relaxation, the service supported people to access facilities at another service. This also encouraged socialisation with other people.
- The registered manager's ethos was that people should be supported to have or achieve what they want and where not possible, the next best thing. One person had expressed they had always wanted children but had been unable to, staff supported them to purchase a 'life-like' baby doll; this has brought immense joy and satisfaction to this person.

Improving care quality in response to complaints or concerns

- People and family members knew how to provide feedback about their experiences of care. The service provided a range of accessible ways to do this.
- People were given information about how to make a complaint and the service ensured this was presented in way they could understand. People told us they could speak to staff at any time if they had any concerns. One person told us "I can tell staff anything, if I am worried about anything I tell [staff name] and [staff name] and I know they will fix it."
- Family members were also given information about how to make a complaint and were confident that any complaints they made would be listened to and acted upon in an open and transparent way.
- Complaints that were made were dealt with appropriately by the registered manager and where required were used as an opportunity to improve the service.

End of life care and support

- The service had not, to date, had to support anyone who required end of life care. The registered provider told us that if they were required to do so, they would ensure that staff had the appropriate training and support.

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.

Continuous learning and improving care

- During the previous inspection we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems in place to monitor the quality and safety of the service were not effective. During this inspection, improvements had been made.
- The provider has now implemented the role of 'quality and safeguarding officer'. Their role is to complete inspections at the service every two months; clear action plans are created when improvements are required. The assistant manager told us she found these useful as they helped to keep on track of continuous improvements and developments.
- Other quality assurance systems were in place and used effectively to monitor key aspects of the service. Audits and checks were completed on a regular basis by the assistant manager and team leader to identify areas of improvement.

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

- The management team and staff promoted a culture of person-centred care by engaging with everyone using the service and family members.
- The management team placed great emphasis on people being at the heart of the service to ensure they consistently received person-centred and effective care and support. The team leader told us "It's like walking into your second home. This is a not-for-profit organisation and we are literally all here to care for people. We are not a huge team but we are tight-knit and the people here are amazing and welcome us into their home. I just wish there were more services like this out there."
- Staff and managers worked hard to provide the best outcomes for people and often acted as advocates to ensure they received the best possible care and treatment from other healthcare professionals.
- Staff understood the registered manager's vision and worked hard to provide the best care that people deserved whilst supporting a life free from restriction.
- Staff were positive about the management team and the leadership of the service and told us they enjoyed their job. Comments included "I enjoy working here, I have friends, it's like family and we all help each other out," "It's not just a job I feel like I am visiting family and spending the day with people" and "I love it here, it's friendly, calm and relaxing."

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

- The service was well-run with a clear management structure in place. The registered manager was responsible for other services and was supported by an assistant manager and team leader. The

management team and senior staff worked well together and had a clear understanding of their own and each other's role and responsibilities.

- Since the previous inspection the registered manager had worked hard to make improvements to the service. Staff and family members spoke positively about the registered manager and the changes they had made.
- The team leader told us they had seen many improvements since the new registered manager had been in post; they told us "[Registered manager] is really good, the changes since they came into post have been massive. I don't see him as scary manager I can go to him for anything and he mucks in and does the things we all do."
- Staff were well supported by the registered manager and assistant manager and told us they could approach him about anything. Comments included, "[Managers] are great, they put up with a lot from us and they are always available if we need them, they never don't want to talk to us" and "We can go to them for anything."
- The registered manager was aware of their legal requirements to notify CQC about certain events and submitted notifications when required.

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

- The service involved people and family members in meaningful discussions about their care.
- The management team and staff worked closely with other agencies and community groups to achieve good outcomes for people.
- People were encouraged and supported to make craft items to sell at events such as the 'disability awareness day'. Any funds raised were spent how people chose.
- As a not-for-profit organisation, fund-raising events are often organised to help purchase items for the home and encourage community engagement.