

# Warrington Community Living Heathside

## Inspection report

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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

This inspection was unannounced and took place on the 18th and 19th August 2016.

Heathside was previously inspected in April 2014 when it was found to be meeting all the regulatory requirements which were inspected at that time.

Heathside is a two storey care home that provides accommodation and personal care for up to 40 older people, some of who are living with dementia. The home is operated and managed by Warrington Community Living, a registered charity and non-profit making organisation. At the time of our inspection the service was accommodating 35 people.

There was a registered manager at Heathside. 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.

During our inspection of Heathside, we observed people living in the home to be appropriately supported by staff who were responsive to their individual needs. People spoken with confirmed they were satisfied with the standard of care provided and appeared relaxed in the presence of other residents and staff.

The service had established a person centred approach to care planning. Holistic assessments of need had been completed for each individual and care plans developed which were tailored to people's individual needs and outlined what was most important to each person; what staff needed to know or do to be successful in supporting each individual and how to keep the person healthy and safe.

Staff demonstrated a good understanding of people's life histories; needs and their individual requirements and preferred routines. We saw good levels of interaction between staff and people using the service during our inspection. Some interactions we observed and conversations we overheard demonstrated that staff knew people well and that people were on friendly and familiar terms with each other. Staff were seen to be attentive and responsive and took time to respond to people's requests for help and support during the time we spent in the home.

People had access to health care professionals and medication was ordered, stored, administered and disposed of safely by staff that had received training and completed an assessment of their competency periodically. People also had access to a choice of menu which offered a varied, balanced and wholesome diet.

The manager and staff spoken with demonstrated knowledge and awareness of the principles of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards (DoLs). The provider had ensured all staff had access to training in this protective legislation so they understood the rights of people living in the

home and their duty of care in respect of this important legislation.

Staff recruitment systems were in place which offered protection to vulnerable people. Information about prospective employees had been obtained prior to new staff commencing employment.

A comprehensive induction was provided to new staff and a mentorship programme, staff supervision and an annual appraisal system were in place to provide additional support and guidance. Established staff also had access to continuing training and development opportunities to develop their knowledge and competency.

The provider had a quality assurance system in place which was based on seeking the views of people using the service, their relatives and staff. There was a systematic cycle of business planning, action and review and a range of audits had been established to monitor key operational areas. Systems were also in place to safeguard people from abuse and to respond to complaints.

People had access to a range of one to one and group activities that were facilitated by activity coordinators. This is an area that is subject to on-going development to further enhance people's quality of life and to meet their changing expectations.

## 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 ●

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.

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.

### Is the service effective?

Good ●

The service was effective.

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

Staff had completed Mental Capacity Act and Deprivation of Liberty Safeguards training and had access to policies and procedures in respect of these provisions.

People living at Heathside were offered a choice of wholesome and nutritious meals and had access to a range of health care professionals subject to individual need.

### Is the service caring?

Good ●

The service was caring.

Staff spoken with told us that they had received training on how to work in a person centred way and were observed to treat people with dignity and respect.

People were listened to and there were systems in place to obtain people's feedback about the standard of care received. People were encouraged and supported by staff to be as

independent as possible and to follow their preferred routines.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Person centred planning systems had been established to ensure people using the service had their needs assessed and effectively planned for.

People received care and support which was personalised and focussed on promoting independence and wellbeing.

Systems were in place to ensure people's concerns and complaints were listened to and acted upon. Feedback was valued and used to make improvements.

### **Is the service well-led?**

**Good** ●

The service was well led.

The service had a registered manager in place to provide leadership and direction and the organisation demonstrated a commitment to continuous improvement, openness and transparency and the delivery of personalised care.

A range of auditing systems had been established so that key aspects of the service could be monitored and developed.

There were arrangements for people using the service and / or their relatives to be consulted about their experience of the service.

# Heathside

## 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 18th and 19th August 2016 and was unannounced.

The inspection was undertaken by one adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR) which we reviewed in order to prepare for the inspection. This is a form that asks the provider to give some key information about Heathside.

We also looked at all 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. We also invited the local authority's contract monitoring team to provide us with any information they held about the service. We took any information provided to us into account.

During the site visit we spoke with the registered manager, five staff, an activity coordinator and the cook on duty. We also spoke with an independent advocate, 18 people who lived at Heathside and three relatives.

We looked at a range of records including four care files belonging to people who used the service. This process is called pathway tracking and enables us to judge how well the service understand and plan to meet people's care needs and manage any risks to people's health and well-being. Examples of other records viewed included; policies and procedures; three staff files; minutes of meetings; complaint and safeguarding records; rotas; staff training and audit documentation.

# Is the service safe?

## Our findings

We asked people who used the service or their relatives if they found the service provided at Heathside to be safe. People spoken with confirmed that they felt the service was safe.

Comments received from people using the service: "I feel safe here because there are always people around"; "It's okay here. I get on with all the other residents or should I call them inmates. We look out for each other" and "It's not a bad place to live. I can think of much worse. It's comfortable, homely and a friendly place to call your home."

We noted that information on the needs of people using the service had been recorded and that each person had a range of person centred care plans, supporting documentation and risk assessments that were relevant to each person's individual needs. Information and aids / equipment had also been obtained from health and / or social services if applicable.

The provider had a health and safety committee and environmental risk assessments and personal emergency evacuation plans had been developed to ensure an appropriate response in the event of an incident or fire. Likewise, a crisis management and business continuity plan had been developed to ensure an appropriate response in an emergency. This information was available in the reception area of Heathside and helped staff to understand how to manage and control risks for people using the service and to safeguard their health and safety.

The provider continued to develop a range of policies and procedures to provide guidance to staff on the action they should take in response to accidents and incidents and to promote best practice across a range of areas. Systems were also in place to record incidents, accidents and falls electronically. This helped the provider to maintain a monthly overview of incidents and to identify any issues or trends and lessons to be learnt.

At the time of our inspection of Heathside, the service was providing accommodation and personal care to 35 people. The registered manager informed us that minimum staffing levels set by the provider at the time of our visit were as follows.

From 7:45 am to 3 pm there was one senior support worker or assistant manager and four support workers on duty. From 2.45 pm to 10 pm there was one senior support worker or assistant manager and three support workers on duty. Another support worker also worked in the evening from 4 pm until 9 pm. During the night (8 pm until 8 am) there were three waking night staff on duty.

The registered manager was supernumerary and worked flexibly subject to the needs of the service. Other staff were employed for activities, catering, domestic and maintenance roles. An on-call system was also in operation outside of office hours to provide additional support to staff.

We sampled a selection of staff rotas with the registered manager and found that the home had been staffed

as per the information provided by the manager.

We noted that the dependency needs of the people using the service were kept under monthly review and that a staffing tool was in use to help the registered manager monitor the number of staffing hours deployed. The registered manager informed us that she was in the process of exploring other models of dependency assessments and tools in order to ensure she had the most up-to-date and reliable information.

No concerns were raised regarding staffing levels at the time of our inspection from people using the service or staff.

The provider had developed a recruitment policy to provide guidance for staff responsible for the recruitment and selection of staff.

The registered manager told us that all new employees were appropriately checked through robust recruitment processes. We inspected three staff files, which confirmed that all the necessary checks had been completed before the staff had commenced work at the service.

In all three files we found that there were application forms; two references, disclosure and barring service (DBS) checks, proofs of identity including photographs and interview notes which included questions regarding any gaps in employment and the applicant's health and fitness to undertake the role.

Through discussion with staff and examination of the above records we found that there were satisfactory recruitment and selection procedures in place which met the requirements of the current regulations. This helped to reduce the risk of unsuitable staff being employed.

A corporate policy and procedure had been developed by the provider to offer guidance for staff on safeguarding adults and how to whistle blow. A copy of the local authority's safeguarding adults procedure was also in place for reference.

People's safety was a priority for the registered manager and staff at Heathside. People were kept safe from the potential risk of abuse because staff had the appropriate knowledge and understanding of safeguarding policies and procedures. Staff were clear about their role in safeguarding and the systems and processes in place to protect people.

The Care Quality Commission (CQC) had received no whistleblowing concerns in the last 12 months. Whistle blowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right.

Records highlighted that every member of the staff team had received safeguarding training. The staff we spoke with said that they were confident in the safeguarding process and told us that they would not hesitate to report any concerns they may have regarding the welfare of people using the service to their manager or if necessary to the safeguarding team at the local authority.

A safeguarding matrix had been developed to enable the registered manager to monitor safeguarding alerts and referrals, details of the incident, actions taken and outcomes. Supporting documentation was also available for reference such as incident / referral forms and associated records.

Records highlighted that any safeguarding incidents had been referred to the local authority's safeguarding



unit in accordance with the organisation's policies and procedures.

We noted that the provider had commenced action to ensure the CQC was notified of any incidents or allegations of abuse in relation to people using the service. We noted that the correct location code for Heathside had not been used when notifying CQC of incidents of abuse due to an administrative error. The registered manager took swift action to rectify this matter during our inspection.

We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines. A copy of the organisation's medication policy was available in the medication storage area for staff to reference.

We checked the arrangements for medicines at Heathside with a senior support worker. We were informed that only senior staff and the assistant managers were authorised to administer medication.

We noted that staff responsible for the administration of medication had received appropriate training and had undergone an assessment of competency which was reviewed periodically.

A list of staff responsible for administering medication, together with sample signatures was available for reference to confirm which staff were authorised to administer and manage medication. Photographs of the people using the service had also been attached to medication administration records to help staff correctly identify people who required medication.

Medication was stored in two medication trolleys that were secured to a wall in a screened off area in the dining room during the day time. Separate storage was also available for homely remedies, additional stock; medication requiring cold storage and controlled drugs. Authorisation had been obtained from GPs to administer homely remedies and medication profiles were in place that provided key information on each person including their allergies, GPs and past medical history.

We checked the arrangements for the storage, recording and administration of medication and found that this was satisfactory. We saw that a record of administration was completed following the administration of any medication on the relevant medication administration record (MAR) and records were in place to record fridge temperature; room temperature; medication errors and returns.

Auditing systems for medication had been established and medication was reviewed as part of the 'Registered Manager Monthly Home Audit'. A detailed separate medication audit tool had also been developed by the provider which was used by the registered manager to undertake a more comprehensive medication audit.

Overall, areas viewed during the inspection appeared clean and hygienic. Staff had access to personal protective equipment and policies and procedures for infection control were in place. Infection control audits had also been undertaken periodically to monitor and review infection control standards.

The provider had established an infection control committee and a designated infection control link person attended sessions provided by Warrington's infection control team periodically to ensure best practice.

## Is the service effective?

### Our findings

We asked people who used the service or their relatives if they found the service provided at Heathside to be effective. People spoken with were of the opinion that their individual needs were generally met by the provider.

We received mixed feedback regarding the meals provided. We shared this feedback with the registered manager and received assurances that further action would be taken in response to the comments raised.

For example, comments received from people using the service or their representatives included: "They keep the home clean and tidy"; "The food is great. I'm easily pleased and have no grumbles"; "The quality of food varies dependent upon the cook on duty"; "I'm not that keen on the meals. They could be improved" and "I have seen a doctor; chiropodist and optician whilst here and if people are not well the staff are quick to respond."

Heathside is a care home providing accommodation and personal care for up to 40 older people some of whom are living with dementia. It is located in Penketh and situated near local amenities such as shops, a library and public transport links. The care home was originally built in the 1960's and therefore the design is dated and some parts of the environment seen were in need of maintenance and / or refurbishment.

Resident's accommodation currently consists of 34 single and three double rooms (which are used for single accommodation). Access between floors is via a passenger lift or stairs. The home has a garden and six separate lounges, four of which incorporate a dining area. There is also one large communal dining room (equipped with an interactive touch screen personal computer) and bathroom and toilet facilities are located throughout the home. The building is also equipped with a kitchen and laundry facilities. A small car park is provided at the front of the home for visitors to use.

People's rooms had been personalised with memorabilia and personal possessions and were homely and comfortable. We saw that people had access to mobility aids and adaptations to support their independence and safety.

The registered manager reported that plans were in place to redevelop Heathside in order to improve the environment for residents. Following our inspection, the Chief Executive Officer for Warrington Community Living (WCL) informed us that a project team had been established to plan extensive and ambitious works to entirely refurbish and in part rebuild Heathside to optimum design. Subject to approval by the WCL Board and planning permission, it is anticipated that the work will take approximately two years to complete, working through sections of the existing building in four phases to ensure minimum disruption to people living in the home.

In brief, the design will include: making all of the bedrooms en-suite with many having above basic standard dimensions to support access and personalisation; communal rooms including dining areas will be more localised to residents rooms which will create a more homely feel and support people's independence and

reduce the potential for falls; there will be more communal rooms and areas that look out on to and give access to the grounds and the outside world, including a sun lounge on the first floor giving a better sight of the main entrance and local community; the grounds will be made to be more accessible and interactive with multi-sensory areas; a community hub will be developed which will provide a permeable element to the home, with the outside community coming in to make use of it, as well as advantaging residents by being able to join in with the activities; a second lift will be added with 'stretcher' capacity which will improve access to the first floor bedrooms and again reduce walking distances; capacity in the home will be increased by the building of a two storey extension in place of the current dining room, meaning a total of fifty bedrooms will be available and the creation of a link to Heathside Mews to enable efficiencies through shared catering and laundry facilities. Heathside Mews is another residential care home owned by Warrington Community Living (The Provider) which is located on the same site.

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

The provider had achieved the Investors in People bronze award and achieved 'excellence' in customer service accreditation. A mentorship programme for new staff was also in place to enable new employees to reflect upon both experiential and learning and development opportunities.

At the time of our inspection, the training matrix was not fully up-to-date. We received an email from the registered manager following our inspection which indicated that the matrix would be updated by October 2016.

Training records viewed confirmed staff had access to a range of training as detailed above. Staff spoken with told us that they had completed induction training however completion dates for 'Common Induction Standards' or Care Certificate training had not been recorded for the majority of staff.

The matrix contained training completion dates and highlighted which staff had not completed key training and / or the dates by which refresher training was required. Overall, records indicated that the majority of staff had completed mandatory training topics however some staff required refresher training. Gaps were also noted for some topics such as challenging behaviour training.

Upon completion of our inspection the registered manager contacted us to provide a detailed plan and explanation of how the organisation would address any outstanding learning needs for staff employed at Heathside. We noted that a senior member of the management team and senior staff had been assigned to deliver refresher training for staff and that an in-house trainer was due to be recruited to ensure staff received training that was geared to the specific needs of the service. Furthermore, the home's administrator had been scheduled to review the training needs of staff on a weekly basis to ensure a more proactive approach to identify and plan training. This helped to provide assurance that the registered manager was addressing matters.

Staff spoken with told us that they had received induction and a range of training since working for the provider and confirmed that they felt competent to undertake their roles and support people effectively.

Formal supervisions and an annual appraisal system were in place for staff. Staff spoken with reported that they had received supervision and were invited to attend regular team meetings.

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 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 Heathside there were five people using the service who were subject to a DoLS. Additional applications had also been submitted to the local authority and were awaiting authorisation. We also saw that the details of people with lasting power of attorney for health and welfare and property and / or financial affairs had also been recorded.

Discussion with the registered manager and staff together with examination of training records confirmed staff had access to training in the MCA and DoLS. Records indicated that the vast majority of staff had completed this training at the time of our inspection. The registered manager and staff demonstrated they had a clear understanding of the principles of this protective legislation and we saw that if it was considered that people were being deprived of their liberty, the correct authorisations had been applied for.

A three week rolling menu plan was in operation at Heathside which was reviewed periodically with people using the service and / or their representatives. The menu offered a choice of meals for people to select and other options were available upon request. The daily meal options had been recorded on pictorial notice board in the dining room for people to view. Menus viewed confirmed that people using the service had access to a varied, balanced and wholesome diet.

We discreetly observed a lunch time meal being served. The dining room had been fitted with a 1950's display board which contained pictures reflective of an American diner theme. Dining tables were equipped with tablecloths, tablemats, condiments and cutlery and appropriately positioned to enable people to move around the dining room safely.

The lunch time was well organised, unhurried and promoted as a social occasion. Staff were attentive to people's individual needs and provided discrete and caring support as necessary.

Meals were attractively presented and we saw that people benefitted from a relaxed and sociable atmosphere. People were offered hot or cold drinks and were encouraged to eat and drink sufficient amounts to satisfy their nutritional and hydration needs. Records confirmed that some people living at Heathside were also supported by the Speech and Language Therapy team and dieticians and that fluid and food records were used to monitor intake when required.

The registered manager informed us that people were offered a choice of two dishes during lunch time as it helped people to recognise and choose their preferred meal more easily. On the first day of our inspection,

the main mid-day meal was 'toad in the hole' or 'steak and kidney pudding' with vegetables and chips or mash. Likewise, on the second day of our inspection, the main mid-day meal was 'fish and chips' or 'poached fish and parsley sauce' with chips. Two options for desert were also on offer.

We noted that people were offered various meal choices. If a meal was declined staff offered alternatives and encouraged people to eat. We saw that staff encouraged people to maintain their independence and to eat at their preferred pace.

We spoke with the chef on duty and noted that the most recent food standards agency inspection for Heathside was undertaken in April 2015. The service was awarded a rating of 5 stars following the inspection. This is the highest rating that can be achieved. Information on people's dietary needs, preferences and allergies had been clearly recorded and was accessible for all staff working in the kitchen.

People spoken with told us that they had access to on-going healthcare support as needed. Care plan records viewed provided evidence that people using the service had accessed a range of health care professionals including: GPs; district and community nurses; chiropodists, dentists and / or opticians subject to individual needs. The home had built strong links with the local health centre that provided weekly GP and nurse visits.

# Is the service caring?

## Our findings

We asked people who used the service or their relatives if they found the service provided at Heathside to be caring. People spoken with confirmed the service provided was caring.

Comments received from people using the service or their representatives included: "The staff are great. I find them easy to get on with"; "The standard of care in my opinion is very good and we are always made to feel welcome"; "Every member of staff is friendly and helpful"; "My privacy and dignity has always been respected in the few months that I've lived here" and "All the staff try their hardest to support me the best they can."

The registered manager and staff demonstrated an awareness and commitment to the organisation's values and 'The Promise'. 'The Promise' had been developed in partnership with people using the service and / or their representatives and outlined people's rights and the values and expectations of staff working for the provider.

Staff demonstrated a good understanding of people's life histories; holistic needs and their individual requirements and preferred routines. Senior staff and care workers told us they asked questions about people's life histories and what was important to them as part of the pre-admission and becoming familiar with people processes and we saw examples of how this information had been recorded. For example, we saw one page profiles; relationship circles; important dates and information on what was most important to people had been clearly documented. We also observed how therapeutic activities were utilised to enable people to share valuable memories and any significant life events.

Staff confirmed they had been given opportunities to read people's care plans which outlined what was most important to each person; what staff needed to know or do to be successful in supporting each individual and how to keep the person healthy and safe. Staff told us that this information had helped them to understand the diverse needs and individual support requirements of the people they cared for. A key worker system was also in operation at Heathside to ensure each person living in the home benefited from a 'link worker' to ensure continuity of care and support and nominated 'dignity champions' were in place to promote expected standards within the home.

We saw good levels of interaction between staff and people using the service during our inspection. Some interactions we observed and conversations we overheard demonstrated that staff knew people well and that people were on friendly and familiar terms with each other. Staff were seen to be attentive and responsive and took time to respond to people's requests for help and support during the time we spent in the home.

Staff spoken with demonstrated a good understanding of the organisation's value base and were able to explain the principles of good care practice when questioned on this subject. Staff told us that they had completed induction training and other training such as how to work in a person centred way which had helped them to understand the importance of empowering people to make choices and to determine their

preferred routines. Furthermore, staff informed us that they understood the necessity to treat people with respect and dignity, safeguard people's right to a private life and promoting independence when delivering care and support.

We used the Short Observational Framework for Inspection (SOFI) tool over lunch time as a means to assess the standard of care provided. We discreetly observed people's choices were respected and noted that staff were available to help and encourage people when required.

There was a range of information available in the reception area of the home for people to view. This included information on Heathside, a guide to the home, newsletters, leaflets and brochures such as how to access advocacy services. There was also a notice board which had been prepared with people using the service to remember the 100 year anniversary of the Battle of the Somme.

We noted that people living in the home had access to a representative from 'Warrington Speak Up' – an independent advocacy service. A representative was observed to be visiting people during day two of the inspection. We noted that any issues, themes or concerns were shared with the provider via a six monthly report so that the views of people using the service were shared with the provider and acted upon.

Information about people living at Heathside was kept securely and electronic records were password protected to ensure confidentiality.

## Is the service responsive?

### Our findings

We asked people who used the service or their relatives if they found the service provided at Heathside to be responsive to their needs. People spoken with confirmed the service was generally responsive.

Comments received from people using the service or their representatives included: "We have noticed staff providing a range of activities each time we visit"; They provide different activities which are fine but personally I'm not that keen on singing and I'd like to see a broader range"; "I'd like more activities as it can otherwise be a long day"; "I have no complaints or concerns"; "If I had a problem I would feel comfortable to raise it with any of the staff" and "Everyone tries their best to involve us which is nice."

We looked at the files of four people who were living at Heathside. Files viewed were well organised, easy to follow and provided evidence that the needs of people using the service had been assessed and planned for.

The provider had established a working relationship with 'Helen Sanderson Associates' who specialise in person centred approaches and in the development of care plans known as 'essential lifestyle planning'.

Through discussion with the registered manager it became very clear that she had a commitment and passion to ensure the on-going development and implementation of person centred planning processes across the services she managed, to ensure the information on each individual accurately reflected the needs, goals and aspirations of people using the service and was produced in partnership with each individual and / or their family.

People told us that they received care and support which was in line with their needs and preferences. Care plans were person centred and clearly outlined what was most important to each person; what staff needed to know or do to be successful in supporting each individual and how to keep the person healthy and safe. Information on how to measure success or goals had also been recorded together with examples of what effective and poor quality care would look like.

Additionally, individual support plans had also been completed to provide more detailed guidance for staff to follow for matters such as meal time support; preferred routines for preparing for bedtime and getting up in the morning and other areas for example how a person's mental health should be supported. This helped to ensure staff had access to detailed information on how best to provide holistic care to people with diverse and complex needs.

Supporting documentation such as: local authority assessments and care plans; one page profiles; life history and interests; risk assessments; weight records; health action plans; dependency assessments; past medical history; important dates in a person's life; DoLS authorisation forms; single point of access referral forms; health action plans; daily logs and other significant records were also available for reference. We noted that although risk assessments had been completed for potential and actual risks, in some instances there was limited information to explain how the risks should be controlled. The registered manager assured us that she would take action to address this matter.



Records viewed had been kept under regular review. Person centred reviews were also coordinated throughout the year in partnership with people using the service and their representatives.

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

An easy read 'service user complaints procedure' and a 'complaints and comments' booklet had also 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.

Information on the complaints procedure had also been detailed within the home's service user guide, a copy of which was displayed in the reception area of Heathside on a notice board entitled 'How to Express Your Thoughts'.

The complaint records for Heathside were viewed. An electronic log had been established by the registered manager to record any concerns or complaints received. This highlighted that there had been four complaints in the last twelve months. Records confirmed that complaints had been investigated and acted upon to ensure best practice.

No complaints or concerns were received from people using the service or their representatives during our visit.

At the time of our inspection, the provider employed two part time activity coordinators who were responsible for the provision of activities within Heathside and Heathside Mews. Heathside Mews is another residential care home owned by Warrington Community Living (The Provider) which is located on the same site.

A weekly activities programme had been developed by the activity coordinators in consultation with the people living at Heathside. The programme had been displayed in the reception area of the home and in prominent parts of the building for people to view. The home had access to a passenger vehicle which was used regularly to transport people out in the local area.

We spoke with people living in the home and their representatives to gain feedback on the range of activities provided and received mixed feedback. Some people reported that they were happy although others indicated that they would like to see the range and frequency of activities expanded. We shared this feedback with the registered manager and received assurances that further action would be taken in response to the comments raised.

The Chief Executive Officer for Warrington Community Living contacted us following our inspection to inform us that the organisation had recognised the need to invest additional hours into a new senior activity coordinator role in order to achieve a more qualitative as well as quantitative improvement in the provision of activities at Heathside and Heathside Mews.

It is envisaged that following the appointment of a person to this post in the near future and a restructure of the existing team responsible for the provision of activities, the service will be able to: increase the person-centredness of activities; target more effectively activities to people's personalised support plans; increase the role of family members and other community volunteers in supporting activities; direct and inspire the development of more meaningful activities to include the needs of people living with dementia.

On the first day of our inspection we noted that two people were supported to visit a local garden centre. Likewise, on the second day of our inspection we observed an activity coordinator working with a group of residents preparing a collective poem on holiday memories and facilitating a sing-a-long and art and craft session. People were observed to participate and engage in the activities and we saw exchanges of banter and humour as people shared their experiences.

It was difficult to ascertain which residents had participated in activities as records of which people had taken part were not always available for reference. The registered manager assured us that she would ensure records of participants were maintained to ensure a clear audit trail.

We were however able to speak with residents; observe activities; view photographs and speak with staff to verify that activities had been coordinated for people using the service. It was evident that people had accessed a range of both individualised and group activities both on and off site.

Examples of some of the activities provided to people living at Heathside included: music and movement; sing-a-longs; bingo; quizzes; art and craft sessions; church services; sewing; manicures; parties and theme days; shopping trips; external entertainers such as the 'Brothers Grimm'; resident meetings and trips out to various destinations. For example, we were told about and viewed pictures of two female residents having a day trip out in Liverpool to reminisce and visit places of interest such as a night club they used to go to when they were younger.

## Is the service well-led?

### Our findings

We asked people who used the service or their relatives if they found the service provided at Heathside to be well led. People spoken with confirmed they were happy with the way the service was managed.

Comments received from people using the service or their representatives included: "I think the home runs very smoothly"; "We are always made to feel welcome by the manager and her team" and "I think the manager is very efficient and friendly."

Likewise, comments received from staff included: "I think our manager does an amazing job"; "The manager is a lovely person" and "She [the registered manager] is approachable and supportive."

Heathside had a manager in post that had been registered with the CQC since January 2016. The registered manager had previously been employed as the deputy manager of the home and was therefore knowledgeable regarding the expectations of the provider, her management and operational role, the needs and preferences of the people living at Heathside and her staff team.

There was an open, positive and transparent culture within Heathside which was led from the Chief Executive Officer down to operational staff. Staff told us the manager was visible, approachable and supportive and was passionate about providing the best possible care to people living in the home.

During the inspection the registered manager continuously demonstrated her in-depth knowledge of each person living at Heathside and was positive about her staff team. Any question we asked was responded to in detail. For example, during our tour of Heathside, the registered manager stopped on many occasions to speak with people using the service and staff and provided reassurance when it was necessary. People were encouraged by the registered manager and staff to be involved in the inspection process as much or as little as they wanted.

The registered manager told us that the provider worked in partnership with other organisations and that she had also attended a number of local forums to make sure they were following current best practice and to deliver a good service.

We asked the registered manager to provide us with information on the system of audits in place at Heathside to monitor key aspects of the service. We noted that the provider had a quality assurance system in place which was based upon seeking the views of people, their relatives and staff.

The registered manager informed us that she produced a monthly report for the Chief Executive Officer (CEO) which provided statistical and summary information on the people supported such as: success stories; accidents, safeguarding; complaints and compliments. Furthermore, human resource; health and safety; regulatory and contract status; quality and compliance and financial information was collated to ensure the provider was kept up-to-date on key issues concerning the operation of the service.

A comprehensive audit had also been completed on a monthly basis by the registered manager or a senior member of staff. 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. Once completed the results were forwarded to the organisation's quality, safeguarding and performance manager for analysis and action.

Senior managers were expected to complete a record of any visits to Heathside Mews, to include observations. Records viewed highlighted that visits by senior managers including the CEO had been completed throughout the year and the findings were positive.

We were informed that the service had last sought feedback from people using the service and / or their representatives during September 2015. Once the surveys had been returned, the manager produced charts, powerpoint presentations and letters to help people to analyse and understand the results and to confirm what actions the service planned to take as a result of the feedback.

The questions for people using the service covered a range of areas such as: the effectiveness of staff support; quality of life; standard of food; decision making; community access; views on personal facilities and healthcare support. Overall, feedback received was generally positive and records confirmed action was taken in response to constructive feedback to ensure continuous improvement in areas such as: the environment; staffing; menu planning; activities and information sharing.

Meetings for residents were also coordinated at intervals throughout the year to enable people living in the home and their representatives to share views, receive feedback and to contribute to the development of the service. The provider also facilitated a 'Bespoke Group' to enable representatives of people using the service to contribute to the direction and policies of the whole organisation.

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. This was last completed during April 2015 following which an improvement plan was issued. The registered manager informed us that all aspects of the action plan had since been addressed.

We sampled a number of test records and service certificates relating to: the fire alarm system; fire extinguishers; electrical wiring; passenger lift; portable appliances and gas safety. All records and certificates viewed / requested were found to be in order.

The manager and staff spoken with demonstrated an understanding of the organisation's promise, vision and values. A statement of purpose and detailed guide for prospective and current users of the service was available in the reception area for people to view which contained key information on the service and registered provider.

The provider had produced a strategic plan for 2015 to 2018 and 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 registered manager confirmed her understanding of the business plan and her awareness of the duty of candour policy and her duty to comply with it.

The manager of Heathside is required to notify the CQC of certain significant events that may occur. We

found that the manager had notified CQC of any incidents or suspicion of abuse in relation to people using the service.