Warrington Community Living

Heathside Mews

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?	Requires Improvement

Summary of findings

Overall summary

This inspection was unannounced and took place on the 17 June 2016.

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

Heathside Mews is a single-storey care home that provides accommodation and personal care for up to 25 older people that 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 21 people.

Resident's accommodation consists of twenty-five single rooms that have en-suite facilities. The home is equipped with two lounges and a dining area. There is a car park provided for visitors at the front of the home.

At the time of the inspection there was a registered manager at Heathside Mews. 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 Mews we observed people living in the home to be relaxed, content and comfortable within their home environment.

Staff were observed to apply their knowledge and understanding of people's personalities, preferences, needs and support requirements through positive and meaningful interactions. We also saw that people's choices and preferred routines were respected and that staff communicated and engaged with people in a compassionate and caring manner.

The service had established a person centred approach to care planning. We saw evidence that people had undergone an assessment of their needs and that plans had been developed 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.

People had access to a range of one to one and group activities that were facilitated by activity coordinators or local church groups.

People had access to health care professionals and medication was ordered, stored, administered and disposed of safely by trained staff that had undergone an assessment of their competency periodically.

People had access to a choice of menu which offered a varied, balanced and wholesome diet.

Staff recruitment systems were in place and information about prospective employees had been obtained to make sure staff did not pose a risk to people using the service.

The provider had developed policies relating to the MCA (Mental Capacity Act (2005) and DoLS (Deprivation of Liberty Safeguards). The registered manager and staff understood their duty of care in relation to this protective legislation and rights of people living in the home.

Audits had been established to monitor the service and systems were in place to safeguard people from abuse and to respond to complaints.

Staff had access to induction, training and supervision to develop the necessary skills and competence for their roles.

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.

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

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

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

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.

The majority of 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 Mews 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. Staff were observed to treat people with dignity and respect and were attentive and

responsive to the needs of people using the service.

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.

Is the service well-led?

Requires Improvement

The service was not always well led.

CQC had not been sent statutory notifications in respect of safeguarding incidents.

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

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 Mews

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 17 June 2016 and was unannounced.

The inspection was undertaken by two adult social care inspectors.

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 Mews.

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, assistant manager, three staff and the cook on duty. We also spoke with a visiting health care professional, 10 people who lived at Heathside Mews and seven relatives.

We looked at a range of records including three 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; four staff files; minutes of meetings; complaint and safeguarding records; rotas; staff training and audit documentation.

Good

Is the service safe?

Our findings

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

Comments received from people using the service or their representatives included: "I have no concerns about this home. Staff are good at notifying us of any concerns"; "We are more than happy. My sister is safe"; "I like living here"; "It's okay but I would rather be at home" and "I feel secure here and we all know one another."

We received mixed feedback regarding the staffing levels at Heathside Mews. Some relatives told us that they were of the view that staffing levels were satisfactory and others thought additional staff would be beneficial due to the layout of the home. This feedback was shared with the registered manager for her to consider.

Although we received some comments that at times staffing levels were insufficient we observed that people looked clean and well cared for. Furthermore, staff were seen to be attentive and responsive to the support needs of people using the service.

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.

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 helped staff to manage and control risks for people using the service and to safeguard people's health and safety.

The provider had developed policies and procedures to provide guidance to staff on the action they should take in response to accidents and incidents. 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.

At the time of our inspection Heathside Mews the service was providing accommodation and personal care to 21 people. The 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 3.00 pm there was one senior support worker and three support workers on duty. From 2.45 pm to 10.00 pm there was one senior support worker and two support workers on duty. Another support worker also worked in the evening from 4.00pm until 9.00 pm. During the night (9:45 pm until 08:00 am) there were two waking night staff on duty.

The manager was supernumerary and worked flexibly subject to the needs of the service. Other staff were employed for catering, domestic and maintenance roles. An on-call system was also in operation 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 manager monitor the number of staffing hours deployed. The registered manager told us that she was exploring other dependency tools as she had concerns about the effectiveness of the current tool as it highlighted that less hours were required than were being deployed.

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.

We looked at a sample of four staff files for staff who had been employed to work at Heathside Mews

Through discussion with staff and examination of records we found that there were satisfactory recruitment and selection procedures in place which met the requirements of the current regulations. In all four files we found that there were application forms; two references, disclosure and barring service (DBS) checks, proofs of identity including photographs and interview notes which included a question regarding the applicant's health.

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

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

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.

Staff spoken with confirmed they had completed safeguarding adults training and this was verified by reviewing the training matrix which confirmed all staff had completed this training.

The registered manager and staff spoken with demonstrated a good awareness of their duty of care to protect the people in their care and the action they should take in response to suspicion or evidence of abuse.

A safeguarding monthly matrix had been developed to enable the 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 there had been 16 safeguarding incidents in the past 12 months which had been referred to the local authority's safeguarding unit in accordance with the organisation's policies and procedures. The majority of the incidents were minor altercations between people living in the home who did not have capacity to understand the appropriateness of their response to each other. Two of the people concerned had moved on as they required more intensive nursing care.

We noted that the provider had not notified the CQC of any incidents or allegations of abuse in relation to people using the service. We have written to the provider regarding their failure to notify the CQC.

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 room for staff to reference.

We checked the arrangements for medicines at Heathside Mews with a senior support worker. At the time of our inspection none of the people living at Heathside Mews were responsible for the administration of their medication.

Staff noted that responsible for the administration of medication had received appropriate training and had undergone an assessment of competency which was reviewed twice yearly.

A list of staff responsible for administering medication, together with sample signatures was available for reference and photographs of the people using the service had been attached to medication administration records to help staff correctly identify people who required medication.

Medication was stored in a medication trolley that was secured to a wall in a medication storage room. Separate storage was also available for homely remedies, additional stock and for controlled drugs. Authorisation had been obtained from GPs to administer homely remedies.

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 more detailed separate medication audit tool had also been developed by the provider however this had not been utilised since October 2015. We were informed that the dispensing pharmacist had also recently visited the home but a copy of the report had not been received.

Overall, areas viewed during the inspection appeared clean and hygienic. Staff had access to personal protective equipment and policies, 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.

Good

Is the service effective?

Our findings

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

Comments received from people using the service or their representatives included: "I visit three times a week. It's a lovely environment to visit. The staff are brilliant at coping with people's needs"; "They are very good"; "I have peace of mind now she is being cared for at Heathside Mews"; "The staff keep me informed if there are any issues" and "I like the food and we always get a choice."

Heathside Mews is a care home providing accommodation and personal care for up to 25 people living with dementia. It is a spacious, purpose built, single storey building located in Penketh and situated near local amenities such as shops, a library and public transport links.

The home has a large dining room fitted with a breakfast bar and two lounge areas. One of the lounges is larger and acts as a social hub, the other is smaller offering a quieter area to relax. The larger lounge is equipped with tea and coffee making facilities, a television and computer with internet access. The building is also equipped with a kitchen and laundry facilities.

The main hall way provides personal spaces for people to sit and relax and has a range of memorabilia, art and craft, pictures and artefacts to keep people occupied and stimulated. This is work in progress and is expected to develop further to enhance the environment for people using the service. Furthermore, the service had been working with a university student to prepare 'positive image boards' which were in the process of being developed to help people using the service to orientate and / or reminisce.

Each person's bedroom is equipped with ensuite facilities and there are also communal bathrooms and toilets for people to access. People's rooms had been personalised with memorabilia and personal possessions and were homely and comfortable.

There is a well maintained garden at the rear of the building which has a small sensory garden and sitting area. There is a small car park at the front of the building for visitors to use.

We noted that there had been investment into the maintenance and refurbishment of the building since our last inspection. For example, the large lounge had been redesigned and fitted with new floor coverings to enable people to interact with each other more effectively and new interactive IT equipment had been fitted. Furthermore, part of the floor covering in the central hallways had been replaced with a new vinyl covering.

Some parts of the building remained in need of maintenance and refurbishment. For example, the carpet in the hallway was stained and the walls and woodwork were in need of painting. The registered manager informed us that she was exploring options to enhance the overall environment in order to make it more

'dementia friendly' and to assist people to orientate.

We saw examples of good practice such as clear signage and the use of colour schemes to help people locate bathrooms and toilets

The provider had established a programme of induction, mandatory; qualification level and service specific training for staff to access. This was delivered via a range of methods including face to face and on-line training. The registered manger had also established a mentorship programme for new staff which included opportunities to reflect upon learning and new experiences gained.

At the time of our inspection, training records were not up-to-date. The registered manager arranged for an up-to-date training matrix to be forwarded to the inspection team upon completion of the inspection.

The training matrix received following the inspection highlighted that staff had access to range of training as detailed above. We noted that staff had access to induction training however completion dates for 'Common Induction Standards' 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 were in need of refresher training. Gaps were noted for some topics in particular challenging behaviour training. This was also noted by the local authority's contracts monitoring team following their last visit.

Following our inspection we received a training plan from the registered manager which outlined when and how the outstanding training would be delivered to staff. We were informed that a trainer was also due to be appointed to the organisation to deliver and / or coordinate external training on behalf of the provider. The pre-inspection information pack highlighted that all colleagues were due to complete the level 2 award in dementia awareness by the end of the year in addition to other dementia training completed.

Formal supervisions and an annual appraisal system were in place for staff. Staff spoken with reported that they had received supervision and invited to attend regular monthly team meetings. We noted that the local authority's contract monitoring team had highlighted concern regarding the frequency of supervisions and the level of attendance at team meetings. We saw evidence that the registered manager was addressing the issues and had written to staff to clarify expectations.

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 Mews there were seven 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 five staff had not completed this training at the time of our inspection. The registered manager and staff spoken with understood their duty of care in respect of this protective legislation.

A three week rolling menu plan was in operation at Heathside Mews which was reviewed periodically in collaboration with people using the service and their representatives. The menu offered a choice of meals for people to select and other options were available upon request. Menus viewed also confirmed that people using the service had access to a varied, balanced and wholesome diet.

The registered manager informed us that people were offered a choice of two dishes during lunch time as it helped them to recognise and choose their preferred meal. We noted that the service had previously sought to obtain and record people's meal choices prior to serving meals however people had experienced difficulties when trying to identify meals from pictures.

We observed the cook on duty recording the daily meal options on a menu board next to the dining room and looked at the arrangements in the kitchen for recording people's dietary needs, preferences and allergies. We saw that this information had been clearly recorded and was accessible for all staff working in the kitchen.

The most recent food standards agency inspection for Heathside Mews was in April 2015. Heathside Mews was awarded a rating of 5 stars which is the highest award that can be given.

We discreetly observed a lunch time meal being served. The dining room had been decorated with pictures and items to reflect an American diner theme and this provided a pleasant environment.

Dining tables were appropriately positioned to enable people to move around the dining room safely and staff were on hand to serve and support people.

We observed staff to be attentive and responsive to the needs of people during lunch time. People were encouraged to retain their independence when eating and staff offered a caring and reassuring approach when necessary. For example, we noted one person who was refusing to eat a meal. We watched staff take the necessary time to support and encourage the person to eat their meal at a pace that they were comfortable with.

The mealtime was unhurried and provided a pleasant opportunity for social interaction.

Care plan records viewed provided evidence that people using the service had accessed a range of health care professionals including: GPs; community and specialist nurses; chiropodists and opticians subject to individual needs.

We noted that a GP also visited Heathside Mews every Thursday to meet with any people in need of additional support or medical intervention. Likewise, a 'Care Home Support Team Sister' visited the home

each Monday to undertake observations, health checks, make referrals to other health care professionals and to liaise with GP services.

Good

Is the service caring?

Our findings

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

Comments received from people using the service or their representatives included: "Staff are excellent at keeping me up-to-date"; "I visit at different times and find people are well cared for"; "The carers are wonderful and respectful"; "The staff support people well and show a lot of respect"; "The staff are superb. They are so caring" and 'They treat her like family and there is a nice rapport between staff and relatives."

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 told us that 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. This person centred information helped staff to understand the complex needs and individual support requirements of the people they supported, many of whom were unable to voice or express their needs, wishes and / or preferences due to living with advanced dementia.

Discussion with staff and examination of training records confirmed a number of staff had also completed training in how to work in a person centred way, duty of care, equality and diversity and dementia care.

Staff were observed to apply their knowledge and understanding of people's personalities, preferences, needs and support requirements through positive and meaningful interactions. We saw staff and people using the service exchanging friendly banter with each other and staff took the necessary time to respond and support people.

It was evident from speaking to people using the service and direct observation that staff applied the principles of treating people with respect, safeguarding dignity and privacy and promoting independence whilst undertaking their roles.

We used the Short Observational Framework for Inspection (SOFI) tool over lunch time as a means to assess the standard of care provided. We observed people's choices were respected and noted that staff were responsive and attentive to the needs of people using the service.

There was information available in the reception area of the home for people to view. This included information on Heathside Mews such as a guide to the home, newsletters and a photo board of the staff team as well as leaflets and brochures on dementia care and how to access advocacy services. We noted that people living in the home had weekly access to a representative from 'Speak Up' – an independent

advocacy service.

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

Good

Is the service responsive?

Our findings

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

Comments received from people using the service or their representatives included: "It's a fabulous home. My mum is very settled"; "There are plenty of activities for people to access"; "I would speak to the manager if I had a complaint but in seven years we have never needed to complain" and "I would speak with the manager if I had a problem with the home but I don't have any issues."

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

The service 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.' Likewise, the registered manager had worked with 'Speak Up' (an independent advocacy service) to adapt the 'This is Me' document produced by the Alzheimer's Society so that key information was obtained on the needs of people prior to moving into the home.

Plans viewed 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.

Individual support plans had also been completed to provide more detailed guidance for staff to follow.

Supporting documentation such as: 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; health appointment records; daily logs and other significant records were available for reference.

Records viewed had generally been kept under regular review however gaps were noted for one month. 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 been detailed within the home's information guide, a copy of which was displayed in the reception area of Heathside Mews.

The registered manager actively encouraged people to provide feedback on the service provided. To assist in this process a 'comments tree' had been placed in the reception area of the home to offer people the opportunity to provide informal feedback.

The complaint records for Heathside Mews 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 one complaint in the last twelve months. No complaints or concerns were received from people using the service or their representatives during our visit.

An activities programme had been developed in consultation with the people living at Heathside Mews. The programme had been displayed in the reception area of the home and in prominent parts of the building.

The provider employed two part time activity coordinators who were responsible for the provision of activities within Heathside Mews.

On the day of our inspection we noted that an activity coordinator was supporting representatives from a local church that had visited Heathside Mews to facilitate a 'singing and prayer' service with a group of residents. During the afternoon another activity coordinator facilitated an in-door games session with a group of service users.

Records of individual activities had been recorded in personal files. Records detailed that people had participated in a range of activities such as: sing-a-longs; art and craft work; reminisce and remember sessions; indoor games; tea and cake at the garden centre; trips to the park; sewing; bingo and old school games nights. Theme nights were also organised throughout the year.

The registered manager informed us that the service had recently established links with a local community centre in partnership with the Alzheimer's Society to facilitate a 'Penketh Forget Me Not' group. The purpose of the group was to offer a support hub for local people living with dementia in their own homes and / or their carers. The project was supported by one of the activity coordinators whom provided two hours support every Tuesday.

Requires Improvement

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 Mews to be well led. People spoken with confirmed they were happy with the way the service was managed.

One relative stated: "I am delighted with the home. It has made me and my family rest assured."

Likewise, feedback received from staff included: "I have always been supported by the manager" and "The manager is helpful and approachable."

Heathside Mews 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 operation of the service, the needs and preferences of the people living at Heathside Mews and the staff team.

The registered manager engaged positively in the inspection process and was open and transparent. It was evident that the registered manager was keen to operate an open door policy to staff, people living in the home and visitors.

We noted that the registered manager had attended a number of local forums and was keen to network with other organisations to ensure best practice.

We asked the registered manager to provide us with information on the system of audits in place at Heathside Mews to monitor key aspects of the service.

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

A separate medication audit tool had also been developed but this had not been utilised since October 2015. We were informed that the dispensing pharmacist had also recently visited the home but a copy of the report had not been received.

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 at monthly intervals 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 and October 2015. A summary of results report had been produced together with an action plan letter. 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. Both survey results were overall positive.

Meetings known as 'Mews Views' were also coordinated at intervals throughout the year to enable people living in the home and their representatives to share views 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.

We checked a number of test records and service certificates relating to: the fire alarm system; fire extinguishers; portable appliances; gas safety; emergency lights and water testing. 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. An information leaflet was available in the reception area for people to view which contained key information on the service and registered provider.

A statement of purpose and detailed guide for prospective and current users of the service had also been developed.

The provider had also produced a duty of candour policy to provide guidance to managers on the need to be open and transparent with people who use services and other relevant persons. The registered manager confirmed her awareness of this policy and her duty to comply with it.

The manager of Heathside Mews is required to notify the CQC of certain significant events that may occur. We found that the provider had not notified the CQC of any incidents or suspicion of abuse in relation to people using the service. We have written to the provider regarding their failure to notify the CQC.