

# 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

About the service:

Heathside is a two-storey care home that provides accommodation and personal care for up to 40 older people, some 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 31 people were living at the service.

People's experience of using this service and what we found

Staff told us they received support on a daily basis and had training, learning and development opportunities. However, when we reviewed the training matrix, not all staff had completed 'refresher' training courses. We have made a recommendation regarding this.

Safe recruitment procedures were in place; people received a safe level of care by staff who had appropriately been recruited. Staffing levels were assessed according to the dependency of people living at the home, we did receive mixed feedback in relation to the numbers of levels of staff employed at Heathside.

Heathside offered spacious communal and garden areas for people to enjoy, other areas of the home required attention. The registered manager showed us extensive refurbishment plans that were underway.

People's level of risk was established from the outset. People received the required level of support and levels of risk were appropriately managed.

Safeguarding and whistleblowing processes were in place; staff were familiar with such procedures and understood the importance of keeping people safe.

Medicine procedures were safely in place. People received their medication as instructed by staff who were appropriately trained and had their competency levels checked.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received person-centred care by staff who were familiar with their support needs. Staff were observed providing kind, compassionate and friendly care.

We received positive feedback about the variety of different activities that were arranged for people living at Heathside. People's suggestions were listened to and the 'activities team' tried to plan activities that were tailored around people's likes and interests.

There was an up to date complaints policy in place. Complaints were monitored and reviewed and

responded to in line with company policy.

Measures were in place to monitor the quality and safety of care people received. Quality assurance processes were effectively in place and helped to assess the provision of care being delivered.

People were involved in the provision of care that was being delivered. People had the opportunity to attend 'resident meetings', consultations were taking place in relation to the refurbishments plans and regular newsletters were circulated as a way of keeping people informed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was 'good' (published 11 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our 'Safe' findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our 'Effective' findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our 'Caring' findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our 'responsive' findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our 'Well-led' findings below.

Good ●

# Heathside

## Detailed findings

### Background to this inspection

#### The 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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector, one 'Expert by Experience' and a 'Specialist Advisor'. An 'Expert by Experience' is a person who has personal experience of using or caring for someone who uses this type of care service. A 'Specialist Advisor' is a person who has professional experience and knowledge of the care which is being provided.

#### Service and service type:

Heathside is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection the service had a manager registered with CQC. The registered manager and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

Before the inspection we reviewed the information we held about the service. This included any statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted local commissioners of the service to gain their views. We used the information the provider sent us in the 'provider information return'. This is information providers are required to send us

with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to formulate a 'planning tool'; this helped us to identify key areas we needed to focus on during the inspection.

During the inspection:

We spoke with the registered manager, deputy manager, six members of staff, 11 people who were living at Heathside and one relative who was visiting at the time of the inspection.

We looked at care records of four people receiving support, a sample of staff recruitment files, medication records, and other records and documentation relating to the management and quality monitoring of the service.

In addition, a Short Observational Framework for Inspection (SOFI) tool was used. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as 'good.' At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- We received mixed feedback about staffing levels across the course of the inspection. Comments included, "They are not really short of staff" and "They [staff] are too busy. They could do with more staff."
- We checked staff rota's and the 'dependency assessment tool' which analyse the dependency levels of staff in relation to the support needs of people living at Heathside. Although this area of safe care appeared to safely be managed; this could be further reviewed following some of the mixed feedback we received.
- Safe recruitment procedures were in place. All staff were subject to pre-employment and Disclosure and Barring System (DBS) checks.

### Assessing risk, safety monitoring and management

- People were asked if they felt safe, they told us "I couldn't be in a better place. Staff are friendly and are very helpful whenever they can" and "I am settled in here. This is my home now. I feel safe here."
- People's level of risk was assessed from the outset. Care records contained a number of individual risk assessments which were regularly reviewed and updated.
- Individual risk assessments were in place for areas such as mobility, nutrition and hydration, continence care and emergency evacuations.
- Risk assessments offered the most up to date information and provided staff with important support measures which needed to be followed as a way of keeping people safe.
- The registered manager maintained a good level of oversight in relation to health and safety compliance; all regulatory checks and compliance certificates were in place.

### Using medicines safely

- Confidential medication information was not always protected in line with General Data Protection Regulation (GDPR). We raised our concerns with the registered manager during the inspection and our concerns were immediately responded to.
- People received support with their medicines as per instruction. People had the appropriate medication care plans and risk assessments in place.
- Medicines were found in locked cabinets in locked medication rooms.
- Medication room and fridge temperature checks were routinely completed.
- Staff were appropriately trained and regularly had their competency levels checked.

### Systems and processes to safeguard people from risk of abuse

- Up to date safeguarding and whistleblowing policies were in place. Staff were familiar with the processes that needed to be followed a way of keeping people safe and free from harm.
- Staff could recognise the signs of abuse and received the necessary safeguarding training.

- The registered manager reported safeguarding incidents to CQC and Local Authority accordingly.

#### Preventing and controlling infection

- During the inspection we observed staff wearing personal protective equipment (PPE) and hand sanitizing gels were available throughout the home.
- There was an up to date infection control policy in place; this contained important information in relation to infection control measures which needed to be followed.
- We saw a range of different daily, nightly, weekly and monthly cleaning schedules that needed to be completed by staff.

#### Learning lessons when things go wrong

- The registered manager maintained a good level of oversight in relation to all accidents, incidents and events that occurred at Heathside. A monthly analysis of all incidents took place, this helped to establish if any trends were occurring and how risk could be further managed.
- Accidents and incidents were regularly discussed during team meetings as a way of managing risk and establishing if lessons could be learnt.



# 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.

At the last inspection this key question was rated as 'good.' At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Training compliance was managed by the registered manager. Although all staff had completed mandatory training as part of their induction, we noted that not all staff had completed 'refresher training' that was scheduled to take place.

We recommend that training processes are reviewed to ensure staff are completing the necessary 'refresher training' they are expected to complete.

- Staff told us they were supported by the management team on a daily basis. One member of staff told us, "Staff team are really supportive, I love coming into work, management are great."
- Staff received regular one to one supervision and annual appraisals.
- New employees received an induction and were supported to complete 'The Care Certificate'. This is an agreed set of standards that staff within the health and social care sector are expected to complete.
- We received positive comments about the staff who provided support. One person told us, "Staff are wonderful."

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

- Service design and facilities met the needs of the people who lived at Heathside, although some aspects of the home required attention. For instance, areas of the home required re-decoration.
- We were provided with details of an extensive refurbishment project which was underway and the level of consultation which had taken place with people living at Heathside.
- People had access to several communal garden areas, a spacious dining area and several smaller lounges throughout the home.
- The internal environment offered adequate lighting, an accessible lift and assisted equipment for people who required extra support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; and staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where possible, people were involved in the development of their individual care plans and risk assessments.
- Care records contained information around people's likes, preferences and choices. For instance, one record indicated that the person was very independent but did require 'some' assistance.
- We saw that people were receiving support from speech and language therapists, chiropodists, district

nurses, GP's and enhanced care home support team (ECHST).

- Specific guidance and advice was incorporated within people's care plans and risk assessments.

Supporting people to eat and drink enough with choice in a balanced diet

- Pictorial menus were available for people to refer to. Menus offered alternative choices and people's requests were accommodated as and when needed.
- People's nutrition and hydration support needs were risk assessed from the outset. Different support measures were put in place as a way of ensuring the most effective level of care was provided.
- A variety of food and drink options were available during meal times. People also told us, "I love the food here. Plenty of choices" and "Food is good. I am quite content with everything."

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 when this is in their best interests and legally authorised under the MCA. 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.

- The registered provider was complying with the principles of the Mental Capacity Act, 2005.
- People had their levels of capacity assessed and were involved in the decisions that needed to be made around the care and support they needed.
- Care records clearly indicated that 'consent' to receive the care and support had been obtained.
- People who lacked capacity did not have their liberty unlawfully restricted; 'best interest' meetings were arranged, decisions were made, and the appropriate applications were submitted to the Local Authority.
- Staff were familiar with the principles of the MCA and received the necessary training to support their understanding.

# 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.

At the last inspection this key question was rated as 'good'. At this inspection this key question has remained the same. This meant 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

- We observed staff providing respectful, dignified and considerate care.
- We received positive feedback about the caring approach of staff throughout the course of the inspection. People told us, "Staff treat me well, all of them. (It's) very nice here", "Staff are very friendly, cheerful" and "I couldn't be in a better place. Staff are friendly and are very helpful whenever they can."
- Staff were familiar with people's preferences and the tailored level of care people needed.
- We observed staff treating people as individuals, providing a tailored support and engaging with people in a kind and friendly manner.
- Equality and diversity support needs were established from the outset.

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

- Care records indicated that people were involved in the care planning process and this was personalised. One care record we checked stated, '[Person] is able to wash self but prefers to have a shower' and 'I like to be called..'
- 'Resident meetings' were regularly taking place and people were encouraged to share their thoughts and views about the quality and safety of care.
- People were consulted in different aspects of the refurbishment project that was underway and there was clear communication about different stages of the project visible throughout the home.

Respecting and promoting people's privacy, dignity and independence

- Most confidential information was safely stored away and protected in line with General Data Protection Regulations (GDPR).
- Confidential medical and emergency evacuation information was not always protected. Our concerns were immediately addressed, and information was securely stored away.
- People's privacy, dignity and independence were maintained and promoted. One person was able to independently access the local community using assisted equipment.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as 'good'. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- We received positive feedback about the variety of activities that were arranged for people living at Heathside. One relative told us, "My [relative] goes to some meetings. Things have changed as a result over the years, for example, food, music, activities introduced like crafts, singing, birthday parties."
- Dedicated activities co-ordinators were employed at the home; co-ordinators ensured that the activities were tailored around people's likes, hobbies and interests. We saw activity timetables visible throughout the home and we observed an activity taking place during the inspection. People enjoyed a musical themed quiz, one person saying, "This is fun this isn't it?"
- The registered manager had made good links with the Armed Forces community hub, the local Church and local nursery school.
- Activities encouraged people to remain active, provided social entertainment and supported people to remain stimulated.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records contained detailed information of the personalised care people wished to receive. For instance, one care record stated, 'I am an early riser, I usually get up between 6:30 and 7am.'
- 'One page profiles' contained information about the support people required and what was important to the person.
- Staff were able to familiarise themselves with the tailored level of support people needed; they developed a good level of knowledge around their likes, wishes and preferences.
- People received care and support that was relevant and consistent with their current health care needs. Staff told us they received information in relation to people's healthcare needs in a timely manner and care records were updated accordingly.
- People were actively encouraged to have choice and control over the care and support they received.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Alternative methods of communication were provided on request.
- 'Easy read' material was available in the home. For instance, an easy read 'Welcome Guide' was available in each person's bedroom.

- Pictorial menus were available for people to refer to and pictorial cards were used by staff as a way of helping people who had communication support needs.

#### Improving care quality in response to complaints or concerns

- The registered provider had an up to date complaints procedure in place.
- The 'welcome guide' contained information about the complaints process and procedure.
- Complaints were appropriately managed, investigated and responded to in line with organisational policy.
- At the time of the inspection, no complaints were being responded to.

#### End of life care and support

- Staff had access to 'End of life' training and people received the appropriate support that was tailored around their wishes and preferences.
- Care records contained important information in relation to 'end of life' care and staff understood the importance of providing care that was dignified, compassionate and respectful.
- There was specific policy and guidance for staff to follow in relation to 'end of life' care.

# 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.

At the last inspection this key question was rated as 'good'. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Systems and processes to monitor quality performance and manage risk were in place.
- Quality assurance tools, audits and checks were completed as a measure of reviewing and assessing the provision of care being delivered. For instance, staff competency checks, health and safety checks and monthly home audits were in place.
- The registered manager was aware of their regulatory responsibilities; they demonstrated their understanding of the Health and Social Care Act, 2008 and the importance of submitting statutory notifications to CQC as well as the Local Authority.
- We saw that all regulatory compliance checks were up to date and risks were safely managed; this ensured that people were living in a safe and well-maintained environment.
- The registered provider had a variety of up to date policies and procedures in place. Policies were accessible to staff and provided the necessary guidance and best practice.
- We received positive feedback about management and staff team. Comments we received included, "I am happy with the staff. I wouldn't be here but for the staff", "Very kind staff. 100%. They go the extra mile for you" and "Nice, brilliant staff, all of them."

Continuous learning and improving care

- Quality assurance processes were assessing and identifying areas of improvement.
- Audit action plans were in place and areas of development were addressed.
- The manager reviewed all accidents, incidents and events that occurred at the home on a monthly basis.
- A 'Trend analysis' was completed to establish if themes were emerging and if further support measures needed to be implemented

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Person-centred care was delivered and tailored around people's needs, wishes, choices and preferences.
- The registered manager was committed to enhancing the experiences of people living at Heathside; people were empowered to remain as independent as possible and were involved in decisions that needed to be made about the quality and safety of care.
- We received positive feedback about the culture and delivery of care from staff who worked at Heathside. Staff members told us, "[Manager] is refreshing, she wants to make as many positive changes for the residents as possible" and "I think it's excellent here; it's very person-centred and the right level of support is

always provided."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their legal responsibilities, the importance of investigating incidents/events that occurred and being open and transparent with their findings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Equality and diversity support needs were assessed and determined from the outset.
- The registered manager was in the process of implementing new ways of gathering people's thoughts, views and suggestions.
- There was an accessible 'suggestions box' in the main foyer of the home; people, relatives and visitors had the opportunity to share their suggestions and offer feedback about the provision of care being delivered.
- Staff meetings were taking place; these helped staff to feel informed and involved in the quality and safety of care people received.
- 'Resident meetings' also took place, meetings were designed around the needs, ideas and suggestions of people living at the home.
- Regular consultations were taking place with people and relatives in relation to the refurbishment project that was underway. People were asked their thoughts and views about the specific decorations and design plans.

Working in partnership with others

- Heathside worked closely with other healthcare professionals; people received a holistic level of care that was tailored around their support and healthcare needs.
- The registered manager and activities team had developed positive working relationships with a local nursery schools and 'Veteran Hub'; this helped to develop positive community links and support social engagement.