

# Review of compliance

Warrington Community Living Heathside	
<b>Region:</b>	North West
<b>Location address:</b>	Honiton Way Penketh Warrington Cheshire WA5 2EY
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	February 2012
<b>Overview of the service:</b>	<p>Heathside is a two storey care home standing in its own grounds; access between floors is via a passenger lift or stairs. The home is operated and managed by Warrington Community living, a registered charity and non-profit making organisation.</p> <p>The home provides for up to forty older people. Resident's accommodation</p>

	consists of thirty-four single rooms and three double rooms (which are used for single accommodation).
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Heathside was not meeting one or more essential standards.  
Improvements are needed.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider and carried out a visit on 11 January 2012.

### What people told us

People living at Heathside who we spoke to during our visit reported that they were treated well by staff. Comments received included; "I like it here. The staff listen and are kind"; "Overall I am very satisfied. I am generally very well looked after and the girls [staff] are great" and "I miss my own home but I can't grumble about the care I receive."

People also told us that they were generally satisfied with the standard of care provided and were of the opinion that staff understood their needs. For example, one person told us that; "The staff are pleasant people and do their best to look after us." Likewise, another stated; "I have no issues. I have everything I want here and the staff help me whenever I need."

### What we found about the standards we reviewed and how well Heathside was meeting them

#### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

People using the service are treated with respect and systems are in place to ensure their views are sought.

#### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

Care planning processes have been established however some aspects are in need of

review and development, to ensure the holistic needs and wishes of the people using the service are appropriately identified and planned for.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

Systems are in place to offer protection to the people who use the service from abuse.

**Outcome 09: People should be given the medicines they need when they need them, and in a safe way**

Policies and procedures are in place for the recording, handling and administration of medication however medication records and auditing processes are in need of review and development so that people using the service are adequately protected from the risks associated with the unsafe use and management of medication.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

The management and administration of staff induction, key training and supervision should remain under close scrutiny to ensure all outstanding staff complete the necessary training and receive appropriate support for their respective roles.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

Quality assurance processes are in need of ongoing development and review to demonstrate compliance across all outcome areas.

**Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential**

The management and administration of some key records is in need of ongoing review and development to ensure best practice.

**Actions we have asked the service to take**

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

During this review we visited Heathside and encouraged the people using the service to participate in the visit. We spoke with two assistant managers, two care staff, an activities coordinator, a district nurse, one relative and eight people who live in the home. We also made observations on the standard of care provided.

People spoken with reported that they were treated well by staff. Comments received included; "I like it here. The staff listen and are kind"; "Overall I am very satisfied. I am generally very well looked after and the girls [staff] are great" and "I miss my own home but I can't grumble about the care I receive."

##### Other evidence

The registered provider (Warrington Community Living) has developed a range of policies and procedures to provide guidance for staff on respecting and involving people who use services. Staff spoken with confirmed they had access to the policies and procedures and reported that key issues were discussed during meetings and supervision sessions.

During our visit we spoke with two assistant managers, two care staff and an activities coordinator and observed their interaction with the people living at Heathside. Staff

spoken with demonstrated knowledge and understanding of the principles of good care practice and were observed to carry out their duties in a respectful and dignified manner.

A Statement of Purpose and an information leaflet had been produced in a standard format to provide key information on Heathside. The statement of purpose document viewed during the visit had not been developed in an easy read format and was in need of review as it contained some incorrect information. Senior staff spoken with agreed to address these issues in consultation with the registered manager.

A relative spoken with stated: "I am very satisfied with the care my mother receives" and confirmed that he been asked to provide feedback on the service provided at Heathside via annual surveys.

**Our judgement**

People using the service are treated with respect and systems are in place to ensure their views are sought.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

There are minor concerns with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

People spoken with reported that they were generally satisfied with the standard of care provided and were of the opinion that staff understood their needs.

Comments received included: "The staff are pleasant people and do their best to look after us" and "I have no issues. I have everything I want here and the staff help me whenever I need."

##### Other evidence

Policies and procedures had been developed by the registered provider (Warrington Community Living) to provide guidance to staff on how to safeguard the care and welfare of the people using the service.

We looked at the personal files of three people who use the service.

Only two out of three files viewed contained a care plan that outlined: 'What is important to me'; 'What is important for me in this area of my life'; 'How we are going to accomplish this'; 'How will I know that you have helped me to reach for my goal in this area' and 'How often this plan will be reviewed'. Records detailed that plans would be reviewed every six months and evaluated monthly.

A range of supporting documentation including: assessments, background information; accident / incident; daily report; activity; health and medical appointment records and other key documentation were also on files for reference.

Each file viewed contained a number of risk assessments that were incomplete. Furthermore, some records viewed were in need of review and records pertaining to personal care and people living with dementia were in need of further development. These issues were discussed with the deputy managers during the visit.

We talked with staff and watched staff interacting with the people using the service during our visit. We saw that staff were attentive to the needs of the people using the service and that people were supported in a caring and dignified manner.

We also spoke to a visiting health care professional who spoke highly of the service and confirmed that there was good communication with the district nursing team.

**Our judgement**

Care planning processes have been established however some aspects are in need of review and development, to ensure the holistic needs and wishes of the people using the service are appropriately identified and planned for.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

People spoken with confirmed that they felt safe living at Heathside and were observed to be relaxed in their home environment and in the company of the staff team.

##### Other evidence

The registered provider (Warrington Community Living) had developed a range of internal policies and procedures to provide guidance to staff on safeguarding vulnerable adults and whistle blowing. These included; 'Protection from Abuse, Bullying and Harassment'; 'Independent Safeguarding Authority', 'Restraint', 'Whistle blowing and Reporting Bad Practice' and 'Management of Violence and Aggression' policies.

A copy of the local authority's adult protection procedure was also available for reference and a tracking log had been established to monitor safeguarding incidents and referrals. Information on the action taken and outcome of referrals was incomplete and this was brought to the attention of the deputy management team as an area requiring further attention.

Discussion with staff and examination of training records confirmed the majority of staff had completed 'Adult Protection' (safeguarding) training. Staff spoken with demonstrated a satisfactory understanding of how to recognise abuse, awareness of their duty of care to protect vulnerable adults and the action they should take in response to suspicion or evidence of abuse.

Discussion with senior staff and examination of records confirmed that safeguarding

incidents are referred to the local authority's safeguarding unit in accordance with the provider's policies and procedures.

**Our judgement**

Systems are in place to offer protection to the people who use the service from abuse.

## Outcome 09: Management of medicines

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Will have their medicines at the times they need them, and in a safe way.
- \* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

### What we found

#### Our judgement

There are minor concerns with Outcome 09: Management of medicines

#### Our findings

##### What people who use the service experienced and told us

We did not receive any direct feedback on this outcome area from the people using the service.

##### Other evidence

The registered provider (Warrington Community Living) had developed policies and procedures to provide guidance for staff responsible for the administration of medication. At the time of the visit staff did not have easy access to the procedures as they were stored in a central file. The assistant managers agreed to copy the policy, ensure it is signed by all staff responsible for handling medication and to store it in a more accessible area for staff to reference.

The assistant managers confirmed staff responsible for administering medication had completed in-house and external medication training and this was confirmed by the registered manager following the inspection.

A list of staff responsible for administering medication, together with sample signatures had been developed however there was no evidence that the competency of staff designated with responsibility for handling medication had undergone an assessment of competency at regular intervals.

Records of medication received into Heathside were maintained however there was no evidence that the management team were monitoring or auditing medication records.

Likewise, there were no photographs in the medication administration records file to assist in the identification of people who required medication.

A sample of Medication Administration Records were viewed with a member of staff during the visit and several unexplained gaps were noted on records viewed.

**Our judgement**

Policies and procedures are in place for the recording, handling and administration of medication however medication records and auditing processes are in need of review and development so that people using the service are adequately protected from the risks associated with the unsafe use and management of medication.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

There are minor concerns with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

We did not receive any direct feedback on this outcome area from the people living at Heathside.

##### Other evidence

The provider (Warrington Community Living) ensures requirements relating to workers are applied using various methods.

For example, the assistant managers reported that new starters complete a two week induction programme with the local authority and receive orientation and induction to the registered provider and Heathside. Furthermore, we noted that staff have access to mandatory, national vocational qualification and other training specific to the needs of the people using the service. On-line training in social care is also in place for staff to reference.

We received training information in the form of a colour coordinated training matrix from the provider and this highlighted that staff had access to a range of training as highlighted above.

Staff spoken with reported that they had completed various training courses listed on the matrix however some significant gaps were noted. For example, records indicated that a number of staff had not completed the Skills for Care Common Induction Standards and this was confirmed in discussion with staff.

Staff spoken with confirmed they had attended team meetings and supervision

sessions. It was noted that some supervision sessions were not on target and the assistant managers on duty confirmed this was an area for development.

**Our judgement**

The management and administration of staff induction, key training and supervision should remain under close scrutiny to ensure all outstanding staff complete the necessary training and receive appropriate support for their respective roles.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

We did not receive any direct feedback on this outcome area from the people living at Heathside.

##### Other evidence

The provider (Warrington Community Living) assesses and monitors the quality of service provision for the service using various systems and processes.

For example, the registered provider has purchased an electronic quality assurance system to help improve self assessment and quality monitoring of the service provided. Corporate policies, procedures and a quality assurance system were also noted to be in place.

An electronic 'CQC outcomes tool' had been completed by the registered manager to record how the service was meeting essential standards of quality and safety.

Additional systems had been established to monitor other aspects of the service. For example: fire safety records; water temperature; emergency call checklists and other maintenance / servicing checklists were noted to be in place. At the time of the visit staff were unable to locate any records to verify that the environment, health and safety and / or medication audits were undertaken.

The assistant managers reported that quality assurance surveys were last distributed to the people using the service or their representatives during December 2010. A brief

summary of the overall results had been produced but there was no action plan to demonstrate how any issues identified were to be addressed.

Periodic monitoring of the standard of care provided to residents funded via the local authority is also undertaken by Warrington Borough Council's Integrated Commissioning Team. This is an external monitoring process to ensure the service meets its contractual obligations.

**Our judgement**

Quality assurance processes are in need of ongoing development and review to demonstrate compliance across all outcome areas.

## Outcome 21: Records

### What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

\* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

\* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

### What we found

#### Our judgement

There are minor concerns with Outcome 21: Records

#### Our findings

##### What people who use the service experienced and told us

We did not receive any feedback on this outcome area from the people living at Heathside.

##### Other evidence

The registered provider (Warrington Community Living) has developed 'Record keeping and report writing' policies to provide guidance to staff.

As part of this review we asked for copies or examples of various records and documents. For example we looked at a sample of service user files, policies and procedures, medication records, safeguarding information and other key documents.

All records requested were made available to us however some records viewed were in need of review or further development. Examples were discussed with the deputy managers during the visit. Similar issues concerning the management of records were identified by Warrington Borough Council following their last contract monitoring visit.

##### Our judgement

The management and administration of some key records is in need of ongoing review and development to ensure best practice.

## Action we have asked the provider to take

### Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<b>Why we have concerns:</b> Care planning processes have been established however some aspects are in need of review and development, to ensure the holistic needs and wishes of the people using the service are appropriately identified and planned for.	
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<b>Why we have concerns:</b> The management and administration of staff induction, key training and supervision should remain under close scrutiny to ensure all outstanding staff complete the necessary training and receive appropriate support for their respective roles.	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<b>Why we have concerns:</b> Quality assurance processes are in need of ongoing development and review to demonstrate compliance across all outcome areas.	
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations	Outcome 21: Records

	2010	
	<p><b>Why we have concerns:</b>  Quality assurance processes are in need of ongoing development and review to demonstrate compliance across all outcome areas.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

## Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<p><b>How the regulation is not being met:</b> Policies and procedures are in place for the recording, handling and administration of medication however medication records and auditing processes are in need of review and development so that people using the service are adequately protected from the risks associated with the unsafe use and management of medication.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
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