

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Heathside

Honiton Way, Penketh, Warrington, WA5 2EY

Tel: 01925722109

Date of Inspection: 11 February 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Management of medicines ✗ Action needed

Staffing ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✗ Action needed

Complaints ✓ Met this standard

Details about this location

Registered Provider	Warrington Community Living
Registered Manager	Ms. June Gilbody
Overview of the service	<p>Heathside is a two storey care home that provides accommodation and personal care for up to forty older people, some of whom have dementia. The home is operated and managed by Warrington Community living, a registered charity and non-profit making organisation.</p> <p>Resident's accommodation consists of thirty-four single rooms and three double rooms (which are used for single accommodation). Access between floors is via a passenger lift or stairs.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 February 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information we asked the provider to send to us. We reviewed information sent to us by commissioners of services.

What people told us and what we found

People using the service at Heathside confirmed that they were treated with respect and their dignity was maintained. People also told us that they were satisfied with the standard of care provided and were of the opinion that staff understood their needs.

For example, comments received included: "I say what I think and I'd recommend this place"; "I enjoy it here. I'm being looked after okay"; "I'd prefer to live in my own bungalow but I realise I can't anymore. This is therefore the best place I could be"; "I can assure you I've no concerns and that I'm being looked after well" and "The care staff are very patient and understand the things I need help with."

Systems were in place to offer protection to the people who use the service from abuse and people spoken with confirmed that they felt safe and had no concerns regarding the care provided. No concerns, complaints or allegations were received from the people using the service during our visit to Heathside.

People spoken with confirmed they had confidence in the staff that provided care. Comments received included: "The girls [staff] are wonderful"; "Staff respond quickly when needed"; "The carers are fabulous" and "The staff treat me like a daughter".

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 23 March 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement

powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

During this review we visited Heathside. We spoke with an assistant manager; two senior care assistants; two care assistants; an activities coordinator, a district nurse, one relative and ten people who lived at the service.

The registered provider (Warrington Community Living) had 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.

Staff were observed to engage with the people living at Heathside in an appropriate manner. Likewise, people spoken with confirmed they were given appropriate information regarding their care and support needs and were treated with respect and dignity. Comments received included: "I say what I think and I'd recommend this place" and "I enjoy it here. I'm being looked after okay."

People using the service were seen to follow their preferred routines throughout the day. A range of activities had also been developed for people to participate in by the home's activities coordinator.

Records showed that 'Resident House' and 'Activities' meetings had been coordinated periodically and brief minutes were available to confirm the same. Some minutes had been produced using pictures, signs and symbols to enable people using the service to understand the information more easily.

A statement of purpose, service user guide and an information leaflet had also been produced in a standard format to provide key information on Heathside.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

A range of localised policies and procedures had been developed by the registered provider to guide staff on how to safeguard the care and welfare of the people who lived at the service.

We looked at the personal files of three people who live at Heathside during our site visit and found copies of assessments and / or care plans from social workers. This provided evidence that the needs of the people living at Heathside were being kept under review.

Each file also 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 care plans would be reviewed every six months and monthly evaluation systems were in place.

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

We talked with the staff and watched their interactions with 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 respectful manner. On the day of our visit the general atmosphere in the home was calm and relaxed.

Comments received from people using the service included; "I'd prefer to live in my own bungalow but I realise I can't anymore. This is therefore the best place I could be"; "I can assure you I've no concerns and that I'm being looked after well" and "The care staff are very patient and understand the things I need help with."

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The registered provider 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 the manager had developed a tracking log to monitor safeguarding incidents and referrals.

The assistant manager and staff spoken with demonstrated a good understanding of their duty of care to safeguard the welfare of vulnerable adults and were able to explain the different types of abuse and the action that should be taken in response to suspicion or evidence of abuse. Discussion with staff and examination of training records confirmed that staff had completed safeguarding training.

A tracking tool has been developed by the provider to monitor safeguarding incidents. This highlighted that there had been twelve safeguarding referrals in the past twelve months. The majority of incidents concerned altercations between people using the service.

The provider may find it useful to note that some minor gaps were noted on the safeguarding report log. This should be reviewed to ensure a clear audit trail.

Records confirmed that safeguarding incidents were referred to the local authority's safeguarding unit in accordance with the organisation's policies and procedures.

On the day of our visit the people living at Heathside were observed to be relaxed in their home environment and in the company of the staff team. No concerns, complaints or allegations were brought to our attention during the visit.

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

Our judgement

The provider was not meeting this standard.

People were not fully protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The registered provider had developed policies and procedures to provide guidance for staff responsible for the administration of medication.

The assistant manager confirmed staff responsible for administering medication had completed in-house and external medication training. This was confirmed through discussion with staff responsible for administering medication and by reviewing the training matrix.

A list of staff responsible for administering medication, together with sample signatures was available for reference. Likewise, photographs of the people using the service had been attached to medication records to assist staff in the identification of people who required medication.

The provider may find it useful to note that there was no evidence to verify that the competency of staff designated with responsibility for handling medication had undergone an assessment of competency at regular intervals. This should be reviewed to ensure best practice.

A sample of Medication Administration Records (MAR) were viewed with a member of staff during the visit. We noted that there were some unexplained gaps on records viewed. Likewise, we noted that staff had signed a MAR chart to confirm medication had been given however the medication was still present in a blister pack. Furthermore, we noted that handwritten MAR had not been countersigned to verify that the prescribed instructions had been checked and were correct and some recording was not clear. Examples were discussed with the assistant manager.

Medication was found to be correctly stored. At the time of the visit none of the residents self-administered their medication.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skills and experienced staff to meet people's needs.

Reasons for our judgement

At the time of the visit the service provided accommodation and personal care for thirty people. The service employed a registered manager on a full time basis who worked flexibly between two locations subject to the needs of the service.

Examination of the rotas highlighted that the service was staffed with one assistant manager and four care assistants between 8.00 am and 3.00 pm. From 2.45 pm until 10.00pm there was one assistant manager and four care assistants on duty. During the night there were two waking night staff on duty.

Ancillary staff were also employed for administration; domestic; laundry; catering and maintenance tasks. Likewise a part-time activity coordinator was employed.

The provider may find it useful to note that an up-to-date dependency needs analysis and risk assessment was not available for monitoring the needs of the people using the service or staff deployment. This should be reviewed to ensure best practice. One visitor spoken with also queried the staffing levels in the home following a recent incident.

Comments received from people using the service included: "The girls [staff] are wonderful"; "Staff respond quickly when needed"; "The carers are fabulous" and "The staff treat me like a daughter".

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

Our judgement

The provider was meeting this standard.

People were supported by staff that had completed the necessary training to deliver care and support safely and to an appropriate standard.

Reasons for our judgement

The provider ensured requirements relating to workers are applied using various methods.

For example, the assistant manager 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 had 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 gaps in learning and development were noted as identified at our last visit. The provider may find it useful to note that records indicated that a number of staff had not completed an induction that was compliant with the Skills for Care Common Induction Standards. Likewise we noted a number of gaps for mandatory and other significant key skills training such as 'working positively with dementia and challenging behaviour'. Action should be taken to address the outstanding training needs of staff as a matter of priority.

Staff spoken with confirmed they had attended team meetings and supervision sessions periodically. It was noted that some staff had not received regular supervision and the assistant manager on duty confirmed this was an area that required action.

Assessing and monitoring the quality of service provision

✘ Action needed

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

Our judgement

The provider was not meeting this standard.

The provider did not have an effective system in place to regularly assess and monitor the quality of service that people receive.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The registered provider had developed corporate policies and procedures and a quality assurance system was noted to be in place.

We noted that the provider assessed and monitored the quality of service provision for the service using various systems and processes.

Since the last inspection a new 'Registered Manager Monthly Home Audit' had been developed by the provider which covered a range of areas including: home presentation; exterior of building; enquiry management; medications; medication audits; 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. Records viewed had been completed up to 30/09/2012.

The provider may find it useful to introduce a peer review system for monthly audits, so that there can be a more objective approach to quality assurance within the service.

Despite the above audit system having been established, we noted significant shortfalls for outcome 9 (Management of Medicines) and Outcome 16 (Assessing and Monitoring the quality of Service Provision). Gaps in other records viewed were also noted that were brought to the attention of the assistant manager.

Additional systems had been established to monitor other aspects of the service. For example: fire safety; electrical wiring; portable appliance; gas safety; emergency call; passenger lift and hoist servicing records were noted to be in place. The home was in the process of being redecorated at the time of the visit and people spoken with were pleased to see the home benefiting from investment.

We noted that the fire alarm system had not been tested on a weekly basis for over eight months and some other fire records had not been appropriately maintained. Examples

were discussed with the assistant manager for reference.

We spoke to an electrical contractor for Heathside who advised us that a new fire alarm system had recently been installed and that a commissioning inspection and certificate was due to be completed. The contractor confirmed that the old system could have been tested on a weekly basis despite the system having had minor faults.

Despite an improvement action having been issued at our last inspection, the assistant manager and administrator reported that surveys had only been distributed to the people using the service in the week prior to our inspection. The administrator reported that only four surveys had been returned and that it was not possible to determine which service they were for as the name of the location had not been recorded on the questionnaire.

The last full survey for residents and their relatives was completed in December 2010 as noted at our last inspection. 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 people 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.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The registered provider had developed a complaints policy and procedure to provide guidance to staff and people using the service and / or their representatives. A leaflet entitled "Concerns, comments, compliments or complaints was also available in the reception area.

A log of incidents had been established by the manager to record any concerns or complaints. This highlighted that there had been no complaints in the last twelve months.

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

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
	How the regulation was not being met: People were not fully protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision
	How the regulation was not being met: The provider did not have an effective system in place to regularly assess and monitor the quality of service that people receive.

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 by 23 March 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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