

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: 13 June 2013

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

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ 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 carried out a visit on 13 June 2013, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information given to us by the provider and 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 from people using the service included; "The girls [staff] work hard and do their very best to look after us"; "The staff are very good"; "I like living here and overall the standard of care is good in my opinion" and "I have only been here a short time but I have always been treated well and have no concerns."

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.

Feedback received from the people using the service regarding activities was positive overall however two people expressed concerns as follows. "I would like to get out more" and "I would like to see more activities. I get tired of watching the television". We have asked the provider to take this feedback into consideration in developing the service to ensure best practice.

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

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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment.

Reasons for our judgement

During this review we visited Heathside. We spoke with a senior manager; manager; assistant manager; two care assistants and twelve people who use the service. We encouraged the people using the service to participate in our visit using their preferred methods of communication.

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 using the service.

We looked at the personal files of three people who lived 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.

Since the last inspection the service had started to introduce 'Essential Lifestyle Plans' (a person centred care planning model) and these were available on two of the three files viewed. One file viewed did not contain a plan of care for a person who had recently been admitted for a short term break. This issue was addressed during our visit.

The provider may find it useful to note that some risks identified within risk assessments had not been adequately planned for within the essential lifestyle plans. The inclusion of the original care plans together with essential lifestyle plans would help to clarify how such risks are to be managed, whilst the service develops new care plans.

A range of supporting documentation including: background information; care plan evaluation records; risk assessments; accident / incident; daily report; activity records; dependency assessments; health passports; 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; "The girls [staff] work hard and do their very best to look after us"; "The staff are very good"; "I like living here and overall the standard of care is good in my opinion" and "I have only been here a short time but I have always been treated well and have no concerns."

The home employed a part time activities coordinator who organised a range of group and individual activities.

The provider may find it useful to note that overall feedback received from the people using the service regarding activities was positive however, two people expressed concerns as follows. "I would like to get out more" and "I would like to see more activities. I get tired of watching the television". These issues should be taken into consideration to ensure best practice.

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 had been established to monitor safeguarding incidents. This highlighted that there had been eighteen safeguarding incidents in the past twelve months. A large number of these incidents concerned altercations between people living at Heathside. Records confirmed that any safeguarding incidents were referred to the local authority's safeguarding unit in accordance with the organisation's policies and procedures.

The provider may find it useful to note that the safeguarding log did not always identify outcomes. This should be reviewed to ensure a clear audit trail.

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 meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

The registered provider had developed policies and procedures to provide guidance for staff responsible for the administration of medication. A senior manager spoken with during our inspection reported that the organisation was in the process of undertaking a review of all procedures, including the medication policy.

We reviewed the medication systems in place during the inspection. The assistant manager confirmed staff responsible for administering medication had completed in-house and external medication training and 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.

A sample of Medication Administration Records (MAR) were viewed during our visit. MAR viewed had generally been completed to a satisfactory standard and systems had been established to monitor and address any unexplained gaps and / or issues of concern.

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

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 were applied using various methods.

For example, discussion with the assistant manager and staff confirmed new starters had completed a two week induction programme with the local authority and received 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 was also in place for staff to reference.

We received training information in the form of a matrix and this highlighted that staff had access to: mandatory training; national vocational qualifications / diploma in Health and Social Care and other key skills training. This helped staff to gain the necessary skills and knowledge for their role and responsibilities.

Systems were in place to enable the management team to monitor the ongoing training needs of staff. Some gaps in training were identified for a range of topics and information on which staff had completed induction training that was compliant with the Skills for Care Induction standards was not clear.

We received information from the provider which confirmed there had been an increase in funding and training activity to redress the outstanding learning needs of staff. Likewise, the provider recently assured us that new and existing staff would be brought up to the required induction standards as many of the staff employed by the organisation had commenced employment prior to the implementation of national induction standards. Progress in this area will therefore be reviewed at the next inspection.

Staff spoken with confirmed they had access to a range of training and had attended team meetings and also supervision sessions.

Assessing and monitoring the quality of service provision

✓ Met this standard

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 meeting this standard.

The provider had an effective system in place to regularly assess and monitor the quality of service that people receive.

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.

For example, the provider continued to utilise a 'Registered Manager Monthly Home Audit' tool 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. This document enabled the registered manager and / or other members of the organisation's management team to monitor and audit key areas on a monthly basis.

Since the last inspection, the provider had distributed surveys to relatives in order to obtain feedback on the service and produced summary reports and action plans. Furthermore, records showed that the provider had previously surveyed staff and was in the process of analysing the results of easy read questionnaires which had been sent to the people using the service. We received confirmation from the provider that summary reports and action plans would be developed in due course to ensure continuous improvement in service standards.

The provider also continued to engage with people using the service via individual review, daily contact and group meetings with the activities coordinator. One of the people using the service also met with the chief executive and a trustee on a regular basis as a member of the 'Bespoke Group' (a committee of senior management, board members and representatives of people using the service who are involved in service planning).

Since the last inspection action had been made to ensure the fire alarm system was tested at the recommended intervals and the results recorded.

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.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment.

Reasons for our judgement

As part of this review we asked the provider for copies or examples of various records and documents. For example we looked at a sample of people's files; staff training records; medication; safeguarding; quality assurance and other key documentation.

All records requested were made available to us and were securely stored where required. Electronic records held on computer were also password protected.

Records viewed were relevant to the management of the service and were accurate and generally fit for purpose.

Management and staff spoken with demonstrated an awareness of retention schedules for records and the need to securely maintain records on behalf of the people living at Heathside.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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