

Church Walk Health Care Limited

Church Walk

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

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

At the time of our inspection there was a registered manager in post. A registered manager is a person who

has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the registered provider.

Church Walk offers nursing care and support to people with a mental disorder and complex health care needs. The home is a purpose built two-storey building with 18 single en-suite bedrooms. The home is situated in a residential area of Rochdale and is close to local amenities. At the time of our inspection there were six people living at the home.

Summary of findings

It was acknowledged that opportunities for staff training and development needed improving to keep people safe. A programme of training and support was being developed to support staff in carrying out their role.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. Relevant policies and procedures were in place to guide staff. Where people were being deprived of their liberty, relevant documentation was in place to show this had been authorised and was lawful. Senior staff had been trained to understand when an application should be made, and in how to submit one. People's human rights were therefore properly recognised, respected and promoted.

People's care records provided good information to direct staff in the safe delivery of their care, treatment and support. Records were kept under review so information reflected the current and changing needs of people. Information was stored securely ensuring confidentiality was maintained.

People were offered a wide range of activities both in and away from the home. These ranged from social and leisure activities to housekeeping and laundry. This offered people some structure to their day and where possible helped them to maintain their independent living skills.

Staff worked closely with healthcare agencies so that people received the care and treatment they needed. Information was shared with other services so that people continued to receive safe and effective care. The home did at times experience difficulties in accessing support for those people who were not originally from the local area.

Records showed people who had applied to work at the service had been robustly recruited so only those applicants suitable for employment were offered work at the home.

We saw sufficient numbers of staff were available to support people in meeting their emotional, social and physical needs so their health and well-being was maintained.

Systems to monitor and review the quality of service provided were in place to check that people received a quality service. People were offered a good standard of accommodation. Checks were made to the premises and servicing of equipment ensuring people were kept safe.

Summary of findings

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. There were robust systems in place to ensure the safety and protection of people living at Church Walk. This was particularly demonstrated where people lacked the capacity to make decisions for themselves so their rights were considered and protected.

We found individual risks had been assessed and considered as part of the care planning process. Control measures had been put in place to help manage any risks in a safe and consistent manner.

We saw up to date and detailed records in relation to the recruitment of new staff and safety checks were in place so that people were protected against the risk of harm.

Good



Is the service effective?

Some areas of the service were effective. Improvements were being made to the programme of staff training and development to ensure that staff were properly trained and supervised so that people were protected.

We saw people's needs and wishes were clearly detailed in the assessment and care plan records and taken into consideration when delivery their care and support. Plans were kept under review so that information reflected the current and changing needs of people.

We found suitable arrangements were in place with regards to the nutritional needs of people. Where people had been assessed at risk of poor nutrition and hydration, additional checks were put in place. Referrals were made to the person's GP or dietician if additional advice and support was needed.

Requires Improvement



Is the service caring?

The service was caring. We spent time observing how staff interacted and supported people. We saw privacy and dignity was respected. Interactions were polite and staff were patient. Staff had a good understanding of the individual needs of people and offered encouragement and support where necessary.

People told us they were happy with the care and support they received and were seen to enjoy relaxed and friendly interactions with staff.

People were encouraged by be involved in developing their care and support so that their wishes and preferences were appropriately considered.

Good



Is the service responsive?

The service was responsive. We saw that opportunities for people to take part in a range of activities both in and away from the home were provided, offering variety to people's day.

Good



Summary of findings

We saw individual care records were in place for people living at Church Walk. These provided staff with information about how to support people. People were involved in making important decisions about their care, treatment and support, where possible, and encouraged to be involved when reviewing their support plans so that their views were taken into consideration.

People had access to information about how to raise issues or concerns. People spoke openly with staff and we were told no concerns had been raised with the registered manager.

Is the service well-led?

The service was well-led. Effective systems were in place to regularly monitor and review the quality of the service and facilities provided. This included seeking feedback from people living and working at the home about their experiences. Where improvements were identified these were acted upon.

The registered manager notified the Care Quality Commission (CQC) as required by legislation of any accidents or incidents, which occur at the home.

Arrangements were in place to review staffing levels, roles and responsibilities. This meant people received the appropriate levels of support to meet their needs.

Good



Church Walk

Detailed findings

Background to this inspection

We visited Church Walk on the 1 August 2014. This was an unannounced inspection. We spent time speaking with two people who use the service, the clinical service manager, a nurse, a support worker and the chef. The registered manager was on leave at the time of the inspection.

We observed how staff supported people in the large lounge/communal areas. We looked at people's care records as well as information about the management and conduct of the service.

The inspection team was made up of an adult social care inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority commissioning and safeguarding teams to seek their views about the service. No issues or concerns were raised with us.

The last inspection of the home was carried out in December 2013. The home was meeting all the assessed standards inspected at that time.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

Policies and procedures were available to guide staff in areas of protection, such as safeguarding adults, Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS) and restraint.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. The registered manager and senior staff were aware of their responsibilities ensuring the rights of people were protected. Of the six people living at the home, three people were subject to a Deprivation of Liberty Safeguard (DoLS). Relevant assessments and meetings had been held as part of the decision making process. Where conditions had been made on the authorisation, we saw this information had been transferred to the person's care plan and acted upon. The clinical service manager (CSM) informed us they were a trained trainer in MCA and DoLS. They were aware that training was required by staff and were to incorporate this as part of the training programme planned for staff at the home.

We asked staff what their understanding was of the whistle-blowing and safeguarding procedures. Staff spoken with were able to tell us what action they would take if they suspected abuse or a concern was raised with them. They also told us they felt confident the management team would listen and take any action required.

Due to the complex needs of some people, behavioural plans were in place to guide staff in the appropriate level of support and intervention. Where necessary this may include physical intervention. Staff were provided with relevant training, Non-abusive psychological and physical intervention (NAPPI). This was completed at induction and periodically updated to make sure staff were following good practice so that people were kept safe. Records seen confirmed what we had been told.

We looked at what systems were in place in the event of an emergency, for example a fire. We saw an evacuation procedure and personal emergency evacuation plans (PEEPs) for people living at the home were easily

accessible. These were reviewed on a monthly basis to check that information was accurate. Other records including fire safety management forms were completed. These identified what type of support people required, i.e. verbal instruction or physical help and the staffing arrangements during the day or night. Information was not specific to the current numbers and arrangements at the home. Accurate information is needed so that in the event of an emergency it is clear where and how many people are accommodated and need assistance. We discussed this with the CSM, who said the records would be amended to reflect this.

We looked to see if up to date servicing certificates were in place for the mains circuits and equipment. We saw up to date certificates for the gas safety, electric wiring circuits, passenger lift, hoisting equipment and the fire alarm. Up to date information was also available for the vehicle used by people. This helped to ensure people living and working at the home were kept safe.

We looked at the records for two staff employed to work at the home since our last inspection. We found that relevant recruitment information, such as an application form, written references, identification and interview records were held on file. Criminal record checks were also carried out with the Disclosure and Barring Scheme (DBS). A further check was completed on nursing staff to check they had a current professional registration with the Nursing and Midwifery Council (NMC). We saw that all relevant information was in place prior to new staff commencing work so that only those applicants suitable to work with vulnerable people were employed to do so.

During the inspection we saw sufficient numbers of staff were on duty. These included nursing and support staff as well as the activity worker, domestic, kitchen and maintenance staff. This provided people flexibility in support people received. We were told that due to a planned admission the week following our inspection, staffing levels were to be increased so this would not impact on the support received by people currently living in the service.

Is the service effective?

Our findings

We spoke with three staff about the training and support offered to them. We were told an induction programme was completed by all new members of staff on commencement of their employment. All three staff spoke confirmed they had completed an induction when they started working at the home. The induction incorporated mandatory health and safety courses and intervention training. Staff said the induction had been, “Very helpful”, “Intense” and was “Thorough”. Two staff said as the team was small there was, “Good communication between all the staff” and “The team was very supportive.”

We were told individual supervision meetings and annual appraisals were offered to staff. One staff spoken with said they had not received individual supervision, however said they could, “Always ask if they needed anything”. Another staff member said they would like additional support whilst learning their role. We were told this had been offered however this had been impacted on as the staff member had changed their shifts.

It was acknowledged by the CSM that due to a number of changes in the staff team a programme of supervision needed to be re-established. Supervision sessions are used amongst other methods to check staff progress and provide guidance. It was also acknowledged that further training in areas such as MCA, DoLS and safeguarding was needed, as records showed that a number of staff had yet to complete the training and those staff spoken with were not able to demonstrate their understanding. We were told that this training would be provided by the CSM. A programme of training was being planned and would be rolled out to all staff. On-going training and development is essential to ensure staff have the right knowledge and skills needed to support people safely, promoting good practice and protect people’s rights.

We saw people had their needs assessed prior to moving into Church Walk. People were able to visit the home as part of the decision making process. This process varied in the time it took to resettle someone, depending on their individual needs. Where appropriate relatives were spoken with as well as information being sought from health and social care professionals.

People’s records showed that they had access to relevant healthcare support when needed. These include; GP’s, dietician, and podiatry services. The CSM did say that whilst people had access to the health care support they needed, the service had experienced some difficulties from certain GP practices due to people being placed at the home by other authorities.

Suitable arrangements were in place when people needed support to attend appointments or in the event of an emergency. We were told staff would always provide an escort, where necessary. Relevant information about people’s medication and specific health needs would be shared with people so that they received continuity in their care.

We looked at how people were supported in meeting their nutritional needs. We looked at the kitchen and food storage area and spoke with the chef about the arrangements for ordering of food. We were told regular deliveries of fresh, frozen, tinned and dry goods were made. A small kitchen area was available in the dining room. People were able to make hot and cold drinks when they wished. Breakfast items were available in the kitchen area in the dining room, such as cereal, bread and jam as well as hot options, which are provided from the main kitchen at people’s request. We saw there was a four weekly menu which offered a wide choice of meals. The chef told us they were aware of the individual dietary needs of people and had access to guidance from the speech and language therapists or dietician.

Records were completed with regards to food, fridge and freezer temperatures as well as cleaning records. An inspection was completed by the local authority food safety inspectors in January 2014. The home was awarded the highest level of compliance, 5 stars.

Care records also showed that nutritional risk assessments were completed where people were at risk. We saw that where concerns had been identified increased monitoring was in place and, where necessary, additional support and advice was sought from the person’s GP or dietician.

People were provided with spacious, well maintained accommodation and were seen accessing all areas of the home spending their time as they wished.

Is the service caring?

Our findings

At the time of our inspection there were six people living at Church Walk. We were told people had complex health care needs, both mentally and physically, and required varying levels of care and support. From our observations staff interacted well with people. Staff were sensitive to people's individual needs and offered reassurance and encouragement where necessary. Staff spoken with were aware of how people wished to be supported in meeting their individual needs.

During the inspection we noticed staff knocked on bedroom doors before entering people's rooms. Engagement between people and staff was relaxed. Staff were seen to be respectful and considered people's privacy and dignity when offering support. For example, some people required the aid of a hoist when mobilising or help to meet their personal care needs. We saw that staff were discrete and acted promptly to assist people when needed and escorted people to their rooms or bathroom so that their privacy and dignity was maintained.

We spoke with two people during our visit. Three people declined to speak with us and one person was unwell. Staff were seen to support this person in a gentle and sensitive way. One person we spoke with had lived at the home for 18 months. They said they had regular contact with family and friends who visited the home. They told us, "The care is ok". Adding, "I'm pleased I have the support of my children". Another person said; "The care is of a good standard", "I can go out when I want to, I go out shopping to the shops sometimes, the local shops" and "The food is ok".

Where possible people followed routines of their own choosing. One person spoken with was able to access the local community independently, whilst others required or chose to have support from staff. This was seen during the inspection.

Individual records were in place with regards to people living at Church Walk. Records were easily accessible for staff to refer to. People were allocated a key worker who assisted them in developing and reviewing their support plans. People were encouraged to contribute to their plans, so their individual needs, wishes and preferences could be incorporated.

Is the service responsive?

Our findings

Individual care records were in place for people living at Church Walk. Following admission care plans were drawn up detailing how the person wished and needed to be supported. We looked at the records for two people living at the home. Records detailed people's preferences, needs and wishes, which were all taken into consideration when planning their care. Care plans provided comprehensive information about the care and support people received. Risk assessments were also completed where potential hazards had been identified, such as, nutrition, falls and behaviour. This meant staff had clear information to direct them in the care and support people required ensuring their needs were safely and effectively met.

We saw care plans and risk assessments were kept under review so that information reflected the current and changing needs of people. Daily reports and monitoring sheets were completed so that any changes in need or behaviour could be monitored. A staff handover also took place at each shift change so everyone was made aware of any change in care and support people needed.

Where behavioural management plans were in place, these were supported by observational charts and records of any incidents and intervention required. These too were kept under review and the support provided was reflected on the person's risk assessment. This helped to ensure areas of concern were addressed and support offered by staff was consistent.

We were told where important decisions needed to be made and people lacked the capacity to do this for themselves, staff would consult with relatives, where appropriate and outside agencies such as social workers and advocates. We had previously been made aware of issues where an advocate from MIND had been utilised to support someone following their move into the home. This had been in relation to contact with family and access arrangements to personal finances, which had been delayed following their move. This meant all relevant viewpoints were considered when making decisions to ensure that these were made within the context of the Mental Capacity Act.

We spent some time speaking with the activity worker. They told us that the programme of activities was flexible and took into account people's individual preferences as well as

group activities. We were informed that a lot of activities were provided both in and away from the home and were generally on a one to one basis, although occasional group trips were offered. We saw that these had included a trip to Blackpool, a boat trip, visits to museums and shopping and cinema excursions.

People had access to a private landscaped sensory garden, which included an area for growing vegetables, a greenhouse, water feature and patio. We were told and saw that some people access the garden during our inspection. A separate therapeutic kitchen was also available on the first floor. We were given examples where people were encouraged to develop their skills in the kitchen cooking a meal or doing their own laundry. This enabled people to develop skills and promote their independence. One person we spoke with confirmed what staff had told us and explained how they now took responsibility for their laundry.

Where able, people also accessed the local community independently, however a number of people required support from staff. Support plans were in place and staffing levels provided flexibility in the support provided. The home had a mini bus, which enabled people to have better access to the local and wider community. One person told us they had only been at the home a few months and were keen to move back to the area where they previously lived, some miles away. The staff were aware of this and said this impacted on the person's mood. Due to this, arrangements were made, using the minibus, for this person to visit their family. Staff said this had been a positive experience for the person..

People were asked as part of the care planning process if they had a gender preference regarding staff who assisted them with personal care. We saw the home employed both male and female carers. This provided flexibility in people's support and enabled staff to accommodate people's personal preferences.

A copy of the home's complaints procedure was detailed within the service user guide and displayed in the reception area. We looked at what systems were in place when responding to any complaints and concerns. We were told there had been no complaints or concerns raised about the service since our last inspection in December 2013. No issues had been raised directly with the CQC. We were told should the Registered Manager be made aware of any

Is the service responsive?

issues these would be recorded along with details of any investigation and response made to the complainant. Staff spoken with said they would speak with senior staff if any issues were raised with them.

Is the service well-led?

Our findings

At the time of the inspection the registered manager was not available. The clinical service manager (CSM) was overseeing the management of the service in her absence. From our discussion with the CSM it was evident they had a good understanding of the service and the needs of people who live at the service.

Staff spoken with said there was good communication between the team. We were told that heads of departments met weekly to discuss any issues or action required. Whilst supervision session had yet to be arranged, staff spoke with told they felt supported and guided in carrying out their role. We were told the Registered Manager was, “Fair” and “Helpful”. One person said they were “more than happy working at Church Walk”.

We looked at what systems were in place to monitor and review the service. We were told that monthly and quarterly audits were undertaken by the Registered Manager and senior staff. We saw records to show these included checks to areas such as complaints, care records, medication, environment, staffing, training, health and safety and infection control. The toolkit used was linked to the essential outcomes for quality and safety. Where improvements were needed an action plan was completed and kept under review to ensure improvements were made. The registered provider was aware that additional training and systems to support staff were needed.

The registered manager also completed a monthly ‘safety thermometer’. This explored areas such as incidents within the home, health needs and falls. This information was shared with commissioning groups. Where themes or issues were identified additional support could be provided. From our discussion, we found the clinical service manager had a good understanding of the needs of the service and where improvements were needed.

Other systems were in place to seek the views and opinions of people who used the service, staff and outside agencies. We were told that questionnaires had recently been distributed to people who use the service. Responses received would be collated into a report and shared with the registered manager.

The Care Quality Commission had been informed of any incidents or accidents which occurred at the home, as required by current legislation. These had been received in a timely manner.

Systems were also in place for the recording and responding to any complaints or concerns. Records were maintained of any issues brought to the registered manager’s attention along with action taken. People spoken with said they felt able to speak with both the manager and staff and had confidence any issues raised would be dealt with.