

Wirral Christian Centre Trust Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Wirral Christian Centre is a 'care home' otherwise known as Orton House. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Orton House is registered to provide accommodation for up to 39 older people. At the time of our inspection, there were 25 people living in the home.

People's experience of using this service:

People told us they felt safe living in the home. They were supported by sufficient numbers of staff who had undergone most safe recruitment checks. Procedures were in place to support people in the event of an emergency, although not all staff had yet completed safeguarding or fire safety training. People's medications were managed safely.

People's needs were assessed, and person-centred plans of care developed to meet their identified needs. People's consent to their care and treatment was sought and recorded in line with the principles of the Mental Capacity Act 2005. Nutritional needs were assessed, and individual dietary needs catered for. Staff were well supported through induction and regular supervisions.

Staff treated people with kindness and compassion and provided support that protected people's dignity and privacy and promoted their independence. Staff knew the people they supported well, including their needs and preferences. People were given information and support to make decisions about their care and treatment and their feedback regarding care was sought regularly.

Plans of care were detailed and person-centred and reflected people's needs and how they wanted them to be met. People had been involved in the development of the plans and regular reviews. Staff were responsive to people's individual needs. People were supported to participate in activities that interested them. There was a procedure in place to manage complaints and people knew how to raise any concerns they had.

The service was led by a registered manager who was aware of their responsibilities and completed regular checks to monitor the quality and safety of the service. CQC had been notified of incidents that had occurred within the home and the previous rating was displayed as required. The registered manager had forged effective working relationships with other agencies to help ensure high quality care for people living in the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection:

At the last inspection the service was rated Requires Improvement (Last report published 22 November

2018).

Why we inspected:

This was a planned comprehensive inspection based on the previous rating.

Follow up:

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Wirral Christian Centre Trust Limited

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Orton House is a care home that provides accommodation and personal care to older people.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced on the first day.

What we did: Before the inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service to gain their views. We used all this information to plan how the inspection should be conducted.

A Provider Information Return (PIR) had not been requested since the last inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

During the inspection we spoke with the registered manager, five people using the service, three other members of the staff team and three visiting health and social care professionals.

We looked at four people's care files, two staff recruitment records, medicine administration charts and other records relevant to the quality monitoring of the service.

This report reflects the findings of the inspector and the expert by experience.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At the last inspection, the provider was found to be in breach of Regulation 12 as risk to people had not always been assessed and managed, the environment was not always maintained safely, and medicines were not managed well. During this inspection, we saw that improvements had been made and the provider was no longer in breach of Regulation 12.

Assessing risk, safety monitoring and management

- Most staff had undertaken fire safety training to help ensure they understood how to support people safely in the event of a fire. Three staff had not completed this training, however it was scheduled to take place in July 2019.
- There were no checks completed to ensure pressure relieving mattresses were on the correct setting and we found one mattress setting that did not correspond to the advice in the care plan. A system was set up by the second day for staff to check and record the setting regularly and there was no impact on the person following this.
- The environmental concerns identified at the last inspection had all been addressed and regular checks were now made on the building, utilities and most equipment to ensure they remained safe.
- People told us they felt safe living in the home. Their comments included, "Yes, I definitely feel safe in here", "Oh yes I feel safe, this place is perfect!" and "Yes I feel safe in here nobody has threatened me, I feel safe with other residents."
- Risks to people had been assessed, which met their individual and varied needs. For example, when people chose to administer their own medicines, a risk assessment was completed to ensure this could be done safely.
- Care records provided detailed information about identified risks and how staff should support people to minimise the risk and help ensure they remained safe.

Staffing and recruitment

- Most safe recruitment practices were reflected in staff files, however some staff files did not include full employment histories as required.

We recommend the provider reviews and updates the recording of safe recruitment practices.

- Disclosure and Barring Service checks were completed to help ensure staff were suitable to work with vulnerable people. Risk assessments were completed if any issues were identified during this process.
- People told us there were enough staff on duty to meet their needs in a timely way. Their comments included, "I think there's enough staff on duty", "They always answer [call bell] quickly", "There's enough staff on duty. The manager brings in help from outside if necessary" and "My call bell is close at hand and is

always answered promptly."

- Agency staff were utilised when required and the registered manager told us they used the same few agency staff for consistency, which staff confirmed. Profiles of agency staff were received to ensure they had been recruited safely and had relevant training.

Systems and processes to safeguard people from the risk of abuse

- Staff understood safeguarding procedures and knew how to raise any concerns they had. Referrals to the local authority safeguarding team had been made appropriately and the registered manager provided detailed responses to any care concerns raised by the local authority.
- Most staff had completed training in relation to safeguarding and a policy was in place to guide them in their practice. Additional training had been arranged for the staff who had not yet undertaken the training.

Using medicines safely

- People living in the home did not raise any concerns about how their medicines were managed. People told us, "They are regular with my medication and always ask about pain relief. I've never been left in pain or discomfort" and "They are as regular as clockwork with my medication."
- Medications were stored securely in a locked clinic room and the temperature of the room and fridge were monitored regularly and within the recommended safe range.
- Staff had completed training with regards to medicine administration and had their competency assessed to ensure they could manage medicines safely.
- Records of administration were maintained and completed comprehensively.
- People who were prescribed their medicines as and when needed (PRN), had required protocols in place to guide staff when their medicines should be administered.

Preventing and controlling infection

- People told us their home was always kept clean and tidy. Their comments included, "A cleaner comes in here every day" and "Oh it's wonderful, there's a cleaner every day, the communal areas are very clean. The toilets are kept spotless."
- Staff had access to gloves and aprons to help prevent the spread of infection and we saw these were used appropriately during the inspection.
- Staff had completed infection control training and a policy in place to support them in their role.
- Bathrooms contained liquid soap dispensers and paper towels in line with infection control guidance. Hand gel was available throughout the home.

Learning lessons when things go wrong

- Accidents and incidents were recorded appropriately. They were reviewed by the registered manager to look for any trends or themes.
- The registered manager took appropriate action following incidents to ensure lessons were learnt and to help prevent recurrence. This included referrals to the fall's prevention team and people's GP. People at risk of falls received hourly checks overnight to help maintain their safety.
- The registered manager had developed systems to learn from previous situations, such as new monitoring tools and updating of policies and procedures.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection the provider was found to be in breach of Regulation 11 as consent to care was not always sought in line with the principles of the Mental Capacity Act 2005 and applications to deprive people of their liberty had not been made appropriately. During this inspection, we looked to see if improvements had been made and saw they had. The provider was no longer in breach of Regulation 11.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- DoLS applications were made appropriately. When authorisations were in place, conditions were recorded within people's care plans and were being met.
- People's consent to their care and treatment had been sought and recorded appropriately. When people were unable to provide consent, decisions were made in their best interest.
- When people's relatives had legal authority to consent on their behalf, this was recorded appropriately.
- People told us staff asked for their consent before providing care and we saw this during the inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-admission assessment were completed prior to people moving into the home, to ensure staff could effectively meet their needs. Plans of care were created based on the initial assessments, as well as assessments provided by other health and social care professionals.
- When people had specific medical conditions, information regarding these conditions was held within the care files.
- The registered manager shared best practice guidance they received, such as CQC newsletters, outcomes from visiting a local service rated as outstanding and learning from training events.
- Champion roles had been developed and staff were undertaking training relevant to their champion role, so they had up to date information regarding best practice in that area.

Staff skills, knowledge and experience

- People told us staff were trained well and knew how to support them. Their comments included, "Yes, I believe that the staff have all the experience and skills necessary", "They certainly appear to know what they are doing" and "Staff are very good, they're very competent."
- Staff received an induction when they started in post and staff told us they shadowed senior staff until they knew how to support people safely.
- Most staff had completed training necessary to meet people's needs. Those staff who had not completed all training, had it scheduled in. Staff told us they could ask for any additional relevant training and it would be sourced.
- Staff felt well supported in their role. They received themed supervisions and told us they could go to the registered manager with any concerns they had. Peer observations had also been implemented, so staff could learn from each other.

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

- People's nutritional and hydration needs had been assessed and were being met. Staff were aware of people's needs and preferences in relation to meals and drinks. The chef provided specific diets that met people's needs, including diabetic, lactose free and blended diets.
- Feedback regarding meals was positive. Comments included, "It's varied and nutritious. I never feel hungry", "The food is very good, I've no complaints. There's choice, you can have the main meal or sandwiches. The food is of good quality and nutritious. I've never been hungry. You can get snacks and drinks throughout the day" and "I enjoy every meal they give me. Mealtimes are pleasurable, we can chat and joke together. They serve the meals quickly. You're never kept waiting."
- The registered manager monitored people's weight each month so they could identify concerns in a timely way.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care files showed that referrals were made to other health professionals, such as the falls team, in a timely way when their specialist advice was required. Advice provided by these professionals was incorporated within people's plans of care.
- Visiting health professionals told us staff were knowledgeable about people's needs, made appropriate and timely referrals and communicated well with other services.
- People told us staff supported them with their health needs and arranged for the doctor to visit if they were unwell. One person told us, "They are quick at getting a doctor if needed."
- Weekly visits from a local GP took place as part of the extended GP services. The registered manager and a visiting GP, told us this had been very beneficial for people, creating a more effective service and a reduction in the need for unplanned hospital admissions.
- The service also used an electronic 'tele triage' system, which enabled staff to get timely medical advice.

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

- Some areas of the home had recently been decorated and further refurbishment was planned.
- The registered manager had made some adaptations to the home to ensure the service was suitable for people living with dementia. A bus stop had been created, with a bench to sit on. Staff told us one person often asked about getting a bus when they were upset and sitting at the bus stop helped them to become calm.
- Bathrooms had been adapted to help ensure all people could access them.
- People were encouraged to personalise their rooms and we saw that rooms contained people's own furniture, pictures and other belongings.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us they were treated with kindness and compassion by staff. They said, "I love staff that look after me, they are all very nice. They are very patient and treat you with respect. They really try to get to know you", "I can honestly say that I've never come across a bad one. They always treat you with respect and you can have a laugh and joke with them. I've not got a bad word to say about any of them, they are polite and patient and always smiling" and "The staff are lovely, they really are wonderful. They have welcomed me here and made me feel at home."
- Staff knew people they supported well, including their needs and preferences. This knowledge was used to develop personalised plans of care that reflected the support people wanted and needed. People's needs relating to protected characteristics, such as age, gender, disability, culture and religion, were reflected within their plans of care.
- An equality and human rights policy was in place, as well as an equality and diversity policy. Staff were aware of these policies and signed to show they had read them.
- We observed positive, familiar interactions between staff and people living in the home throughout the inspection. Staff told us they had time to spend with people, chatting, or helping them with a jigsaw.

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

- A service user guide was available in people's bedrooms which provided information regarding the service and what people could expect. This helped people make decisions regarding their care.
- Information about advocacy services was included within the service user guide and the registered manager knew how to access these services if people required their support.
- The registered manager sought feedback from people regarding the service in regular meetings. People were able to share their views and raise any issues during the meetings.
- A new 'You said, we did' process had been implemented. Any issues or suggestions raised during the meetings were acted upon and displayed on a notice board, so people knew that action had been taken.
- Records showed that people were consulted regarding their care and supported to make decisions in relation to this.

Respecting and promoting people's privacy, dignity and independence

- People told us their friends and relatives could visit at any time and were always made welcome. One person said, "I had some visitors who were here for quite a while, the cook prepared a big tray of sandwiches with dressing for them, which he didn't need to do, but was greatly appreciated all the same."
- Language within care plans was appropriate and respectful. Plans reminded staff to encourage people to maintain their independence. The registered manager told us some people wanted to be able to post their own mail, so they were looking into options of a post box within the home.

- Records containing people's private information were stored securely.
- People told all staff respected their privacy and dignity. We saw that staff knocked on people's bedroom doors before entering and that personal care was provided in private.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

People's needs were met through good organisation and delivery.

At the last inspection the provider was found to be in breach of Regulation 17 as care plans were not in place to meet all of people's identified needs and were not reviewed regularly. During this inspection we looked to see if improvements had been made and found that they had. The provider was no longer in breach of Regulation 17.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- A new care plan system had been purchased. People's care plans were detailed and reflected the support they required. People's preferences in relation to their care and treatment were incorporated throughout the plans. People told us their individual needs were met.
- Care plans had been reviewed regularly and it was evident that people and their families had been involved in the development and reviews of the plans of care.
- When safe to do so, people were able to bring their pets to live in Orton House with them. One person showed us their budgie that they liked to keep in their room.
- The registered manager had arranged dementia training for staff. They had included some relatives in this, to help them understand the illness and be able to effectively support their family member.
- The service was meeting the Accessible Information Standard as they assessed, recorded and shared information regarding people's communication needs. The service user guide was in the process of being developed in an easy read format, as well as an audio version. A hearing loop system had also been requested for people's room, to help people with a hearing impairment.
- Care plans were in place regarding people's communication needs. One person, who had difficulty hearing and expressing their needs, had a whiteboard that they, and staff used to aid communication.
- An activity coordinator was in post and a range of activities were available based on people's preferences, both within the home and in the local community. There is a children's nursery based within the same building as Orton House and the children visited each month to take part in activities with people. One person told us, "I think there's plenty going on. [Name] is in charge of activities she's lovely, very caring. They put films on, word games, blockbusters and scrabble. There's bingo on a Friday. We have day trips to The Lake District, Llandudno and Chester."
- Staff were aware of and met people's religious needs and these were reflected in people's care plans.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint if they needed to.
- A complaints policy was in place and this was advertised within the service user guide.
- The registered manager told us they had not received any complaints, but would take them seriously and ensure they were fully investigated in line with the complaint's procedure.

End of life care and support

- There was nobody in receipt of end of life care at the time of the inspection. However, some staff had undertaken training in this area and one staff member had been designated as the end of life care champion. They were due to complete additional training which they would share with other staff.
- Care files showed that people's wishes had been discussed and recorded. People's GP's had been consulted and were aware of people's wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection the provider was found to be in breach of Regulation 17 as the systems in place to monitor the quality and safety of the service were not effective and policies and procedures were not in place for all areas of service provision. During this inspection, we found that improvements had been made and the provider was no longer in breach of Regulation 17.

Continuous learning and improving care

- The registered manager had developed robust systems to assess and monitor the quality and safety of the service. These checks covered a variety of areas and we saw that when actions were identified, they were addressed in a timely way.
- Issues identified through external checks had also been addressed.
- When things went wrong, the registered manager reviewed and updated processes to help ensure that improvements were made. Any learning from these incidents was shared with staff.
- Responsive action was taken to any issues raised during the inspection.
- The registered manager developed an action plan following the last inspection and most of the identified actions had been completed.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff told us the registered manager was very supportive, they were approachable and would be listened to if they had any issues. Staff told us they had seen improvements since the registered manager had been in post.
- People living in the home felt the service was managed well. They told us, "Yes it's well managed, I've no complaints. I would recommend living here. I'm happy", "The home is well managed, [manager] puts a lot of hours in. I would recommend this to other people. I'm very happy here" and "It's very well managed, I'm really happy here. My [relative] looked at a number of places but this is the best."
- The registered manager was supported by the senior management team who were based within the service. They held regular meetings and records showed all areas of the service were discussed during these meetings.

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

- Notifications regarding events and incidents within the service had been submitted to CQC as required.
- Ratings from the last inspection were displayed within the home as required.
- Staff were clear of their roles and responsibilities. The provider had produced new policies and procedures

to help guide staff in their roles.

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

- Systems were in place to gather feedback from people, including regular meetings, a suggestion box and a complaints process.
- People could share their views and we saw that action was taken based on people's suggestions, through the 'You said, we did' process.
- Staff meetings were also held to enable staff to share their views and receives updates regarding the service.

Working in partnership with others

- The registered manager and staff maintained good working relationships with other agencies, such as the GP practice and other health and social care professionals.
- The registered manager participated in local initiatives to help improve quality, such as the 'red bag' scheme for hospital admissions, they attended the registered managers forum and were part of the extended GP service.
- They also used the 'tele triage' system to access timely medical advice.
- The service worked with local education establishments and provided experiences for students.