Church Walk Health Care Limited

Church Walk

Inspection report

Cavendish Road
Kirkholt
Rochdale
Lancashire
OL11 2QX

Tel: 01706717400

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
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
Church Walk offers person centred nursing care for people with complex physical and neurological conditions, including mental health needs, Huntington's Disease, acquired brain injury, and early onset dementia.
The home is a purpose built two-storey building with 18 single ensuite bedrooms. At the time of our inspection there were 12 people using the service.

People's experience of using this service and what we found
Staff understood how to ensure people were safe. Environmental risks and risks to individuals were identified and reviewed. There were enough staff on duty during our inspection to ensure the safety and well-being of people living at Church Walk. Any untoward incidents were analysed to ensure lessons were learnt and to help staff develop and share their understanding of people.

Before people were admitted to Church Walk the service took account of all available information to ensure they could be accommodated. Needs and wishes were regularly reviewed by the staff team, who had been provided with relevant training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The service used some restrictive intervention practices as a last resort, in line with positive behaviour support principles. Best interest decisions were recorded to ensure restraint was used as the least restrictive option.

People appeared well cared for. Staff had time to spend with and showed genuine affection for the people they supported. Information about people was held securely and included information about how to communicate with people. People's likes and preferences were acknowledged and staff tried to maintain people's activities as they would like. Care plans contained a lot of information separated into 27 sections which made them hard to navigate. The service had recognised this and was reviewing the way they stored and managed plans to provide a more person-centred approach to meeting need.

Church Walk had a new registered manager who was respected and valued by staff. They told us that they believed the service had changed for the better, and one member of staff said they had, "Put the positive back into the place". Systems were in place to show the service was under constant monitoring and review, and the registered manager was well supported by the provider.

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

Rating at last inspection
The last rating for this service was Good. (published 28 February 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Church Walk

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Church Walk is a 'care home'. 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.
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
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection-
We spent time with people living at the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with two people who used the service, and eight people employed at Church walk, including the registered manager, head chef, a housekeeper, one nurse and four members of the care staff. We also spoke to two regional directors, the service psychiatrist and Clinical Nurse lead.
We reviewed a range of records. These included four people's care records and five staff files. We reviewed a range of records relating to the management of the service, including audits, procedures and medicine administration records.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
● Staff understood where people required support to reduce the risk of avoidable harm.
Care plans contained explanations of the control measures for staff to follow to keep people safe.
● The environment and equipment were safely managed.

Assessing risk, safety monitoring and management
● The provider had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse. They had received appropriate training in this.
● Staff were aware of any changes in mood or posture which might put others at risk. They understood people's personal relationships and minimised the risk of confrontation between people.
● there had been a high number of safeguarding incidents, but these had been investigated and reported as safeguarding concerns to the local authority safeguarding team.

Staffing and recruitment
●The provider operated a safe recruitment process. Pre-employment checks were done, including references from previous employers and Disclosure and Barring Service (DBS) checks were completed. Checks ensured nurses were registered to practice nursing.
● There was a high ratio of staff to people with a minimum of two nurses and eight health care assistants on each day.
● A dependency chart was used to determine the number of staff need to provide a safe level of care and support. However, a Health care assistant told us, "We are working with people who have challenges and it can be hard. I would like more time to sit and chat with people. Working on a 121 can lead to stress".
● Staff told us that sometimes they could be short staffed, but that, "We all work together and don't allow shortages to affect us, we pull together as a team".
● The registered manager told us that the service was constantly recruiting new staff to reduce the dependency on agency workers.

Using medicines safely
● People told us they were received support from nurses to take their medicines.
● Medicines were safely received, stored, administered and returned to the pharmacy when they were no longer required.
● The provider had up to date procedures in place which followed best practice, for example, ensuring person-centred protocols were in place for medicines taken as and when required. Staff ensured any covert

medicine was administered in line mental capacity legislation and best interest decisions.
● Where people had been prescribed creams and ointments body maps were used to indicate where the creams needed to be applied.

Preventing and controlling infection
● Staff understood the importance of infection control measures, such as the use of colour coded cleaning equipment and the use of personal protective equipment such as tabards, vinyl gloves and other protective measures when handling food or completing personal care tasks and cleaning.
● Staff had attended infection prevention and control training.
● There were dedicated cleaning staff who followed schedules to ensure the home was clean and odour free. We spoke to a housekeeper, who informed us they received regular training, and demonstrated a sound knowledge of how to minimise the risk of infection and used specific cleaning materials to ensure the environment was safe from the spread of infections such as MRSA and Clostridium Difficile.
● There was a cleaning schedule in place, and senior housekeeping staff attended daily flash meetings, which provided an opportunity for all senior staff to meet on a daily basis to discuss any issues from the previous twenty-four hours and consider any actions for the day.

Learning lessons when things go wrong
● Accidents or incidents were responded to appropriately. They were used as a learning opportunity to prevent future incidents where possible.
● Any adverse events were reported and recorded. Staff completed charts to analyse the events leading to the incident, and any consequences arising. This was used to re-evaluate the support plans and put measures in place to minimise the likelihood of any future occurrence.

Good

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

●Assessments of people's needs were completed by the registered manager and the provider's behavioural team. These identified people's physical and mental health needs to ensure the service could meet their needs.

●On admission all staff were introduced to the person and would be briefed on their needs. Risk factors were recorded, and staff signed to say that they had read them.

●Support plans were amended as the person became established at Church Walk and care and support were regularly reviewed.

Staff support: induction, training, skills and experience

● All staff were provided with relevant training and regular refresher sessions to ensure knowledge was up to date. For example, the clinical nurse manager provided regular sessions for staff around issues such as wound care, nutrition and hydration.

● Nursing staff had been supported to maintain and update their knowledge and professional registration.

● Staff told us their induction to the service had been comprehensive and equipped them to support people effectively. One person told us, "My induction was really good. I learnt a lot about understanding behaviours and learnt extra bits, so I could work with specific people and help meet their needs."

● Staff had opportunity for support, supervision and appraisal. Group supervisions and staff meetings had been carried out for staff to work together to understand and reflect on their practice.

● Some staff had been trained in the use of physical restraint, including de-escalation techniques, and the regional director assured us that further sessions had been scheduled to ensure all staff received this training. Rotas indicated which staff had received the training and ensured that a minimum of two staff were on duty on the unit where restraint might be needed.

Supporting people to eat and drink enough to maintain a balanced diet

● People told us they were consulted and involved in planning menus. One person told us, "The food is okay. It's what I like."

● The chef had a good understanding of peoples likes and dislikes and said that they would speak to each new person to find their preferences. They understood people's dietary needs and ensured food was served to meet individual's requirements. At the time of our inspection nobody required their food to be prepared in accordance with specific cultural or religious requirements, but the chef was aware of how to follow religious guidelines.

●Where necessary, staff monitored people's nutrition and hydration intake and charts indicated how much people had eaten and drank.

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

● Where people required support from healthcare professionals this was arranged, and staff followed their guidance. People had received support to maintain their health with regular access to GPs, dentists and other services.

● The service employed a consultant psychiatrist who liaised closely with people's responsible clinicians and local mental health professionals to ensure people's mental health needs were closely monitored.

●People received effective care when moving between the service to other places such as hospitals. Information was recorded and ready to be shared if needed.

●Although the building was secure people were not confined indoors. People had access to a large garden and a member of staff told us that they tried to ensure each person went out each day, for example to the local shops or cafes.

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

● Church walk provided well maintained accommodation over two floors. There were a number of communal areas on each floor, allowing people to move freely to spend time where they wished, or access the user friendly and secure garden.

● We were told people who lived at Church Walk had been involved in choosing colour schemes, but we found some bedrooms were sparse and did not always reflect the interests or personalities of the people who lived there.

●Some people required profile beds which were provided; if this was not required they had a choice of a single or double bed.

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 when this is in their best interests and legally authorised under the MCA. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● The service was working within the principles of the MCA. The provider used the care planning process to screen people's capacity and monitor changes.

● Staff were aware of any conditions attached to DoLS, and ensured the conditions were adhered to.

● The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles. Care plans instructed staff in proactive strategies and de-escalation techniques to prevent the frequent use of restraint, and best interest decisions were recorded to ensure restraint was used as the least restrictive option.

Good

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- People were treated with kindness. One person told us, " [The staff] are good with me, and very patient. They have gotten to know me, and they know what I like".
- Care staff talked fondly of the people they supported and demonstrated a good understanding of how to adapt their approach to ensure support was provided in a person-centred way.
- Some people required one to one support. We saw that staff would discreetly monitor people and would follow their lead ensuring that their support was responsive to the person they were supporting. One person told us, "It's ok here. Sometimes I get frustrated, but [staff] are there to help. Staff are often with me, so I am well looked after".
- Where people had difficulty expressing their needs and choices, staff had worked to understand how they communicated. Staff observed body language, eye contact and had developed a keen understanding of their speech patterns. We saw staff spoke clearly and allowed people time to process information before responding.

Supporting people to express their views and be involved in making decisions about their care
- Staff supported people to make decisions about their care and knew when people wanted help and support from their relatives.
- Where needed staff sought external professional help to support decision making for people.
- Where people did not have any family or friends who could support them, the service arranged for independent advocates to visit and comment on their care and support.

Respecting and promoting people's privacy, dignity and independence
- All our observations in the lounge and dining room showed staff displayed a caring attitude, listened to people and treated them with respect and kindness.
- Staff were able to provide examples of how they treated people with dignity and respect, such as closing doors and curtains when providing personal care. One care worker told us, "You treat people like you would treat your own parents."
- Consideration to privacy and dignity was embedded in care plans and staff showed a good understanding of the importance of respecting people's privacy and confidentiality.
- Records were stored securely and managed in line with the General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people's likes, dislikes and preferences and these were recorded in people's records. Records reflected people's diversity and specific gender needs.
- Care records contained information about people's care needs and how these should be met. However, we found care plans were large containing 27 separate sections on specific aspects of care, which made finding appropriate information difficult or repetitive. We saw the provider was reviewing all care documentation and reducing the number of sections needed. This would make it easier for staff to locate the specific information they needed to offer an appropriate response.
- People's care and support was reviewed regularly. Where a change in need was identified, reviews were brought forward. There was a staff 'handover' at the end of every shift. This helped to keep staff up-to-date with people's support needs. Each day senior staff met for a short 'flash meeting' to discuss any issues arising and to coordinate any work required.
- The service regularly monitored and kept records of any specific needs people might have, such as weight loss, sleeping records, or any adverse events, and had appointed 'charts champions' to ensure records were kept accurately and up to date.
- People were empowered to make choices and have as much control and independence as possible, including in developing care, support and treatment plans. Relatives were also involved where they chose to be and where people wanted that.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibilities to meet the Accessible Information Standard and told us that they ensured people were provided with information in a format they could understand. The provider had access to translation services should the need arise.
- Care plans indicated people's communication needs and how to overcome any difficulties.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain friendships and relationships. This included spending time with relatives where possible.
- Where people did not get many visitors, one member of staff told us, "We have got to be the replacement,

and help them live their lives the way they would want. We take them out and spend time with them on what they are interested in."

● People were supported to maintain hobbies and interests, for example, a group went to watch the local football team each week. Staff were supporting a person to go on holiday with their sister.

● The providers had developed relationships with the local community. For example, at the time of our inspection people were busy with staff arranging a summer fayre in a nearby church and were inviting people from the community to attend.

Improving care quality in response to complaints or concerns

● People and relatives were given information on how to make a complaint if they were dissatisfied with any aspect of the service.

●The service had a complaints policy, and we saw that any complaints were dealt with by the provider's head of quality who responded to any complaints received in an open and transparent way.

● Compliments had been received about the responsive care people received.

● The service used an independent whistle-blowing service with a confidential telephone number for staff to report any concerns they might have without fear of recrimination.

End of life care and support

● Staff understood people's needs and were aware of good practice and guidance in end of life care

● Some of the care records we reviewed indicated people's preferences for how they wished to be supported at the end of their life with recording of how staff would intervene in the event.

●Staff worked in conjunction with the local healthcare professionals and hospice to ensure people received a pain free and dignified end of life.

●The consultant psychiatrist was working with an external organisation to implement best practice in end of life care for people with Huntington's Disease.

Good

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● Leaders and managers demonstrated a commitment to provide person-centred, high-quality care. There was a new registered manager and prior to their appointment there had been a number of concerns about the poor quality of care provision and a high number of safeguarding concerns. One member of staff told us, "It was a mess, the chemistry wasn't right, and disagreements led to a poor response to people's needs." However, they went on to say, "Since the appointment of [the new registered manager] it is much better, he has put the positive back into the place".

● Staff told us they felt listened to and that the registered manager was approachable and supportive. One health care assistant told us, "[The registered manager has] given us a boost. Staff feel valued and appreciated."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager had displayed an open approach and listened to staff, people and their relatives. They had been honest and worked in partnership to make improvements. Staff, people and their relatives were happy with this approach and told us the registered manager was approachable. A member of staff told us that the manager was "Really helpful and supportive. A people person, approachable and fair, but nobody's pushover."

● The registered manager was aware of their regulatory requirements. For example, they were knowledgeable about what events they were required to notify the Care Quality Commission about and records confirmed they had done so as appropriate.

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

● The provider and registered manager demonstrated a commitment to ensuring the service was safe and high quality.

● The new registered manager and area directors had worked hard to implement checks on safety and quality. They had identified actions required to improve the quality of the service.

●The registered manager was well supported by the service provider. The area director made regular visits to the service and staff had access to a clinical nurse manager.

Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards. All staff knew their responsibilities and were keen to fulfil them.

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

● People and their relatives had completed a survey of their views and they were invited to attend monthly resident and relative meetings. Minutes of the most recent meeting showed a good attendance and positive feedback from people about their care provision

●People were asked to complete a yearly survey about their support and the service they received. Feedback had been used to improve the quality of the service.

●Staff and the registered manager involved people and their relatives in day to day discussions about their care.

Continuous learning and improving care; Working in partnership with others

● There were effective systems in place to monitor and improve the quality of the service.

● The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.

● The service worked continually with all partner agencies such as the NHS and local authority to coordinate the care and support people's needed. People achieved positive outcomes because the relationships between the organisations were strong and effective.