

Wirral Christian Centre Trust Limited

# Wirral Christian Centre Trust Limited

## Inspection report

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Date of inspection visit:  
27 March 2017  
28 March 2017

Date of publication:  
04 August 2017

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

Wirral Christian Centre Ltd is a care home known as Orton House. It is registered to provide accommodation for people who require nursing or personal care to a maximum of 39 people. It is situated in Birkenhead, Wirral, close to the town centre and local amenities. At the time of our inspection 22 people were receiving care at the home.

The home is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service had not had a registered manager since June 2015. On the day of inspection the manager applied to the Care Quality Commission for registration and the provider and deputy manager were in attendance.

During our inspection, we identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulated Activities 2014 in respect of Regulation 10 dignity and respect, Regulation 12 safe care and treatment and Regulation 17 good governance. You can see what action we told the provider to take at the back of the full version of the report.

The service had not had a registered manager since June 2015 and had not submitted statutory notifications to the Care Quality Commission regarding incidents that had happened at the service.

Quality assurance systems such as audits were in place but did not operate effectively and had not embedded into the culture of the service enough to ensure people received a safe, effective, caring, responsive and well led service. The policies the service had in place had not been signed or dated and so we could not determine how old they were.

We reviewed people's care plans and risk assessments as well as monitoring information. Not all of these were clear or legible regarding people's needs and not all care plans had been updated. Some monitoring information and risk assessments were also misleading and gave little guidance to staff on how to meet people's needs.

We received feedback from both staff, families and people using the service regarding low staffing levels. This meant there was a risk that there was not sufficient staff to ensure people received a safe, effective, caring, responsive and well led service.

We observed mealtimes that were task orientated and menus were not displayed. We were told that people were asked for their meal choices a week in advance. This meant that there was confusion about what choices had been made and what was available. We received a mixed response from the people living in the home regarding the food provided.

Suitable processes were in place to deal with complaints however there was some confusion in the records as to whether issues were complaints, incidents or safeguarding concerns.

Staff were recruited safely and had received suitable training to do their job role effectively. The majority of staff had been supervised and appraised.

We found that the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had been followed by the home. The deputy manager told us about people in the home who lacked capacity and that the appropriate number of Deprivation of Liberty Safeguard (DoLS) applications had been submitted to the Local Authority.

Medication records were completed legibly and properly signed for. All staff giving out medication had been trained in medication administration and medicines were stored safely.

We looked at the premises and saw that they were clean and well maintained we saw evidence of cleaning rotas for each room in the home. There were records of cleaning slings, hoists, wheelchairs and other mobility aids.

## 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

People living in the home, relatives and staff reported low staffing levels.

Each person living in the home had risk assessments, however not all of these were clear or legible regarding people's needs and not all risk assessments had been updated.

Safeguarding concerns had been dealt with, however records relating to concerns raised were not always clear and the action taken was not always easy to find.

Staff had been recruited safely. Appropriate recruitment, disciplinary and other employment policies were in place.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Mealtimes were task orientated and menus were not displayed to inform the people who lived in the home.

Staff had received supervision and appraisal and had attended suitable training for their roles.

Staff understood and applied the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. The service had made appropriate referrals to the local authority.

People's bedrooms were personalised, large, comfortable and well furnished.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring

The 'Service user guide' had incorrect and out of date information in it.

The confidentiality of people's records was maintained.

**Requires Improvement** ●

We observed staff to be caring, respectful and approachable.

### **Is the service responsive?**

The service was not always responsive.

People living in the home had care plans that included important information about them, however not all of these had been updated.

Monitoring information on people living in the home was up to date however some information did not make sense.

A range of social activities was provided and the activities co-ordinator took time to build positive relationships with people.

People had prompt access to healthcare professionals when required.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led

There had not been a registered manager since June 2015.

The required statutory notifications had not been made to the Care Quality Commission.

Quality assurance systems for identifying risks to people's health and safety and to inform the service about improvements needed were not effective.

People's opinions of the service had not been sought.

**Requires Improvement** ●

# Wirral Christian Centre Trust Limited

## **Detailed findings**

### Background to this 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 was planned to check 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.

This inspection took place on 27 and 28 March 2017 and was unannounced. The inspection was carried out by an adult social care inspector, an inspection manager 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. Their area of expertise was dementia care.

Before our inspection, we looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the service. We also looked at safeguarding referrals, complaints and any other information from members of the public. We talked with the local authority quality assurance team and the local Healthwatch organisation to see if they had any concerns or information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke to six people who used the service, two visitors and seven members of staff. We also spoke with the provider.

We reviewed a range of documentation including eight care plans, risk assessments, medication records, records for four staff, staff training records, policies and procedures, auditing records, health and safety records and other records relating to how the home is managed.

# Is the service safe?

## Our findings

People who lived at the home and their relatives told us that they did not have any concerns with regard to safety surrounding safeguarding. One person told us "No bullying of any description, the staff are goodness itself." Another person said "Never seen any carers being bad tempered".

However, people told us of their concerns about other aspects of the home. We received feedback from both staff, families and people using the service regarding low staffing levels. This meant there was a risk that there was not sufficient staff to ensure people received a safe, effective, caring, responsive and well led service. One person using the service told us "I have to wait a very long time for the toilet sometimes up to one hour. When I ring my bell I just hope that someone comes. You just have to get used to it". We observed people waiting for over 20 minutes in the upstairs lounge for someone to help them to the dining room. There were no staff in the lounge. A staff member told us "We do our best but there is not enough staff to deal with the six 2 to 1 residents". A relative said that they had to wait for up to 20 minutes to be let into the home.

We were told that people were at risk of falls because they sometimes mobilised without the support of staff because they had to wait such a long time. We were also told that the person "Presses the bell to go to the toilet, she is waiting over half an hour so she goes herself and falls".

A relative told us that their family member had been visited three months ago by a geriatrician specialist who recommended that a pressure alarm be fitted at the person's bedside. Nothing has been done about this. The deputy manager told us that this was being dealt with.

We looked at risk assessments in people's care files. Not all of these were clear or legible regarding people's needs and not all risk assessments had been updated. Examples of this were, one person's Waterlow risk assessment had not been updated, monthly weight loss had not been investigated meaning that it was not clear if this person was at risk of malnutrition and we saw body mass indexes (BMI's) monitoring documented until Oct 2016 with no indication why or why it was stopped. We also noted that diet and weight information for another person was last reviewed Sept 2016.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because we could not be sure that all risks in the home were being assessed appropriately and in a timely manner in accordance with people's needs.

We looked at the safeguarding concerns that had been recorded in the home. We saw that generally concerns had been dealt with, however the records relating to concerns raised were not always clear and the action taken was not always easy to find. We discussed our concerns with the provider and the deputy manager and requested that they take more care in the recording of actions taken. We asked staff members if they knew safeguarding processes and if they felt confident about reporting any type of potential abuse. The staff we spoke with showed an understanding of the different types of abuse and how to report abuse.

We looked at safety certificates that demonstrated that utilities and services such as gas and electric had been tested and maintained. We asked the provider to send us information following the inspection to show that the fire alarm system had been checked regularly and there was an up to date fire evacuation plan, this was sent in a timely manner. We also saw information to show that water systems had been tested for Legionella.

We observed that medication administration was carried out safely. The drugs were administered appropriately and people were observed taking them. Medication administration records had been fully completed by staff when medicines were administered. All the medication we looked at was in date and appropriately labelled. This meant that people had received their medication as prescribed by the doctor.

Staff who administered medication had appropriate training and then their competency was checked by the manager. However feedback from people using the service indicated that low staffing meant that people did not always receive their medications in a timely manner. One person told us "I am bit muddled about my medication. We used to have carers with medical experience but now the carers are late with my medication. I get worried because I don't get told what the medication is for and some of my tablets are missed. I have no control over what I am supposed to be taking" and another person said "At night I can be waiting till 11.30 and after to get my tablets".

We looked all around the building and saw that it was clean and well maintained. We saw evidence of cleaning rotas for each room in the home. There were records of cleaning slings, hoists, wheelchairs and other mobility aids.

There was an emergency file that contained all the information required in an emergency including a personal emergency evacuation plan for each person who lived in the home.

The home employed 36 staff at the time of inspection and we looked at four staff files. All of the files included evidence of a formal, fully completed application process and checks in relation to criminal convictions and previous employment. This meant that the provider had ensured staff were safe and suitable to work with vulnerable people prior to employment in Wirral Christian Centre.

## Is the service effective?

### Our findings

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the deputy manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The deputy manager had an understanding of the Mental Capacity Act and how this affected their work. People at the home were supported to make as many decisions as possible for themselves. Some people living at the home had an authorised DoLS in place. We looked at a number of care files and saw that there was a clear audit trail of mental capacity assessments and best interest meeting minutes for all decisions made on people's behalf in order to keep them safe and well. We also saw that applications were made in a timely manner so they didn't risk the safeguard expiring, leaving the person at risk.

In one person's file we saw that a relative had signed their consent on behalf of the person. It is not lawful for relatives to sign on behalf of their family member, only be consulted with in relation to decisions. We asked the provider to revisit the files and update the consent forms.

We observed mealtimes were task orientated and menus were not displayed for the people who lived in the home. We were told by staff that people were asked for their meal choices a week in advance. We received a mixed response from the people living in the home regarding the food provided with both negative and positive comments from the people living in the home. Some people we spoke with told us that there was not a lot of choice at mealtimes.

The cook on duty said that people only had the choice of cereal or toast at breakfast time. We asked if people could choose to have a cooked breakfast or boiled or scrambled eggs the answer was no. We asked the deputy manager and provider about this and they told us that people could have whatever they wanted for breakfast. We asked the provider to clarify this with staff.

We asked people if they thought that the staff had the right skills and knowledge and we received mixed responses. People who lived at the home and their relatives told us that some of the staff were better trained than others. One person told us "Some staff are better at hoisting me than others but mostly I feel safe".

We looked at records for four staff members and staff training records. We saw that new staff were registered for the new 'Care Certificate'. This is a training programme accredited by Skills for Care often used as induction training. We saw that staff had attended a range of training including food safety, first aid, end of life, infection control, safeguarding and dementia. We saw evidence that the service had implemented a supervision and appraisal system for the staff. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs. This was recorded in staff files and individual staff members confirmed they had received supervision.

The home was undergoing some re-development and refurbishment. With people's permission we looked at their bedrooms. The bedrooms we saw were large, comfortable, well furnished and were personalised with people's own belongings.

We did not see any evidence of dementia friendly resources or adaptations in any of the communal areas and signage was very poor.

## Is the service caring?

### Our findings

People who lived at the home we spoke with said they were well cared for. We were told by one person living in the home "I wouldn't say all the carers are kind but none are horrid" and another person told us "All the staff are lovely. They do their very best for us". We also spoke to relatives who told us "The staff are always caring and kind to (person) he can be a very difficult man" and another family member told us "The staff are lovely even though they are rushed off their feet".

All of the interactions we observed between staff and the people who lived in the home were kind and caring. We saw that people were supported at their own level and pace and were encouraged to make clear choices in how they wished to be cared for. We saw that people started their day when they wished to and were not hurried by staff. We saw warm, positive interactions as the staff and the people in the home obviously knew each other well.

We observed staff chatting with people whilst supporting them with their day. It was obvious that staff knew people well and were able to talk to them about the things that they were interested in. We also noted that staff made sure to treat people with respect regardless of their capacity to consent. We heard one staff member explaining what they were going to do and asking the person how they wished to be supported. We also heard them gently explaining an activity that would support the person's health need, but then encouraged the person to make the choice themselves.

People told us that staff were polite, respectful and protected their privacy. One person said "They (staff) always knock and call out before entering my room".

The home had completed the "Six Steps" programme with the focus of this being care in the last six months of life. We saw six steps in place and that this had been discussed with family. Six steps ensures that there is open and honest communication, assessment and planning. It ensures that the person themselves is at the heart of the process, with other people such as relatives and care professionals included and operating in a co-ordinated way.

There was a copy of the 'Service User Guide' in people's rooms that informed people and their relatives of services available and contained other information to help people settle into their new home. However, there was incorrect information held in the document including information about a registered manager who was no longer in post and information about other staff employed at the service such as registered nurses. The home provided personal care and not nursing care. This mean that people thinking about or coming into the home would have misleading information.

## Is the service responsive?

### Our findings

We asked people if they knew who to go to if they wanted to make a complaint or if they knew who was in charge of the home. None of the people living in the home who we spoke with had made a formal complaint about their care but told us they would speak to a care worker or the manager with any concerns they had. Relatives we spoke with and some of the people living in the home knew who the senior in charge was and felt they could approach her with any concerns.

People who lived at the home told us that they did not have any input into their care plans. They said they had not been consulted about the renovations that were taking place and that they were not encouraged to have a say in the running of the home. We were told by some of the people we spoke with that a residents meeting had taken place but was a "Waste of time because nothing ever got resolved". Complaints that people had were about not being introduced to new staff, clothes missing in the laundry; wanting to go outside more; and better food".

A relative told us they had made a formal complaint about a bad smell coming from the toilet next to their family member's room. The problem was acted on very quickly and that the problem was better but not fully resolved.

We looked at the complaints procedure and saw that it was up to date and readily displayed throughout the home. Very few complaints had been recorded but there was some confusion in the records as to whether issues were complaints, incidents or safeguarding concerns.

We looked at eight care files and saw that four of them had been regularly updated. The files contained important information about the person and how they wished to be cared for. They also contained information about people's life histories which enabled staff to have knowledge of and engage with and talk to people about their lives. This meant that staff could talk with people about the jobs they had done and their children and families.

Some files had not been updated and audits that had been carried out had not been followed through to ensure that identified issues had been acted upon. This meant that the person may be at risk of receiving inappropriate care as staff did not have a clear plan to follow and some people could not say how they wished to be cared for. The deputy manager told us they were currently updating all of the files.

Monitoring information was up to date but did not make any sense, an example of this was how urine outputs had not been totalled on a daily basis and was a continual recording. This meant that we could not be certain that people living in the home were having adequate fluids throughout the day because monitoring charts were not coherent.

The activities co-ordinator worked four days a week and was not present on the day of our visit. People who lived in the home told us that there were plenty of activities organised. Every Tuesday and Wednesday people met in the activities room. We saw evidence of a book club, knitting bee, painting circle, pool table

and cupboard that was well stocked with arts and crafts material and memorabilia. Entertainers visited on a regular basis. There was a large well-appointed outside area with a Gazebo and several benches. People told us that this area was not made use of as there were not enough staff to accompany them.

Care plans showed that people had prompt access to medical and other healthcare support as and when needed. The people we spoke with told us that they could have chiropody and visits from the doctor when needed.

## Is the service well-led?

### Our findings

The home had not had a registered manager for two years. This is a breach of Schedule 5 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Section 86 of the Health and Social Care Act 2008.

The provider had recently appointed a new manager and they submitted an application an application for registration with CQC.

The provider had not made timely notifications to the Commission when required in relation to significant events that had occurred in the home. We shared our concerns with the provider who reassured us that the appropriate action would be taken in future.

Quality assurance systems such as audits were in place but did not operate effectively and had not embedded into the culture of the service enough to ensure people received a safe, effective, caring, responsive and well led service. The examples we saw included health and safety audits, weights audits and care plan audits. Issues had been identified but not acted on and completed. This meant that people were at risk of receiving inappropriate care in an unsafe environment. We raised concerns about records in the home and the inconsistent recording of issues relating to care records.

We looked at the policies of the service including recruitment, confidentiality, anti-discriminatory policies and safeguarding. These policies had not been signed or dated and so we could not tell if they were up to date. This meant that we could not be sure that staff had access to up-to-date guidance to support them in their work.

The provider held residents meetings during which the home's complaints and fire procedures had been explained to people, however the opinion of people using the service was that the meetings were not effective as nothing was done to address issues following the meetings.

We asked people and their relatives if their opinions had been asked for regarding the quality of the service. One relative told us that they were not aware of any relatives meetings, surveys or questionnaires but that they had been involved in two care reviews. We saw no evidence of any questionnaires or surveys being utilised by the service to gauge people's opinions of the service.

Systems and processes did not operate effectively to enable the service to assess, monitor and improve the quality and safety of the services provided.

These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We saw minutes of a staff meeting held with care and domestic staff by the provider when the staff had the opportunity to put forward suggestions for the service and air their views.

We asked staff if they felt supported in their role. All staff told us that the deputy manager was approachable

and supportive. One staff member told us "I get good support from [deputy manager]" and another person told us "I'm happy with the immediate management".

The provider was not able to tell us about the people living in the home in any detail, however we gained information about the service from the deputy manager who was very well informed about the people and could speak in great detail about them.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to the health and safety of the service users were not always assessed appropriately and the service did not do all that was reasonably practicable to mitigate these risks.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes did not operate effectively to enable the service to assess, monitor and improve the quality and safety of the services provided.

**The enforcement action we took:**

Served a warning notice against the provider.