

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Church Walk is a care home providing personal and nursing care for up to 18 people, both younger and older adults. It is registered to provide care for up to 18 people. At the time of the inspection the service supported 12 people.

People's experience of using this service and what we found.

There were enough staff working at the service and they had been recruited safely.

Risks were assessed, and accidents and incidents were appropriately documented and recorded. Staff understood how to protect people from harm and reported incidents appropriately. Staff were knowledgeable about the needs of the people they supported. The provider understood their need to be open and honest.

Church Walk had an interim manager who had been appointed immediately before our inspection. The manager registered with CQC was on annual leave prior to taking up a new post with the provider service. They had worked with the provider to develop effective quality assurance systems to ensure safety, and to monitor quality. The new Interim manager informed us that they had completed a hand-over with the previously registered manager.

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.

Rating at last inspection

The last rating for this service was good (published 3 October 2019).

Why we inspected

The inspection was prompted due to concerns received about medicines and poor management. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Church Walk on our website at www.cqc.org.uk

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 section below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led section below.

Church Walk

Detailed findings

Background to this 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, an assistant inspector and a specialist advisor (SpA). A SpA is a health and social care professional with experience in areas relating to this inspection.

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 looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We contacted local authority commissioners and asked them for their views about the service. This information helps support our inspections. We used all this information to

plan our inspection.

During the inspection-

We visited both units and spoke with two people who use the service and one visiting relative. We spoke with eleven members of staff including the regional director of operations, manager, assistant manager, nursing staff and health care assistants.

We reviewed a range of records. This included four people's care records, five medication records. We looked at medicines related documentation, three staff files in relation to recruitment and staff support, and three care plans. A variety of records relating to the management of the service, including policies and procedures were reviewed. We observed medicines preparation and checked how medicines were stored.

After the inspection

We continued to seek clarification from the service to corroborate what we found. We reviewed evidence sent to us by the area director of operations.

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.

Using medicines safely

- Prior to this inspection we had received some information of concern about the safe management of medicines. During the inspection we found medicines were mostly safely managed but we found some areas of concern. We spoke with the new manager of the service who was keen to look into the concerns raised.
- Medicines were kept securely, records were maintained and there was a system of recording and identifying medicines errors. Actions were taken when issues were identified. However, we found one administration error which the clinical manager assured us would be investigated.
- There were some gaps in records for topical preparations. This meant that we could not be sure that any prescribed creams, ointments or medicated shampoos had been administered as prescribed.
 - Staff were trained before they administered medicines, however some staff did not have annual competency records in their file to meet national guidance. We raised this with the service manager who told us that they would complete all required competency assessments.
- Where people did not have capacity to agree or refuse their medication best interest decisions were recorded. Where it was in the persons best interests, records showed signed authorisation from the GP. Tablets were crushed and sprinkled on food or in drinks. Similarly, people who were nil by mouth and were fed through a percutaneous endoscopic gastrostomy (PEG) tube also had tablets crushed. We asked the clinical nurse manager to consult with a pharmacist to ensure the safety of medicines being crushed prior to administration. Following the inspection, the service sent us documentation from the relevant GPs confirming that medicines could be crushed.
- There were effective systems for ordering, administering and monitoring medicines. People had sufficient supplies of medicines, stocks were checked against records and showed that people received their oral medicines as prescribed.
- People who required a thickener added to their drinks, to reduce the risk of choking, were managed properly. Staff understood people's requirements and supplies were stored safely.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to keep people safe. They demonstrated a good understanding of safeguarding concerns and understood how to report any allegations of abuse.
- Where safeguarding concerns were reported these were appropriately investigated and reported to the relevant authorities.
- The service had a whistle-blowing policy and one health care assistant told us that they had followed the procedure to report their concerns to senior management. They told us that their concerns were acted upon

without any recriminations for themselves.

- The service used some restrictive intervention practices as a last resort with people who could challenge the service. This was done in line with positive behaviour support principles. Best interest decisions were recorded to ensure restraint was used as the least restrictive option. Some new staff members had not yet been trained in restraint techniques, but we were assured that the service ensured there were sufficient suitably qualified staff on each shift to undertake any restraint operations.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Care records included risk assessments. Where risk was identified care plans provided instruction to staff on how to manage risks.
- Audits and checks were completed in respect of the environmental risks so that people lived in a safe environment. Records and up to date certificates ensured the premises were safe and well maintained.
- Housekeepers ensured the building remained clean and they demonstrated knowledge of how to minimise the risk of infection. We observed staff used personal protective equipment such as disposable single use tabards, gloves when handling food or completing personal care tasks and cleaning.

Staffing and recruitment

- There were enough staff working at the service. The manager showed us a dependency tool they used to determine the number of staff required to meet people's needs. During the day two qualified nurses were employed, one on each floor of the home. A health care assistant told us, "[There is] a good staff to person ratio. It allows us to take people out or spend time on a one to one with the people we support."
- Staff told us that any gaps, such as for sickness or annual leave were covered by agency workers, but that generally they called on workers who knew the service already so that care and support were consistent.
- We looked at staff records and found they had been recruited safely. New staff told us that their recruitment was thorough and tested their values as well as their knowledge and experience. We saw nurses employed at the service ensured their accreditation was kept up to date.

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 good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a registered manager, but when we arrived to inspect the service we were told that they were on annual leave and would be taking up a new position at another service on their return. They had worked with the provider to develop effective quality assurance systems to ensure safety, and to monitor quality. A new Interim manager had been appointed and they told us that they had completed a hand-over with the previously registered manager.
- Staff told us that the new manager was approachable and that they had already found them to be supportive and helpful. Visitors also told us that the manager had made a point of introducing themselves to them.
- The new interim manager was supported by a clinical nurse lead, and by the regional director of operations for the provider.
- Prior to leaving the service the previous registered manager had supported the provider to develop effective quality assurance systems to ensure safety, and to monitor quality. Appropriate action had been taken when shortfalls were found. The regional director of operations told us that where staff were not performing well, appropriate action was taken to improve service delivery.
- Staff were knowledgeable about the needs of the people they supported. We found the service was well-organised, with clear lines of responsibility and accountability.

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

- Staff told us that they were unaware that the previous registered manager was leaving. One health care assistant told us "We arrived Tuesday to find he had left." When we spoke with the regional director of operations about this they informed us that the service employs interim managers, and that staff were aware of this. The new manager told us that they had already met with night staff and was arranging to meet all day staff to explain their role and what they expected from staff.
- One health care assistant told us that this was their seventh manager in the past four years. However, they went on to say of the previous registered manager, "There has been a big improvement, greater consistency and better teamwork."
- The provider understood their responsibilities under the duty of candour. They promoted and encouraged candour through openness. Good relationships had been developed between senior management, staff and people using the service and their family members.

- Ratings from our last inspection were displayed in the home and we had been informed of incidents and accidents as required by legislation.

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

- The interim manager told us that they wanted to support the staff to ensure that the service would be, "All about the residents, they must be at the heart of our service."
- There was a positive attitude toward work and providing support to the people living in the home. One staff member said, " I enjoy my work. It's a good company to work for: I feel well supported. There is some freedom and flexibility and a good staff ratio allows us to take people out or spend one to one time with them." Another remarked, "It can be stressful, especially when people are abusive to staff, but we understand that is part of their condition. I have found management to be supportive, and other staff are friendly, helpful and cooperative."
- The service had an up to date selection of policies and procedures to guide staff in the care delivery.
- The senior management team and all staff were engaged throughout the inspection process.

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 needed. People achieved positive outcomes because the relationships between the organisations were strong and effective.