

Wirral Christian Centre Trust Limited

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Inspection report

Woodchurch Road
Birkenhead
Merseyside
CH41 2UE

Tel: 01516538307
Website: www.wirralchristiancentre.com

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service:

Wirral Christian Centre is a 'care home' otherwise known as Orton House. Orton House is registered to provide accommodation for up to 39 older people. At the time of our inspection, there were 31 people living in the service.

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

Governance systems did not mitigate risk to the health and welfare of people living at the service. Audits and checks were not always completed by the manager and provider. Those completed were not always effective at making improvements. There was a lack of robust oversight with aspects of the service especially with managing fire procedures, medications, staffing levels, training, recruitment, infection control, health and safety and managing communications and feedback. This posed potential risks within the service.

Risks to people were not always assessed and in place to keep people safe. Care records were not always updated to reflect the care and risks to people. We found staff were aware of the care needs of people and told us these had taken place even when they were not fully recorded.

The service was clean and staff used appropriate techniques to prevent the spread of infection. However, aspects of managing infection control lacked appropriate oversight to ensure the service had safe systems. Hand washing audits had not been regularly carried out and highlighted potential risks amongst the staff team with management of infection control.

Staffing levels were insufficient especially in the afternoon and weekends.

People told us they liked living at the service but some relatives felt they needed more access to social support and activities.

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. However, record keeping supporting people's needs were not always documented and up to date within care records.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk by selecting the 'all reports' link for Wirral Christian Centre.

Rating at last inspection

The last rating for this service was good (published 23 May 2019).

Why we inspected

We received concerns in relation to the management arrangements at the service. As a result, we undertook a focused inspection to review the key questions of Safe and Well-Led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to inadequate. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have identified breaches in relation to safe care and treatment, staffing and good governance.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as

inadequate for any of the five key questions it will no longer be in special measures.

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 safe.

Details are in our Safe findings below.

Inadequate ●

Is the service well-led?

The service was not well-led.

Details are in our Well-Led findings below.

Inadequate ●

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services

Inspection team

The inspection team consisted of an inspector and an assistant inspector.

Service and service type

Orton House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. This means that the provider is 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. We gave the service short notice when we arrived at the car park so we could make appropriate plans regarding covid-19.

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. This information helps support our inspections.

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 used all of this information to plan our inspection.

During the inspection

We spoke with the manager, deputy, four other staff members, one visiting trades person and six people using 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 reviewed a range of records. We looked at three people's care files, four staff recruitment records, multiple medicine administration charts and other records relevant to the quality monitoring of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with six relatives by telephone to gather their views.

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 requires improvement. At this inspection this key question has deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Preventing and controlling infection

- There was a lack of audits to evidence appropriate infection control practices were in place to keep people safe and free from risks of infection.
- The service had no ancillary staff to carry out cleaning duties of a weekend which raises risk of potential cross infection.
- There was a lack of management and safe oversight of training staff with infection control.
- Three bathrooms had no access to liquid hand wash which limits appropriate resources needed to reduce risks of infection.

We found no evidence that people had been harmed however, inappropriate management of infection control puts people at risk of infection. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There was a lack of documentation to evidence appropriate care was provided to people. We notified the local authority regarding our concerns about the lack of management of care plans and risk assessments.
- The service was in the process of redecoration and refurbishment. However environmental risk assessments were not always completed to show what actions had been taken to address areas of risk and repair.
- Staff had not always carried out risk assessments for people in the event of potential evacuations of the building. This meant people were at risk of being unable to evacuate the building safely in an emergency such as a fire.
- Management of fire procedures lacked risk assessments for smoking. One fire exit was not clear and had various objects in front of it. Internal locks to doors lacked safety checks to ensure appropriate release in the event of an emergency.
- Staff had not always been trained and updated in fire procedures.

We found no evidence that people had been harmed however, inappropriate management of health and safety puts people at risk. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager responded following the inspection and confirmed every person had a personal evacuation plan in place.

Staffing and recruitment; Systems and processes to safeguard people from the risk of abuse

At our last inspection we recommended the provider reviewed and updated the recording of safe recruitment practices. The provider had not fully made improvements.

- Staff files lacked management oversight. One staff file lacked evidence to show appropriate recruitment records were stored.
- They had had limited information to demonstrate staff training needs were being supported and developed especially for training covering risks. Some staff had received no training especially for risk based topics which raised concerns in regards to staff competencies and how risks were being managed
- There was a lack of oversight and management of staffing levels. There was no evidence to demonstrate how staffing levels were calculated.
- Some staff told us levels needed increasing especially in the afternoons and of a weekend when they experienced reductions in levels.
- Staff were clear on the potential signs of abuse and how to raise any concerns they might have. However, staff were not always updated in training on safeguarding vulnerable adults.

We found no evidence that people had been harmed however, inappropriate management of staffing levels and staff training puts people at risk of not receiving the right support. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us they felt safe at the service.
- The manager responded following the inspection and confirmed additional recruitment had taken place, including domestic staff for weekends.

Using medicines safely

- Some staff had not received training or assessments to develop their skills in effectively managing people's medications.
- There was no evidence of any manager/provider oversight regarding the auditing of medications or actions taken to improve current record keeping. Issues around gaps in medication records found on inspection were noted as a regular occurrence over the last four months.

Whilst we identified no concerns of harm to people systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support

- There were limited checks and poorly recorded audits in place. These had not been effective in identifying the shortfalls found at this inspection.
- The service had ineffective oversight of managing quality and risks within the service.
- People were at risk of not receiving appropriate care and treatment. People's care needs were not documented appropriately to evidence safe management of their care.
- Management of infection control needed improving to ensure risks were limited and to ensure staff were fully trained in all aspects of infection control including arrangements for Covid-19.
- The service does not currently have a registered manager. The manager confirmed the provider has made arrangements to appoint a new registered manager

We found no evidence that people had been harmed however, systems we found to monitor the service were either not in place or fully embedded to demonstrate safety and quality was effectively managed. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care- Working in partnership with others

- Training records for staff were limited. There was no plan or evidence that staff training needs were being met or supported to meet the needs of people at the service.
- Due to the poor quality of risk assessments and care documentation we raised concerns about the care provided to two people to the local authority. This included referrals to the local authority safeguarding team.
- Periodic monitoring of the standard of care provided to residents funded by the local authority is usually undertaken by the local authority's contracts and commissioning team. This is an external monitoring process to ensure the service meets its contractual obligations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 service had not sought any feedback from people or their relatives. However, although people told us they were happy, some relative's felt access to more activities could be improved. Comments included, "We're very happy. During covid they have been careful, they set up zoom calls " and "Absolutely wonderful apart from entertainment. All stopped partly because of the pandemic but they need to be entertained."

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 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems failed to show evidence of appropriate oversight and management of the service. Certain areas within the service lacked effective evidence of necessary checks such as, health and safety, fire procedures, care plans and service user risk assessments, training, medication, staffing and infection control.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff had not been provided with training to ensure they are competent and up to date in keeping people safe, especially for training relating to risks such as health and safety, fire, medications, abuse, infection control and inductions.</p> <p>Evidence failed to demonstrate how staffing levels were maintained and reviewed to show they can meet people's needs. The service had no domestic staff of a weekend and no activities organiser. Staffing levels were reduced in the afternoons from five care staff to three staff every afternoon and evening without any rationale how this decision was made.</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 12 HSCA RA Regulations 2014 Safe care and treatment Health and safety issues were poorly managed with little information to some risk assessments to demonstrate safe systems in place. Records were limited covering min issues specifically for the environment, infection control, management of fire procedures and managing peoples personal risks.

The enforcement action we took:

A warning notice has been issued for a breach of Regulation 12 HSCA RA Regulations 2014 Safe care and treatment