

Wirral Christian Centre Trust Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Wirral Christian Centre Trust Limited 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 22 people living in the home, some of whom were living with dementia.

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

We found medicines were not always managed safely. The temperature of the area the medicines were stored was not monitored and guidance regarding the covert administration of medicines was not always clearly recorded. Not all staff who administered medicines were fully aware of all procedures in place, such as homely remedies and guidance for medicines given as and when required. Staff had however undertaken medication training and had their competency assessed.

A range of new audits had been implemented to help monitor the quality and safety of the service.

They were completed regularly and when issues had been identified, they had been addressed. However, they did not highlight the medicine issues we found during the inspection.

People and their relatives told us Orton House was a safe place to live. There were enough staff available to support people in a timely way, who had been safely recruited and were knowledgeable about safeguarding procedures. One person told us, "I'm happy here. The staff are wonderful, they're caring, they're all lovely. I'm perfectly safe."

Individual risks to people had been assessed and measures taken to reduce any identified risks. Most people's records were up to date and guided staff on how best to support people. People's temperatures were monitored to check for any potential early signs of COVID-19, but these checks needed to be increased to twice daily in line with government guidance.

Infection control arrangements were in place to prevent and mitigate the risk of COVID-19. Appropriate personal protective equipment (PPE) was available and staff were seen to use this appropriately. There was a COVID-19 testing schedule in place in line with government guidance. The provider had systems in place to ensure the vaccination as a condition of deployment regulation was met.

Feedback regarding the management and quality of service people received was extremely positive from staff, people living in the home and their relatives. Everybody described improvements that have been made within the home. One relative told us, "Since the new manager came it's improved by leaps and bounds." Staff said they enjoyed their jobs, were well supported and would recommend the home. The registered manager was very responsive to the feedback provided during the inspection.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 24 August 2021). Breaches of regulation were identified in relation to risk management, infection prevention and control, the management of medicines and the governance of the service. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulation regarding the governance of the service, but further improvements were still required to ensure the safe management of medicines.

This service has been in Special Measures since 8 January 2021. During this inspection the provider demonstrated improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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 COVID-19 and other infection outbreaks effectively.

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

Enforcement

We have identified breaches in relation to the management of medicines at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will ask the provider to complete an action plan to inform us how they will make the necessary improvements and by when. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 (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.

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 two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Wirral Christian Centre Trust Limited 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 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 of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and six relatives about their experience of the care provided. We spoke with the registered manager and three other members of staff to gain their feedback.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to safe recruitment and a variety of records relating to the safety and management of the service were also reviewed, including health and safety checks, audits and COVID-19 testing and procedures.

After the inspection

We reviewed further information provided electronically, including policies and procedures, staff training records and staff rotas. We gained feedback from other health professionals who work with the service.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At the last inspection we found medicines were not managed safely, and the provider was in breach of regulation. During this inspection, we found although improvements had been made, further improvements were required to ensure regulations were met. The provider was still in breach of regulation.

- Although the temperature of the medicine fridge and clinic room were monitored, the temperature near the 'nurses station' where the medicines were stored in a trolley, was not monitored.
- Safe administration practices were not always adhered to. Medicines stored in the controlled drugs cupboard had been removed and left in the trolley for administration later that day; the trolley was not secured to the wall. One medication was crushed prior to being administered, but the medicine information leaflet stated it should not be crushed. However, the GP had advised to crush the medicine. This was raised with the registered manager who discussed it with current GP and the directions were changed to ensure it was administered in line with the guidance.
- Guidance regarding covert administration was not always clearly recorded.
- Guidance was available to inform staff when to administer medicines prescribed as and when required. However, not all staff who administered medicines was aware of this guidance.

Failure to ensure the safe management of medicines is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager took prompt action to respond to the issues identified on the inspection. However, an inspection should not have been needed to highlight the issues.
- A new electronic medication system had been implemented and records regarding administration of medicines were completed robustly.
- Medicines were administered by staff who had undertaken training and had their competence assessed.
- People told us they received their medicines when they needed them. One person said, "Yes, every single day. My medication is very important to me."

Assessing risk, safety monitoring and management

At the last inspection we found that risk was not always managed safely, and the provider was in breach of regulation. During this inspection, we found that sufficient improvements had been made and the provider was no longer in breach of regulation.

- Risk to people had been assessed and staff were informed how individual risks should be mitigated to keep people safe.
- Most people's risk assessments and care plans were reviewed and updated regularly. However, one person's care plan had not been updated to reflect advice provided by another health professional. Staff were aware of the advice and the person confirmed they received the recommended care.
- The environment and equipment were maintained through regular internal and external checks. There was a schedule of further improvements in place.
- Although people had their temperature checked each day to monitor for potential signs of infection, current guidance states this should be done twice per day.

Preventing and controlling infection

At the last inspection we found that infection prevention and control measures were not effectively implemented, and the provider was in breach of regulation. During this inspection, we found the enough improvements had been made and the provider was no longer in breach of regulation.

- The provider had an infection prevention and control policy, and this was up to date.
- We were assured that the provider was using PPE effectively and safely. People living in the home confirmed this and told us, "They've always got protective clothing" and "Yes, always. They've always got masks on and gloves."
- We were assured that the provider was accessing testing for people using the service and staff. Records evidenced regular staff tests and one person told us, "Oh, yes definitely. We have regular tests." A relative told us, "You have to have a test and wear PPE. They check your temperature and you have to sign things. You show your Covid passport. It's a robust process."
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Everyone told us they felt the home was clean and relatives said, "Before when you went into the little room to see [relative] it looked dirty, but now it's clean and it looks lovely" and "It is, more so now than before. It was always clean, but now you can tell a cleaner's just been in."
- The provider had systems in place to ensure the vaccination as a condition of deployment regulation was met.
- We were assured the provider was admitting people safely. They were facilitating visits for people living in the home and were preventing visitors from catching and spreading infections. We have also signposted the provider to resources to develop their approach in relation to visiting requirements to ensure their approach is in line with current guidance.

Systems and processes to safeguard people from the risk of abuse

- A safeguarding policy was in place to guide staff in their practice and referrals had been made appropriately.
- Records showed that staff had undertaken safeguarding training and they were aware how to raise any concerns.
- People told us they felt safe living in the home. They said, "I'm happy here. The staff are wonderful, they're caring, they're all lovely. I'm perfectly safe" and "I do feel safe. There's nothing to feel unsafe about." Relatives agreed and told us, "Yes. Things have improved greatly since the new manager came" and "Yes. Since the new manager came it's improved by leaps and bounds."

Staffing and recruitment

- Records showed that staff had been safely recruited and relevant checks made to ensure they were suitable to work in social care.

- There were sufficient numbers of staff on duty during the inspection and people told us staff were always available when needed. Their comments included, "No, you don't have to wait. I've got no complaints about that", "You don't have to wait, there's help straight away" and "I've never had to wait in the four years I've been here." Relatives agreed and one told us, "Before [name] was just left in her room, but now they have time to encourage her."
- Staff agreed that there were enough staff. No agency staff were used as the staff team covered when people were off sick or on holiday.

Learning lessons when things go wrong

- Records showed that accidents and incidents had been monitored and recorded. Appropriate actions had been taken following any incidents, including seeking medical advice when needed.
- Audits were completed to look for trends and help reduce the risk of further incidents.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

At the last inspection we found that systems in place to monitor the quality and safety of the service were not effective and the provider was in breach of regulation. During this inspection, we found that improvements had been made and the provider was no longer in breach of regulation.

- A range of audits had been implemented to help monitor the quality and safety of the service.
- Although audits were completed regularly, they did not highlight the issues we identified with the management of medicines during the inspection.
- The environment was much improved. There were some further actions required, such as work on the fire doors and replacement of electrical cables, and these were either planned or already in process.
- Improvements had been made in several areas since the last inspection. For instance, staff had received relevant training, robust IPC measures had been implemented COVID-19 testing for staff and increased monitoring was in place to help establish when improvements may be required.
- The registered manager was very responsive during the inspection and took quick action to address any issues raised.

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

- Feedback regarding the service people received was positive. People living in the home told us, "There's very good staff. They listen to my needs" and "The treatment's good. We're well looked after." Relatives agreed and told us, "It's caring. It's a proper home, in the sense of being a real home for people. It's friendly and warm" and "It provides very good care. I wouldn't hesitate to recommend it."
- People and their relatives told us the home was managed well and that they had seen significant improvements since the new registered manager had been in post. Comments included, "The new [manager] has an outstanding approach. She has a proactive approach to the home. She leads by example", "It's better with this new manager, she's on top of everything" and "[Manager] is one of the best we've had."
- Staff told us they were well supported in their roles and could raise any issues or concerns they had. Since the new registered manager commenced, they have seen great improvements, more teamwork and procedures in place to ensure people received the right care. All staff told us they would recommend the home.
- Measures had been taken during the COVID -19 pandemic to facilitate people having contact with their

relatives.

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

- Accidents and incidents were reviewed and acted upon to ensure the service acted in a transparent way.
- People's relatives told us they were kept updated regarding their family members health and any accidents that occurred. They said, "We didn't used to be, we weren't told. It's much better since the new manager has been there. She's on the ball. We're told now, she's fantastic" and "Yes. Any little thing, they contact me. Any issues, they let me know immediately."

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

- The registered manager understood their role and responsibilities and was well supported by the operations manager.
- The rating from the last inspection was displayed as required.
- The Commission had been informed of all notifiable incident's providers are required to inform us about.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Systems were in place to gather regular feedback from people and their relatives regarding the service provided, to enable changes and improvements to be made.
- The registered manager told us they had a good relationship with the local GP surgery and other health and social care professionals.
- People were referred to other health professionals for their expert advice when needed
- Staff meetings took place and staff told us they were able to share their views and would be listened to.
- Staff had been allocated as leads and champions in various areas, such as end of life care, IPC, COVID-19, dementia and fire safety. This helped engage staff in the running of the service and encourage teamwork.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The management of medicines was not always safe or in line with guidance.