

Church Walk Health Care Limited

Church Walk

Inspection report

Cavendish Road
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Rochdale
Lancashire
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Tel: 01706717400

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27 November 2020

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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, with complex physical and neurological conditions, including mental health needs, Huntington's Disease, acquired brain injury, and early onset dementia. At the time of the inspection the service supported 13 people, over two separate units

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

We found support plans did not always consider the impact of people's health needs on their behaviour. We discussed this with the manager and the clinical nurse lead and manager agreed to review care plans to take this into account. We noted the service had specific resources that they could utilise to support people more effectively and staff we spoke with were keen to learn more about the impact of specific conditions on the people they supported.

Church Walk had a new manager who had applied to become the registered manager. People told us the manager was approachable and they had worked hard to ensure a more open culture at the service.

Relatives we spoke with were positive about the service and felt their family members were safe. They confirmed that regular contact was maintained and they were kept informed and updated of any changes happening within the home.

The home was clean and hygienic and we were assured that the service was following infection prevention and control procedures. Staff had access to appropriate personal protective equipment (PPE).

Staff were recruited safely and medicines were managed safely.

Staff were able to demonstrate knowledge of how to keep people safe and we saw that safeguarding procedures were being followed appropriately.

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 23 December 2019)

Why we inspected

We received concerns in relation to the management of medicines and the management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 not changed. This is based on the findings at this inspection.

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 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.

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 was carried out by one inspector and a specialist advisor. A specialist advisor 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 a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 contacted local authority commissioners and asked them for their views about the service. 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 used all of this information to plan our inspection.

During the inspection-

We visited both units and spoke with one person who used the service and five relatives about their experience of the care provided. We contacted six members of staff at random and also spoke with the regional director of operations, the acting manager, the clinical nurse lead, activity coordinators, community psychiatric nurses and a domestic member of staff. We also spoke with the nominated individual during the feedback process. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed evidence sent to us by the acting manager and 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 now remained the same. This meant people were safe and protected from avoidable harm.

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

- Risks were generally managed safely and the service supported some individuals with extremely complex behaviours. However, we found care records did not always reflect the extent of the complexity of people's needs and we found that some risk assessments needed to consider further risk analysis. We discussed this with the provider who addressed this immediately.
- Care plans on how best to support people did not always consider how people's health needs may be impacting upon their behaviour. One-page profiles and information about individual's history was not always available which could provide valuable insight for staff and help identify triggers in behaviour. Where behavioural incidents did occur with one individual, there was, at times a lack of proactive support planning and analysis of patterns occurring. We discussed this with the manager who was keen to review care plans and implement current best practice in positive behavioural support systems.
- The organisation provided specialist resources and we were reassured that staff had access to support for people living with Huntington's disease, learning disability, mental health and Alzheimer's disease to ensure people received a more bespoke service.
- Health and safety checks were completed on the environment, equipment and premises. There were up to date certificates which ensured the premises were safe and well maintained.
- The service managed environmental risks effectively, as well as risks in relation to falls, medication and skin integrity. Lessons learned were shared with staff to improve the service and reduce the risk of similar incidents occurring in the future.

Staffing and recruitment

- People told us staffing levels were appropriate at the service. We looked at rotas and were advised that additional team leaders had been recruited. One staff confirmed, "We have had more staff recently, team leaders, and they are advertising for unit managers."
- Staff told us they received an appropriate induction. One staff member told us, "I feel more and more confident every day, as the company supports and provides me with everything I need to support adults with complex needs."
- We looked at two staff recruitment files and saw that appropriate checks had been undertaken to ensure staff had been recruited safely.

Systems and processes to safeguard people from the risk of abuse

- Prior to inspection we had received concerns from a resident, who was not happy living at the service. We could see that the service had responded appropriately and accessed specialised support and advocacy. We spoke with visiting community psychiatric nurses who confirmed to us that they had no concerns about the care provided to the individual at Church Walk. We did note, however that it was difficult for people to

raise concerns due to the complexity of the complaints procedure and the lack of an easy read policy for people with communication difficulties. The manager ensured this was addressed following inspection.

- Staff received safeguarding training and had access to relevant guidance about protecting people from harm. However, some staff felt that more awareness was needed in everyday practice. We noted there was no easy read safeguarding policies on display and discussed this with the manager who agreed to action this.
- Feedback from relatives we spoke with was overwhelmingly positive and they told us they felt the service was safe. One individual described Church Walk as "a godsend to them."
- The manager kept a record of safeguarding incidents that had occurred and raised safeguarding's appropriately. We were aware of circumstances where the service provided additional support over and above what had been commissioned when incidents arose to ensure individuals, staff and residents safety.

Using medicines safely

- Prior to this inspection we had received some information of concern about the safe management of medicines. However, we found medicines continued to be managed safely.
- There were clear and signed photographic identification at the front of Medication Administration Record Sheets with preferences for people's medication as well as allergy information. We also saw that authorisation for covert medication was well written.
- Medicines were kept securely and there were effective systems for ordering, administering and monitoring medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was 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 the same. 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

- Relatives were complimentary about the service, one person said, "Absolutely fantastic, it's outstanding, so good, I can't fault them."
- It was evident that the new manager was passionate about the service and had worked hard creating a more open, welcoming environment. One relative told us, "[Manager] and [clinical nurse lead] are a good team. [Previous registered manager] took control and improved it. The [current manager] is fair and there is an open-door policy. The atmosphere is good now, it's like a family."
- Staff also identified that there had been a change in culture at the service, one staff told us, "It's a big difference now, [manager] is a good manager and I am much happier." Another said, "I can speak to [manager], things have been better lately and more positive."

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

- The previous registered manager had left the service to take up a position at another service. The acting manager who had worked closely with them, had applied to the Care Quality Commission to become the registered manager.
- The manager was supported by a clinical nurse lead, and by the regional director of operations for the provider. The manager told us that they received regular guidance and support from the area operations manager, who was also present during the inspection.
- Staff were clear about their roles and responsibilities. Interactions between care staff, resident and managers, were warm and person centred, and staff were clear at all levels of who they should ask for support if required.
- The provider had quality assurance systems in place, such as audits and quality monitoring. These were used to identify and highlight areas for improvement.
- The provider understood their legal obligations, including conditions of the Care Quality Commission (CQC). They had submitted statutory notifications of significant events such as incidents and accidents to CQC about people using the service, in a timely manner. A statutory notification is information about important events which the service is required to send us by law.

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 manager understood the principles of the duty of candour. They were open and honest in response to

any concerns and people told us there was good lines of communication throughout the service.

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

- The manager had an open-door policy and people told us he was approachable. We observed a "you said, we listened" feedback display at the entrance to the home which encouraged staff to provide their comments and views on how the service was run.
- Staff meetings were being held and we saw evidence of staff supervisions taking place. Some staff we spoke with told us they did not always receive regular supervision, but they felt that they could approach the manager should they have any concerns.
- Although we saw evidence of some service user committee meetings taking place, we discussed the need to also engage people with communication difficulties, by introducing user friendly feedback forms to enable them to contribute their views.
- We saw numerous thank you cards about the service from family members and they told us that they were kept regularly updated on their relatives throughout the pandemic.

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. We saw evidence that findings from audits had been acted upon.
- The service had good links with the local community and worked in partnership with local authorities and other agencies such as GPs and district nurses. We spoke with a visiting professional who gave positive feedback about the service.