

Review of compliance

Church Walk Health Care Limited Church Walk

Region:	North West
Location address:	Cavendish Rd Rochdale Lancashire OL11 2QX
Type of service:	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury Diagnostics or screening procedures
Publication date:	23 rd May 2011
Overview of the service:	The company, Exemplar, owns Church Walk Care Home. The home is a purpose built two-storey building that offers nursing care and support for up to 18 adults, who have been diagnosed with a mental disorder.

Summary of our findings for the essential standards of quality and safety

What we found overall

We found that Church Walk was not meeting one or more essential standards. Improvements were needed.

The summary below describes why we carried out the review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews. Concerns had also been raised with us by the Local Authority following a safeguarding alert.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 11th April 2011, talked with staff and management, contacted health and social care professionals involved with the service, checked the provider's records, and looked at records of people who use services.

What people told us

Little feedback was received from people living at Church Walk, however from our observations we found that interactions with staff were relaxed and respectful. People were able to access all areas of the home and seen to spend time either relaxing in their own rooms or with others in communal areas.

Comments were however received from a number of health and social care professionals involved with the service. Feedback was mixed. Whilst people felt the basic care provided with good, it was generally felt that structured 'therapeutic' support to meet the specific mental health needs of people was not being provided. Other issues were also identified in relation to poor care records, management of medication and lack of relevant qualified staff.

What we found about the standards we reviewed and how well Church Walk was meeting them

Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Records lacked evidence to show that the views and opinions of people are respected and taken into consideration when developing their individual care and support plans.

- Overall, we found that improvements were needed for this essential standard.

Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Records for people using the service did not adequately show how they had been informed and involved about decisions about their care and treatment.

- Overall, we found that improvements were needed for this essential standard.

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights

Information did not accurately reflect the care, treatment and support people require. Records were not completed in sufficient detail providing clear direction for staff about how people were to be supported so that their needs were met and risks minimised.

- Overall, we found that improvements were needed for this essential standard.

Outcome 5: Food and drink should meet people's individual dietary needs

Meal arrangements did not ensure that people receive a nutritionally balanced diet at intervals which accommodate their daily routines.

- Overall, we found that Church Walk was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Outcome 6: People should get safe and coordinated care when they move between different services

People have access to relevant health and social care professionals who assist in providing them with relevant care, treatment and support.

- Overall, we found that Church Walk was meeting this essential standard.

Outcome 7: People should be protected from abuse and staff should respect their human rights

The provider is aware of their responsibilities in reporting and responding to any issues or concerns ensuring people in their care are protected from harm.

- Overall, we found that Church Walk was meeting this essential standard.

Outcome 8: People should be cared for in a clean environment and protected from the risk of infection

Systems are in place to effectively manage the control of infection within the home.

- Overall, we found that Church Walk was meeting this essential standard.

Outcome 9: People should be given the medicines they need when they need them, and in a safe way

Improvements need to be made to ensure that people receive their prescribed medication safely.

- Overall, we found that improvements were needed for this essential standard.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

People are provided with a good standard of accommodation which is well maintained and meets the needs people living at the home.

- Overall, we found that Church Walk was meeting this essential standard.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

The home is equipped with suitable aids and adaptations to meet peoples needs.

- Overall, we found that Church Walk was meeting this essential standard.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

Satisfactory arrangements have not always been made to ensure that staff employed to work at the home have been rigorously checked ensuring they have the right skills and abilities and are suitable for the post they have applied for.

- Overall, we found that improvements were needed for this essential standard.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

Whilst sufficient general nursing and care staff were seen to be on duty they had not always been supported and directed by suitably trained staff ensuring the complex needs of people living at Church Walk are appropriately met.

- Overall, we found that improvements were needed for this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Training in the specific needs of people living at Church Walk has not been provided for staff making sure they are equipped with knowledge and skills needed to support people safely and effectively promoting their health and well-being.

- Overall, we found that improvements were needed for this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Improvements are needed in relation to the quality of service provided. The provider is aware of the improvements needed and has taken steps to address this so that people living at Church Walk receive a service that meets their specific needs.

- Overall, we found that improvements were needed for this essential standard.

Outcome 17: People should have their complaints listened to and acted on properly

People are encouraged to raise any issue or concerns so that matters can be acted upon and resolved as quickly as possible.

- Overall, we found that Church Walk was meeting this essential standard.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

The provider acknowledges and has taken steps to ensure that records about people and the service are improved so that information is accurate and update.

- Overall, we found that Church Walk was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Action we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Other information

Please see previous review reports for more information.

What we found
for each essential standard of quality
and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*.

Outcome 1: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Understand the care, treatment and support choices available to them.
- Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- Have their privacy, dignity and independence respected.
- Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

There are moderate concerns with outcome 1: Respecting and involving people who use services.

Our findings

What people who use the service experienced and told us
We visited the home on the 11th April 2011. Whilst looking around the two units we saw what assistance was being offered by staff and how they interacted with people living at the home. We found that interactions were relaxed and respectful however there appeared to be little structure to people’s routine with people generally sat watching television or relaxing in their own rooms.

Other evidence
Prior to our visit to the home, we requested information from the provider. They told us that there were areas, which needed to be improved to ensure compliance in this outcome. This included the development of care records and residents meetings so that people were informed and consulted with about their care and events within the home.

During our visit we examined several care files. Information was not up to date, lacked detail and did not evidence any meaningful consultation with people about the care, treatment or support they require or how this was to be provided.

Some people were also in receipt of funding for 1-2-1 staff support for a specified number of hours each week. Agreements were based on the persons identified support needs to promote and enable them in further developing their daily living skills. Again information within the care records lacked any detail of these arrangements. Feedback from health and social care professionals supported this. We were told that placements had been agreed so that additional 'therapeutic' support could be provided however during reviews there was no evidence to support this was happening.

We were told by the provider that placements were currently under review to ensure their suitability. This was to make sure that people living at the home were able to be supported fully by the staff team. Where people's physical or health care needs were greater than their mental health needs, consideration was being given to whether alternative placements needed to be sought. This was being done in consultation with relevant health and social care professionals.

Our judgement

Records lacked evidence to show that the views and opinions of people are respected and taken into consideration when developing their individual care and support plans.

Outcome 2: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

There are moderate concerns with outcome 2: Consent to care and treatment

Our findings

What people who use the service experienced and told us

Other evidence
As identified within outcomes 1 and 4, care records lacked any evidence that people had been involved and consulted with about their care, treatment and support.

Information sent to us by the provider made reference to Deprivation of Liberty Safeguards (DOLs) and Mental Capacity training being provided for the staff team however there was no evidence to show that this had been completed.

We were also aware that some of the people living at the home were subject to 'restrictions' requiring staff supervision both in and away from the home. Whilst this was a formal arrangement to minimise areas of risk there was no information within their care plan to show that this had been discussed with the person concerned taking into account their views.

Where necessary if a person lacked capacity to make decisions the provider would make arrangements for an authorised DOL to be carried out and agreed appropriately.

Our judgement

Records for people using the service did not adequately show how they had been informed and involved about decisions about their care and treatment.

Outcome 4: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are moderate concerns with outcome 4: Care and welfare of people who use services,

Our findings

What people who use the service experienced and told us
Whilst looking around the home we saw one person relaxing in their own room. This person did not want to talk with us however said they were fine. Other people were seen relaxing in the communal areas chatting with staff. We did note however that there was no structured activities taking place.

Feedback was also received from local authority commissioners and health care professionals about the service provided for people funded by them to live at the home. Whilst people felt that the general care was good, arrangement with regards to 'therapeutic' support from nursing and care staff, who understood the mental health needs of people, was not being provided.

Other evidence
Prior to us visiting the home on the 11th April 2011 we were made aware by visiting health and social care professionals of their concerns about poor care records and the lack of monitoring in relation to people's health care needs.

Care records were examined during our visit. We found that files lacked information with regards to the specific needs of people.

Care plans did include personal information, general risk assessments (such as moving and handling, nutrition and falls), a psychiatric profile, observational charts,

care plans and information about routines. However there was little information about the persons mental health needs, behavioural plans and intervention strategies for staff to follow so that areas of risk were minimised and people kept safe. Plans were not person centred nor did they evidence people were involved in the planning of their care, treatment and support.

Observational charts recorded where necessary people's blood pressure, blood sugar and temperature. However there were no structured observational charts with regards to people's mental health needs, identified risks and behaviours. There was also no evidence of monthly reviews of the plans or risk assessments and records where people had lost weight did not show what action had been taken to address this.

Records also provided no detail about the 1-2-1 support hours some people were in receipt of, the purpose for additional support hours and what was to be provided by staff. Some of the people living at Church Walk also had 'restrictions' in place such as requiring supervision away from the home. This was said to be due to potential risks however this too was not recorded within the care records detailing what support was required as well as intervention strategies and guidance for staff.

Information was received from the provider prior to our visit. They identified that improvements were needed. They also noted that 'a copy of the refocusing the care programme approach was in place and that care planning was focused around this'. There was no evidence to support this.

We spent some time talking with the managers about our findings. We also discussed the role of the service, suitability of placements and the service provided at the home. The managers acknowledged that documentation needed revising. They were also reviewing the purpose of the service as they felt this was not being delivered to its full potential. 'Therapeutic' support required to promote and enable personal growth and encourage people in becoming more independent was not being provided. However plans were being made to address this.

Our judgement

Information did not accurately reflect the care, treatment and support people require. Records were not completed in sufficient detail providing clear direction for staff about how people were to be supported so that their needs were met and risks minimised.

Outcome 5: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

- Are supported to have adequate nutrition and hydration.

What we found

Our judgement

There are minor concerns with outcome 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

Other evidence
Information sent to us by the provider stated that improvements were needed with regards to the choice and provision of meals and snacks.

On examination of care records we found that information was not clear about the diet people had, particularly for those people with specific health care needs. Records showed that meals were not nutritionally balanced and lacked variety, comprising of pies, sausages, cakes and crumbles. Information did not detail what else had been served for example, vegetables, salad, potatoes etc.

Nutritional screening and weight records were completed and held in individual files. Information lacked detail for those people who had specific dietary needs such as PEG feed. This is where someone receives their nutrition through a tube passing straight into their stomach. Where someone had lost weight there was also no evidence to show what action had been taken to follow this up, as detailed within outcome 4.

During discussion with the chef we were told that there was a reduced budget available due to low occupancy and that some of the food provided was wasted. Breakfast had previously included a cooked breakfast however this was no longer prepared as people were not eating it. We were told that those people accessing the wider community would 'eat out' and therefore did not want what had been

prepared at the home. This was discussed with the managers. We were told that residents meetings would include a discussion about the meals provided. We were also informed that changes to the physical environment were planned and would include a new kitchen, which would be accessible to people living at the home.

The chef also advised us that a visit had been carried out by the Environmental Health Officer in December 2010. The home received a positive report. The kitchen was seen to be clean, tidy and well organised.

Our judgement

Meal arrangements did not ensure that people receive a nutritionally balanced diet at intervals which accommodate their daily routines.

Outcome 6: Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant with outcome 6: Cooperating with other providers

Our findings

What people who use the service experienced and told us

Other evidence
People living at the home have access to relevant health and social care professionals who monitor and review their health and well-being.

From the care records examined we saw when support from other agencies had been provided. These included the dietician, Community Psychiatric Nurses (CPN's), consultants, social workers, GP's etc.

Whilst we were visiting the unit we were made aware that one person was being supported to attend an appointment away from the home.

Our judgement
People have access to relevant health and social care professionals who assist in providing them with relevant care, treatment and support.

Outcome 7: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with outcome 7: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
Prior to our visit on the 11th April 2011 we received some concerning information from the local authority safeguarding team about the care, treatment and support received by someone living at the home. The person concerned was not currently living at the home and it was anticipated that alternative arrangements were being explored. The matter was briefly discussed with the managers. It appeared that the purpose of the investigation had not fully explained to them and that there was some difference of opinion/understanding about the incident. This was currently subject to review and a case conference had been convened to discuss this with the provider in more detail.

Other evidence
The provider sent us information about this outcome as requested. We were told that relevant policies and procedures were in place with regards to safeguarding as well as staff training in adult protection.

In addition to the safeguarding alert the provider had notified us of a further issue with regards to financial irregularities. Two staff members were currently suspended from duty pending investigation. Concerns had also been shared with the local authority and the police.

As already identified within outcome 2 and outcome 4, some people within the home are subject to 'restrictions' and interventions due to their behavioural needs. This information needs to be clearly documented to evidence that the rights of people are being protected.

Our judgement

The provider is aware of their responsibilities in reporting and responding to any issues or concerns ensuring people in their care are protected from harm.

Outcome 8: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

What we found

Our judgement

The provider is compliant with outcome 8: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

Other evidence

Suitable arrangements were in place with regards to cleanliness and control of infection within the home. Adequate ancillary staff were employed to ensure that hygiene standards were maintained.

Protective clothing such as disposable aprons and gloves were available as well as hand washing facilities in each of the bedrooms, bathrooms and toilets, which helps prevent the spread of infection.

Records also showed that staff had received training in infection control procedures, health and safety and COSHH.

We did note whilst looking around the home that there was a malodour when entering the ground floor unit and the toilet seat was broken in the toilet next to the staff office. This was discussed with the managers. They said that they were aware of the situation and that arrangements were being made to address this.

Our judgement

Systems are in place to effectively manage the control of infection within the home.

Outcome 9: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

There are major concerns with outcome 9: Management of medicines

Our findings

What people who use the service experienced and told us
Feedback was received from health and social care professionals as part of this review. Issues were raised about medication practice. Concerns about the care of one person had also been referred to the local authority safeguarding team. This included concerns about medication administration and was still subject to investigation.

Other evidence
During our visit we looked at the medication system in place at the home. We were told that medications are only administered by nursing staff. The majority of medicines required were provided within dosset trays. These were stored securely within medication trolleys held on each unit. Controlled drugs (CD) were also stored under double lock. Stocks of CD's were checked against the records and found to be accurate.

Medication administration records (MARs) were also looked at. Records had been completed in full. We did note however that times of administration had been identified for 'when required' medication (PRN). This was also raised by health care professionals spoken with as part of this review.

We also found errors with the medication for one person, which had been supplied

by the clinic. Four weekly blister packs had been provided and had been numbered for each week. One pack had been completed and disposed of. Two further packs had been opened therefore making it difficult to see if the person had been given their tablets or not. As this medication had not been received with the main monthly supply, stocks were difficult to audit. One of the opened packs had medication remaining for 2 mornings however the evening dose had been administered. This meant there would be 2 evenings at the end of the cycle where no medication would be available.

We discussed these concerns with the managers. It was advised that a full audit of the medication system be undertaken to ensure that medicines were being managed safely.

Our judgement

Systems in place did not demonstrate that people receive their medication as prescribed.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

Other evidence
The home is a purpose built two-storey building that offers accommodation for up to 18 people. Accommodation comprises of all single en-suite bedrooms, communal lounges, dining rooms, toilets and bathing facilities. There is a passenger lift to the first floor and is accessible for wheelchairs throughout. Those bedrooms seen had been personalised with the individual's belongings.

Due to recent issues the provider has been carrying out a review of the service offered at Church Walk. The managers told us that plans were being made to alter the environment so that facilities could be provided to support the development of rehabilitation services. This would include kitchen facilities which would be accessible to people living at the home. Staff support would be offered to promote and enable people to enhance their daily living skills so that they may move on to more independent living, where possible.

During our visit a random sample of servicing certificates were seen. Relevant checks had been completed.

Our judgement
People are provided with a good standard of accommodation which is well maintained and meets the needs people living at the home.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

The provider is compliant with outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us

One person observed during our visit was unable to talk with us. This person was being cared for in bed. They appeared to be comfortable and well cared for. Suitable equipment was being used to support their physical and health care needs.

Other evidence

Accommodation is provided over two floors, a passenger lift is available so that people can access the 1st floor easily. Doorways and corridors are wide and can also easily accommodate wheelchair access.

Appropriate aids and adaptations are provided to promote peoples independence and assist in meeting their physical needs. This includes assisted bathing, ceiling tracking hoist, wheelchairs, hand rails, profiling beds and pressure mattresses.

Where additional support or assessment is required, arrangements are made for the person to be seen by relevant health care specialists.

Our judgement

The home is equipped with suitable aids and adaptations to meet peoples needs.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

There are minor concerns with outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

Other evidence

Systems were in place with regards to the recruitment and selection of staff. A random sample of staff personnel files were examined during our visit. Information for the most recent member of staff was good and contained all relevant information and checks.

However files for staff employed prior to this were not as comprehensive. On one file there was no evidence of a current criminal record check (CRB). The manager agreed to follow this up. References for this person had also been provided from people not identified on their application. References received had illegible signatures and were not fully complete. There was no evidence to show why the named referees had not been contacted or that information received had been verified with the person who had provided it.

On a second file we noted that the interview notes were poor. There was little evidence to show the persons knowledge, skills or experience as a qualified mental health nurse. This was concerning as at times they would be identified as the senior person on duty supporting both staff and people living at the home. Records for them also included written references. Whilst only 1 was seen by us we were advised by the area manager that 3 references had been received.

Whilst it is acknowledged that staff were appointed by the previous management team, the provider must ensure that a thorough recruitment process is followed ensuring the suitability of staff.

Our judgement

Satisfactory arrangements have not always been made to ensure that staff employed to work at the home have been rigorously checked ensuring they have the right skills and abilities and are suitable for the post they have applied for.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

There are minor concerns with outcome 13: Staffing

Our findings

What people who use the service experienced and told us
Prior to our visit we had received information about staffing arrangements within the home. We were told that insufficient nursing staff were available to support both staff and people living at the home. This was explored further during our visit.

One staff member spoken with during the visit felt there were sufficient support staff on duty considering the number of people currently living at the home.

Other evidence
Whilst at the home we examined the current rotas and the staffing levels provided. At present the home has very low occupancy therefore staffing provided was seen to be adequate. We did note however that at times, particularly at weekends, there was no cover provided by suitably trained staff such as a qualified mental health nurse (RMN). Due to the nature of the service and complex needs of people this provision is necessary to effectively support and advise the staff in the delivery of care, particularly as training in relation to mental health has not been provided for staff, see outcome 14.

It is acknowledged that the service has over the last year gone through a period of instability due to changes in the management team as well as the staff team, following disciplinary action and conduct issues. A new manager, deputy manager and unit managers have now been appointed. We were told that current recruitment

was taking place in relation to the appointment of qualified mental health nurses.

Our judgement

Whilst sufficient general nursing and care staff were seen to be on duty they had not always been supported and directed by suitably trained staff ensuring the complex needs of people living at Church Walk are appropriately met.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

There are moderate concerns with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us
Comments were received from health care professional involved with the care and treatment of people living at the home. Issues were identified in relation to 'communication within the team was poor at times, with information not always passed on' and 'not all staff have a good understanding of mental health needs/issues'.

Other evidence
Information was sent to us as part of this review. This outlined that staff received periodic supervision and 'specialist training relevant to service users needs' was provided. However on examination of records there was no evidence to support this.

Information had previously been sent to us following a visit we made to the home last year. We received information following that which said that a one day training session had been arranged in 'Introduction to Mental Health' and that a further needs analysis would be carried out following this training to establish if staff had further training needs. Again there was no evidence to support this had been done.

Training information was seen for those staff whose files were examined and information was displayed within the home of forthcoming sessions planned for members of the team, Training had been provided, including; Induction, health and

safety, fire awareness, food hygiene, moving and handling, adult protection and NAPPI (intervention strategies).

Some of the people living at Church Walk have complex needs and behaviours, which at times result in staff needing to intervene in order to manage a situation. This level of support and assistance needs to be provided safely and in a meaningful way which enables the person to work through any issues they may have. Without the relevant knowledge and skills there is no assurance people are being supported properly.

We discussed this with the managers. We were told that training is facilitated by qualified trainers employed by the company. Arrangements need to be made so that staff receive training specific to their role and responsibilities. This should include courses specific to mental health needs, mental capacity and deprivation of liberty safeguards.

Our judgement

Training in the specific needs of people living at Church Walk has not been provided for staff making sure they are equipped with knowledge and skills needed to support people safely and effectively promoting their health and well-being.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

There are minor concerns with outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

Other evidence
Information was sent to us by the provider as part of this review. The provider acknowledged that improvements were needed with regards to people who use the service being more involved in making decisions about their care, treatment and support. This has already been identified with Outcomes 1 and 4

Following changes within the management team the provider has undertaken a thorough review of the service provided at Church Walk. It was acknowledged that improvements were needed across the service. However it was anticipated following the appointment of the new manager and deputy manager, both of whom are qualified mental health nurses, that action required would be planned over the coming months and changes implemented where necessary.

Our judgement
Improvements are needed in relation to the quality of service provided.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with outcome 17: Complaints

Our findings

What people who use the service experienced and told us

Other evidence

Prior to this review issues had been raised with us about staffing and meal provisions. These were explored during our visit to the service. Where shortfalls had been identified these have been detailed under the relevant outcomes, 5 and 13.

The new management team are trying to encourage people to report any concerns that they may have so that matters can be dealt with promptly. Any issues raised would be recorded appropriately.

A copy of the homes complaints procedure is contained within the statement of purpose and service user guide, which are made available to people.

Our judgement

People are encouraged to raise any issue or concerns so that matters can be acted upon and resolved as quickly as possible.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

There are minor concerns with outcome 21: Records

Our findings

What people who use the service experienced and told us

Other evidence

Individual records are kept in respect of each person receiving care. The records about care, treatment and support need to be improved, outcome 4 as too do records in relation to staff recruitment, training and development, outcomes 12 and 14, medication, outcome 9 and nutrition, outcome 5. This was discussed with the managers. It was acknowledged that improvements were needs and as part of the service review they had identified areas which needed to be addressed.

Records are stored securely, ensuring that confidentiality is maintained.

Our judgement

Whilst records are held securely, information about people and the service are inaccurate and not up to date.

Action

we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	14	5 Nutrition
Treatment of disease, disorder or injury Diagnostics or screening procedures	Why we have concerns: Meal arrangements did not ensure that people receive a nutritionally balanced diet at intervals which accommodate their daily routines.	
Accommodation for persons who require nursing or personal care	21	12 Requirements relating to workers
Treatment of disease, disorder or injury Diagnostics or screening procedures	Why we have concerns: Satisfactory arrangements have not always been made to ensure that staff employed to work at the home have been rigorously checked ensuring they have the right skills and abilities and are suitable for the post they have applied for.	
Accommodation for persons who require nursing or personal care	22	13 Staffing
Treatment of disease, disorder or injury Diagnostics or screening procedures	Why we have concerns: Whilst sufficient general nursing and care staff were seen to be on duty they had not always been supported and directed by suitably qualified staff ensuring the complex needs of people living at Church Walk are appropriately met.	

Accommodation for persons who require nursing or personal care	10	16 Assessing and monitoring the quality of service provision
Treatment of disease, disorder or injury Diagnostics or screening procedures	Why we have concerns: Improvements are needed in relation to the quality of service provided.	
Accommodation for persons who require nursing or personal care	20	21 Records
Treatment of disease, disorder or injury Diagnostics or screening procedures	Why we have concerns: Whilst records were held securely, information about people and the service were not inaccurate and up to date.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent within 14 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	17	1 Respecting and involving people who use services
Treatment of disease, disorder or injury Diagnostics or screening procedures	How the regulation is not being met: Records lacked evidence to show that the views and opinions of people are respected and taken into consideration when developing their individual care and support plans.	
Accommodation for persons who require nursing or personal care	18	2 Consent to care and treatment
Treatment of disease, disorder or injury Diagnostics or screening procedures	How the regulation is not being met: Records for people using the service did not adequately show how they had been informed and involved about decisions about their care and treatment.	
Accommodation for persons who require nursing or personal care	9	4 Care and welfare of people who use services
Treatment of disease, disorder or injury Diagnostics or screening procedures	How the regulation is not being met: Information did not accurately reflect the care, treatment and support people require. Records were not completed in sufficient detail providing clear direction for staff about how people were to be supported so that their needs were met and risks minimised.	
Accommodation for persons who require nursing or personal care	13	9 Management of medicines
Treatment of disease, disorder or injury Diagnostics or screening procedures	How the regulation is not being met: Systems in place did not demonstrate that people receive their medication as prescribed.	

<p>Accommodation for persons who require nursing or personal care</p> <p>Treatment of disease, disorder or injury</p> <p>Diagnostics or screening procedures</p>	<p style="text-align: center;">23</p>	<p>14 Supporting worker</p>
<p>How the regulation is not being met:</p> <p>Training in the specific needs of people living at Church Walk has not been provided for staff ensuring they have the knowledge and skills needed to support people safely and effectively promoting their health and well-being.</p>		

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
Further copies from	03000 616161 / www.cqc.org.uk
Copyright	Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA