

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Church Walk

Cavendish Road, Kirkholt, Rochdale, OL11 2QX

Tel: 01706717400

Date of Inspection: 11 February 2013

Date of Publication: February 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Church Walk Health Care Limited
Registered Manager	Mrs. Nicola Jane Stead-Howarth
Overview of the service	<p>Church Walk offers nursing care and support to people with a mental disorder and complex health care needs.</p> <p>The home is a purpose built two-storey building with 18 single en-suite bedrooms. The home is situated in a residential area of Rochdale and is close to local amenities.</p>
Type of service	Care home service with nursing
Regulated activities	<p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 February 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

At the time of our inspection visit there were only three people living at the home. We spent time speaking with one of the people about their experiences. They told us, "I've no complaints at all", "It's very peaceful and relaxing" and "The staff help me if I need it".

From our observations and discussions with staff it was clear they had a good understanding of the individual needs of people. Care records were also very detailed and directed staff in the delivery of care and support people required.

Records detailed people's individual preferences, wishes and choices and showed how they had been involved in planning their care and support.

People were provided with a good standard of accommodation that had been well maintained and was tastefully decorated.

Systems were in place to ensure that people living at the home were safeguarded from abuse. The manager and staff had completed training in these areas and were aware of their responsibilities in keeping people safe.

Robust recruitment procedures were in place to ensure that only those people suitable to work at the home were offered employment.

Staff were provided with on-going training and support to meet the needs of people at Church Walk. Staff spoken with during our visit confirmed they had regular training updates and said they could ask for other training if they felt it would benefit their work. They told us that the manager was "very supportive" and they "could approach them about anything".

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

The home had policies and procedures in place to guide staff in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff training records also confirmed that training had been provided in these areas.

The manager told us that this was undertaken by all staff as part of the protection training offered to the team. More comprehensive training was offered to senior members of staff ensuring they were aware of their responsibilities in the area.

We had been made aware following our last visit that the manager had made an application to the funding authority for one person to deprive them of their liberty. The manager told us that a 'best interest' meeting had been held with relevant parties to discuss and agree the best course of action.

It was evident from our discussion with the manager that she was aware of her responsibilities in this area and liaised with the relevant authorities ensuring risks were minimised and people's rights upheld.

We also looked at the care records for people to see how they were consulted with about their care and support. Records showed that where people were able to express their needs and wishes these had been recorded. People had also signed their records to evidence their agreement with the information detailed in their care plan.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We looked at the care records for two people who had moved into the home since our last inspection visit.

Care records were detailed and included all areas of daily living as well as specific areas of healthcare required by people. Plans of care had been drawn up in each area and clearly directed staff in the delivery of care. Where risks had been identified these too had been assessed and plans put in place to help minimise risks.

Additional records were completed, where necessary, to show that people's health care needs were monitored. These included food and fluid intake charts, behavioural charts and blood glucose levels for example.

There was also evidence to show that people had been asked about their wishes and preferences and about things that were important to them.

Records had been reviewed and updated on a regular basis to ensure information was accurate and up to date, reflecting the current needs of people.

Staff accessed the advice and support of other health care providers where necessary to ensure that people received the care and treatment they needed. Records were made of all appointments and any action required. These included appointments with GP's, the dietician, speech and language therapists (SALT), physiotherapist, community matron and district nurses.

From our observations we saw that people followed their own routines. This varied depending on their individual preferences. Activities were provided both in and away from the home and staff support was available should this be required. One person spoken to told us, "They give me my own space" and "The staff help me if I need it".

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Clear policies and procedures were in place with regards to the safety and protection of people living at Church Walk. These included procedures on the protection of vulnerable adults, Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS) and whistle blowing.

A programme of staff training was in place offering courses in each of these areas. Copies of certificates were held on staff files to show what training had been completed by staff.

Staff spoken with confirmed that they had received such training. We asked staff to tell us what they would do if they were concerned about poor practice or an allegation had been made to them. What they told us demonstrated they understood the safeguarding procedures and what they should do to ensure people were protected.

Other systems were in place to ensure the safety and protection of people. These included robust recruitment checks including criminal record checks for all staff as well as checks with the Nursing and Midwifery Council ensuring the registration of all nursing staff was up to date and they were fit to practice.

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

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

Church Walk is a purpose built home providing accommodation over two floors for up to 18 people.

The property is separated into two units, Daventry and Cavendish. Each of the units has a communal lounge, dining room, separate toilets and bathroom facilities. There were also 18 single bedrooms each with en-suite shower rooms. A rehab kitchen is available on the first floor, which is used to support people in developing their independent living skills. There was also a main kitchen and separate laundry.

The manager told us that work had recently been completed to the rear garden. We saw that this provided people with a pleasant private outside space in which to relax and included a smoking area, seating areas and a water feature.

There was level access to the building, a passenger lift providing access to the first floor and corridors were spacious enabling people to move easily throughout the home.

We looked at a sample of servicing certificates to check that the building and facilities were safe to use. We saw up to date certificates for the electric circuits, gas safety inspection, passenger lift, hoist equipment and the fire equipment and alarm.

From our observations we found the environment to be well maintained and decorated to a good standard. One person spoken to during our inspection visit told us, "It's very peaceful and relaxing" and "The surroundings are nice, they look after it".

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Policies and procedures were in place with regards to the recruitment and selection of new staff ensuring only those suitable to work with people living at the home were appointed.

During our inspection visit we looked at the recruitment files for two of the newest members of the team. Information was orderly and included a completed application form, record of the interview process, written references and copies of identification. Information about the person's criminal record check (CRB) was also recorded on file.

We saw that further checks were undertaken on a monthly basis for all nursing staff with confirmation of their current Nursing and Midwifery Council (NMC) registration.

We were told and saw records to show that new staff completed an induction programme and relevant training on commencement of work.

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spent time looking at the personnel files for six people to see what training and development opportunities had been offered to staff. We were told that the majority of training was provided by the internal training department.

We saw certificates and records to show that new staff completed an induction programme, which included completing training in areas of mandatory health and safety, for example; moving and handling, health and safety, fire safety and infection control.

Other training was also offered included, NAPPI (non abusive psychological and physical intervention), safeguarding adults, Mental Capacity Act and deprivation of liberty safeguards. Staff also had the opportunity to undertake national vocational qualifications (NVQ's). One staff member spoken with said that they were being supported to complete an assessor's award, which would enable them to support other members of the team completing vocational training.

Staff also told us that they could request training if they felt it was relevant and would help them in their work. We were told that this would be discussed with their line manager in the supervision or appraisal meetings held. They told us that the manager was "very supportive" and they "can approach them about anything".

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

A copy of the home's complaints procedure was detailed in the information made available to people about the home. A copy of the 'service user guide' was also available within the reception area and accessible to people living at Church Walk and their visitors.

The procedure guided people about how to raise any complaints or concerns and how they would be dealt with.

During our inspection visit we discussed with the manager if any issues had been brought to her attention. Concerns were documented detailing the issues raised and any action taken. These were monitored as part of the homes quality auditing systems.

We also saw that 'thank you' cards had been received, complimenting staff on the care and support provided. One relative commented; "Thank you for listening to me, it's helped a lot". One of the cards was from a healthcare professional who had been involved with someone's care. The said " It has been a privilege to support you [the team] in caring for [person's name], you maintained their privacy, dignity and well being at the end of their life".

During our discussion with one person who lives at Church Walk, they told us; "I have no complaints at all".

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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