

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: 10 December 2013

Date of Publication: January 2014

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

| | |
|------------------------------------------------------------------|---------------------|
| Consent to care and treatment | ✓ Met this standard |
| Cooperating with other providers | ✓ Met this standard |
| Staffing | ✓ Met this standard |
| Supporting workers | ✓ Met this standard |
| Assessing and monitoring the quality of service provision | ✓ 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 | Church Walk offers nursing care and support to people with a mental disorder and complex health care needs. 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. |
| Type of service | Care home service with nursing |
| Regulated activities | Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury |

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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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 10 December 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

During our inspection we observed how staff interacted with people who used the service. We also chatted with people as a group whilst sat in the lounge. People were relaxed and had a friendly rapport with staff. One person told us they liked the staff. Another person told us their routine was relaxed and they could do what they wanted to do. We saw that staff had a good understanding of people's individual needs.

Systems were in place to protect the rights of people who may lack the capacity to make decisions about their own treatment, care and support. Where people's liberty was to be restricted, the provider had taken appropriate action to ensure people's rights were protected.

Staff worked closely with other agencies so that people's social, emotional and physical health care needs were effectively met.

Sufficient nursing and support staff were available to meet the specific needs of people. One staff member we spoke with said; "We're a good team".

Opportunities for on-going training and development were in place. Due to changes in the management team, team meetings and individual supervisions had not been held. These meetings would enable staff to discuss their individual needs.

Systems were in place to monitor and review the service provided. Suitable arrangements in the management and structure of the service were still to be made so that people continued to receive a safe and effective service. This was being addressed by the provider.

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. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

At the time of our inspection there were only four people living at Church Walk. People had complex health care needs which impacted on their cognitive abilities. People were able to make decisions about their daily routines and the support they received. However additional support was required when making more important decisions about their lives; such as where they lived.

Policies and procedures were in place to guide staff in areas such as consent to care and treatment, the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Prior to our visit we had been made aware that three applications to deprive people of their liberty had been made to the supervisory body (local authority). The manager had acted in accordance with current legislation to safeguard the rights of people.

On examination of records we saw information to show that people's mental capacity had been assessed in relation to specific areas of support, such as physical intervention. Where it was identified that the person lacked the capacity to make a specific decision a 'best interest' meeting would be held. A 'best interest' meeting is where professionals, and family if relevant, decide the best course of action to take to ensure the best outcome for the person. We saw evidence on one file where a best interest meeting had taken place.

We spoke with staff and saw evidence of training in the MCA and DoLS procedures. We were told that this training was included in the staff induction programme and as part of the on-going training programme. Records examined showed that only one staff member had completed this training. This training should help staff understand that assessments need to be undertaken to determine if people have capacity to make informed decisions about their care, support and treatment. Also it should help staff understand that if a person is deprived of their liberty, they will need special protection to make sure that they are looked after properly and are kept safe.

We asked two of the staff we spoke with to tell us what they understood about capacity and consent and the MCA and DoLS. What we were told demonstrated they had a good understanding of the importance of determining if a person had the capacity to give consent to their care and treatment.

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

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

We looked at what arrangements were in place to support people in accessing other service so that their health care needs were met.

We examined the care records for two people. Records of all health appointments or visits were recorded on people's care records along with any action required. We saw that each person was registered with a local GP and where necessary had access to additional support from other services such as the speech and language therapist, podiatry, opticians and specialist medical staff.

Information also showed that people had contact with their social worker and advocacy services, who offered independent support and advice.

We asked one staff member what arrangements were made should a person need escorting to appointments or in the event of an emergency and a person required hospital treatment. We were told that staff always escorted people, where necessary. We were told that information about the persons' specific needs and current list of medication would be taken with the person to the hospital so that relevant information could be shared with nursing and medical staff.

Staffing

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

During this inspection we looked at the staffing arrangements in place to support people using the service. We were aware prior to our inspection that the manager currently registered for the service was no longer in post. The Operations Manager was currently overseeing the management of the service.

Whilst the home can accommodate up to 18 people, we were told that only four people were currently living at the home. On examination of staff rosters and whilst looking around the home we saw that there were two nursing staff and two support staff on duty. We were told that staffing numbers were not always so high. Shifts varied due to one of the nurses currently completing their induction, which required a period of supervision.

We saw that there was a nurse and support staff available throughout the day and night. All but one of the nurses working at the home were qualified registered mental health nurses. The team was supported by a clinical support manager and an administrator as well as designated domestic, kitchen and maintenance staff.

We were told that checks were undertaken on nursing staff to confirm their current Nursing and Midwifery Council (NMC) registration and fitness to practice. Checks were completed at the point of staff commencing their employment and monitored on a monthly basis.

Three of the staff we spoke with felt there were sufficient numbers of staff on duty to meet the individual needs of people. One staff member said, "We've got the best team we've had in a long time" and "We're [the team] more supportive of each other".

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

During our inspection we looked at the training and development needs of staff at the home. We were told and saw records to show that staff completed an induction on commencing their employment. This included core training in areas such as, infection control, first aid, health and safety, food hygiene, moving and handling, safeguarding vulnerable adults, fire safety, physical intervention and Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Some of the staff spoken we spoke with said that they had received additional training in the use of defibrillators when undertaking cardio pulmonary resuscitation (CPR), Huntington's disease, dementia and mental health awareness. One staff member we spoke with said; "There's adequate training support available".

On examination of the staff training record we found that not all training provided was recorded on the training matrix. Information had not been expanded upon to include areas specific to the needs of people, therefore we were unable to see if all staff had completed relevant training. The provider may wish to note that an up to date record of training would enable them to monitor the learning needs of staff so that relevant training can be planned for.

One of the staff on duty was completing their induction. This involved completing a workbook during the initial twelve weeks of employment. They told us that a mentor had been identified to support them. Shadowing sessions were also being completed so that staff could familiarise themselves with people and the care and support they required. This staff member told us that they , "very supported" in carrying out their role and said that managers and staff were "approachable" if they had any questions.

We asked staff about the arrangements in place to offer continued support for staff. We were told that team meetings had taken place however individual supervision sessions had not been provided for some time. These meetings help staff to discuss their individual learning needs and issues they may wish to discuss privately.

Staff spoken with also told us that morale was good within the home. They felt the team

was settled with little staff turnover. One staff member said, "There's good communication" and "We're a good team".

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We were made aware prior to our inspection that the registered manager was no longer in post. However they had yet to cancel their registration. The Operations Manager was currently overseeing the management of the service along with clinical staff.

We asked the Operations Manager to tell us what systems were in place to monitor and review the service provided. We were told that quality monitoring was undertaken internally by the Operations Manager or Director on a monthly basis. The monitoring involved audits on various areas of the service such as, medication, clinical assessments, training, infection control, environment and policies and procedures. We were told that where improvements were needed, action was identified along with a timescale for completion. Action plans were then kept under review. We saw evidence of these audits taking place.

We were told that feedback questionnaires were also distributed so that people living at the home, staff and outside agencies could comment on the service received. We saw copies of the responses received for 2013. Overall people were positive about the care and support. It was noted that the responses made by people when asked if they had agreed to the information in their care records, all had responded 'no'. This should be explored by the provider.

Records in relation to any accidents or incidents were completed and where necessary notified to the CQC, to show what action had been taken ensuring people were kept safe.

We saw that equipment and services in place were maintained in accordance with the manufacturers' instructions therefore helping to ensure the safety and well-being of everybody within the home. Where action had been identified we clarified with the maintenance staff that work required had been completed. The maintenance staff confirmed to us that the work required had been completed.

The provider had a clear procedure in place with regards to responding to any complaints and concerns. Information had been reviewed and updated so that relevant contact

information for external agencies was provided. We were not aware of any current issues or concerns about the service.

We spoke with the Operations Manager and administrator about checks undertaken when employing new staff. We were told that checks with the Disclosure and Barring Scheme (formerly Criminal Record Bureau) were in place prior to staff commencing work ensuring their suitability for the position. Further checks were undertaken on nursing staff with confirmation of their current Nursing and Midwifery Council (NMC) registration.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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