

K S Mann

Churchill House

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an inspection of Churchill House on 11 and 12 May 2015 and it was unannounced. When we last inspected Churchill House on 15 August 2013 we found the service to be meeting all regulations inspected.

Churchill house provides personal care and accommodation for up to 12 adults with mental health needs. At the time of our inspection there were 12 people using the service. The service is a conversion of two adjoining houses knocked into one large house.

The service did not have a registered manager in place at the time of our visit. A registered manager is a person

who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager currently employed by the service has been in situ since August 2014, the provider and manager told us that the manager will be applying for registration in the coming month.

People told us that they felt safe living at the service. One person told us "I feel safe here 24 hours a day, ten out of

Summary of findings

ten for safety.” Another person told us, “Generally it is safe here”. However, not all staff were aware of how to raise a safeguarding concern. Documentation held by the service showed allegations were not investigated fully.

We found evidence that not all complaints raised were responded to appropriately.

We found evidence that staff were thoroughly vetted prior to commencing employment. We saw staff received on-going comprehensive training in order to carry out their role effectively. We observed staff interacting with people in a kind and compassionate manner giving explanations on what was occurring, and saw staff encouraging people to make decisions about the care provided.

We saw evidence of good practice around the recording, administration and storage of medicines.

Care plans and risk assessments were not always completed. One person did not have a completed care

plan or risk assessments. We also found evidence that the service was not fully aware of the conditions imposed upon one person by the Home Office which governed their care and treatment in the community, which left the person and others at risk of harm.

People were supported to access health care specialists as and when required. We saw evidence that referrals to health care professionals were made as and when required.

Staff received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Deprivation of Liberty Safeguards is where a person can be lawfully deprived of their liberties where it is deemed to be in their best interests or for their own safety.

We found several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. Risk assessments were inadequate, and lacked comprehensive guidance for staff to follow at times of heightened risk and were not always reviewed regularly.

Incidents and accidents were responded to effectively.

Medicines were stored, administered and disposed of correctly in line with the company policy.

Not all staff were aware of the correct procedures for reporting any concerns relating to safeguarding.

Requires improvement



Is the service effective?

The service was not always effective. Staff did not always receive a supervision and appraisal and these were not always documented.

Staff received on-going training in all mandatory training which was up to date and had a clear understanding of their roles and responsibilities.

People were able to access food and drink when they chose and outside of set meal times.

Staff were trained in MCA and DoLS and systems were in place to ensure people were not unlawfully deprived of their liberty.

Requires improvement



Is the service caring?

The service was caring. Staff were respectful of people's needs and provided a person centred approach to the delivery of care.

Staff had maintained meaningful relationships with people they supported.

Staff gave people information and explanations as to what was happening, so people were aware of what was going on.

Staff were aware of the importance of maintaining people's privacy and dignity and respecting their diversity.

Good



Is the service responsive?

The service was not always responsive to people's needs. We found care plans were not always completed correctly containing the most up to date information regarding people's needs.

People had access to a wide range of activities both in house and in the local community.

People's concerns and complaints were not always responded to appropriately.

Requires improvement



Summary of findings

People's transition between services was not always completed appropriately. Needs assessment documentation was found to be incomplete and lacking acknowledgment that the service could meet people's needs.

Is the service well-led?

The service was not always well-led. People were placed at risk as there were inadequate systems in place to ensure information was shared with care staff.

At the time of the inspection there was no registered manager in place. There seemed a lack of clarity as to who was accountable and took responsibility for the people who lived there and the service provided.

Records were not easily accessible throughout the inspection. There was no set process for records being maintained and located easily.

Requires improvement



Churchill House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 and 12 May 2015 and was unannounced.

The inspection was carried out by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we gathered and reviewed information we held about the service, for example we looked at notifications the service had sent us over the last year.

During our inspection we spoke with six people using the service, four care workers, the manager, area manager and registered provider. We reviewed five people's care files, four staff files and other records such as the staff rotas, menus, maintenance records and the provider's policies and procedures.

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person told us, “I feel safe here 24 hours a day, ten out of ten for safety.” Another person told us, “Generally it is safe here.”

The staff were not aware of one person individual’s legal status in line with the Mental Health Act 1983 (MHA). Risk assessments and care plans completed by the manager were inadequate in identifying, assessing, monitoring and responding to any challenges presented by the person. Comprehensive information detailing guidelines set out by external health care professionals relating to the person’s mental health and their care and treatment in the community were not clearly documented for staff to see to ensure that the person and others were kept safe. The person’s care plan briefly mentioned previous known behaviours yet had not been reviewed since May 2014. This showed that people were at risk of known harm.

Risk assessments were not always completed and reviewed; therefore people’s risks had not been documented. One person did not have any risk assessments in their care records. We reviewed risk assessments and found that they did not give adequate guidance to staff on how to support someone when faced with a known risk. We found that guidance to de-escalate risks did not give staff clear steps to follow. This meant that risks associated with people’s support were not well managed.

Not all staff were aware of the correct procedure of reporting suspected abuse. One staff member told us they were unaware that they could report any safeguarding concerns to the local authority safeguarding team. We reviewed staff training and found that staff had received safeguarding training and the safeguarding policy was accessible for to all staff. We saw evidence of staff reporting incidents of alleged abuse which were not appropriately followed up. This meant that people were not always protected against the risk of abuse, by competent staff.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Accidents and incidents were recorded and the manager told us that these were regularly reviewed and where possible lessons learnt to minimise the risk of this occurring in the future. We reviewed documentation that confirmed what the manager told us. This meant that people were supported by staff who acted upon accidents.

The service had a robust recruitment procedure. We reviewed four staff files and found that the necessary checks had been completed for example, DBS checks, two references, application form and contract. This meant that people were being supported by staff who were safe to work in the service.

We received mixed reviews regarding staffing levels, for example people told us that they felt the staffing from 8am and 10.30pm was sufficient however after 10.30pm there was only one staff sleeping in to cover the service. Staff told us they were happy with the daytime staffing hours, however one staff member told us they felt that having an extra person on throughout the night would mean that the service would be effectively covered. From discussion with the area manager and registered provider, it was clear that a review of the night staffing level was being looked into.

We found that all medicines were administered, recorded and stored in line with the company policy. We reviewed the medicine recording charts and found that these were up to date and accurate. This meant that people were safe against the risks associated with poor medicine management.

The provider had a comprehensive system to ensure the building was maintained at all times. We saw evidence that checks had been carried out by external professional agencies in relation to the fire panel, gas, electrical and maintenance of the building. The service had a maintenance book that staff completed if they observed any issues, these were then dealt with by the provider in a timely manner. This helped to ensure people were supported to live in a safe environment.

Is the service effective?

Our findings

People told us that staff were helpful and knew them well. One person told us, “I like the staff, they know what I like and how to look after me”.

Staff told us that upon commencing employment they received an induction whereby they shadowed a more experienced member of staff in order to learn people’s needs and how to meet them, and their competency at specific tasks was checked before they worked on their own. Documentation we reviewed confirmed what staff told us. This helped to ensure people were supported by staff who were competent in caring for them.

Staff supervisions were not always documented. We saw documentation that showed one staff member did not have notes relating to recent supervisions. The area manager told us that staff had had discussions with the manager however these had not always been documented. They also told us that staff were able to contact the manager, area manager and provider should they have any concerns outside of their scheduled supervisions, which staff confirmed.

We recommend that the service finds out more about staff supervisions based on current best practice.

Staff informed us and records confirmed that they received on-going training in order to effectively carry out their roles. We found evidence that staff received all mandatory training for example, mental capacity, safeguarding, health and safety, care and administration of medicines, basic first aid, infection control and risk assessment. This helped to ensure people were supported by skilled and knowledgeable staff.

Staff had knowledge of the MCA and DoLS, the service had policies on MCA and DoLS and those by the local authority available to staff to read at any time. Staff were aware of the importance of seeking people’s consent prior to the delivery of care. We observed staff seeking people’s consent throughout the two day inspection. One staff member told us, “Sometimes people will say no they don’t want to do something, we respect that. We may ask them again later on in case they’ve changed their minds.” At the time of the inspection there were no DoLS authorisations in place. We spoke with the manager and area manager who told us that people who used the service had the capacity to make decisions about their care however would request an authorisation if one was required.

The service offered people choices of their meals, for example people could choose if they wanted to eat from the menu or if they wanted an alternative. Staff encouraged people to participate in the meal preparation if appropriate. We observed people having their lunch and found food was well presented and people told us they liked their meals. Staff made fruit available to people throughout the day where people could help themselves if they wished. This meant that people had access to food and drink outside of the set meal times.

People’s health care needs were supported by staff on an on-going basis. Staff told us they encouraged people to maintain a healthy lifestyle through day to day mentoring. We observed staff talking to people about taking exercise and promoting healthy eating choices.

Is the service caring?

Our findings

People were positive about the care staff and felt they were treated with dignity and respect. One person told us, “I like them [care staff] and they like me.” Another person told us, “The staff are good, they do a good very job. They know who I am and what I like, they treat me as an individual.”

During our inspection we observed staff interacting with people in a kind, caring and respectful manner. We saw staff asking people what they wanted to do and encouraging people to make choices wherever possible. This meant that staff were respectful of people’s decisions.

Throughout the inspection we saw staff laughing and joking with people, it was clear that staff had maintained positive relationships with those they supported. We observed care staff using different techniques with people, for example one care worker used hand gestures to reinforce what they were saying to one person. Another staff member was observed bending down talking to someone who was seated, encouraging eye contact and actively listening.

We saw one person appeared agitated and staff were observed giving the person reassurance. Staff changed the pitch and tone of their voice and spent time listening to the person’s concerns before offering support and guidance. Staff were compassionate to the person’s agitation. We also saw staff explaining what was happening next and observed them patiently repeating themselves to ensure that people understood what was happening. This meant that people were supported by patient and compassionate staff.

Staff encouraged people to be involved in all aspects of their care, for example when discussing finances. We observed one staff member discussing someone’s money prior to accessing the community. The staff member was seen explaining what money the person would require to purchase the items they sought. This showed that staff actively encouraged people to be involved.

Staff were able to explain to us the importance for maintaining confidentiality and the possible consequences of breaching this.

Staff were fully aware of how to maintain people’s privacy and dignity. One staff member told us, “Some people like to have privacy, I have to respect this it’s their home.” We observed staff ensuring that people’s privacy was being maintained, for example we saw staff speak quietly with one person when discussing personal care. This meant that people were supported by staff who respected their dignity and right to privacy.

People were encouraged to be as independent as possible, staff encouraged people to maintain their independence. We observed staff supporting one person prior to them accessing the community without support. The staff member ensured that the person had enough money to purchase what they wanted and were observed reminding them about maintaining their own safety. This meant that people were actively encouraged to maintain their independence.

Is the service responsive?

Our findings

We received a mixed response from people regarding complaints. People told us that staff listen to them and act on any complaints raised, for example one person told us, “I would be listened to if I made a complaint.” Another person told us, “I complained about money and it was resolved quickly and they [staff] sorted it.” However other people told us, “Staff are not always able to listen, they mostly do but not always. It’s important that staff listen.”

People were aware of the process to raise a concern or complaint. Documentation displayed within the service highlighted how to complain and who to contact. This showed that people were given the means to raise a concern or complaint if they needed. We saw evidence that not all concerns were responded to appropriately, for example one person had raised a concern and this was dismissed without further investigation. This meant that people’s complaints were not always listened to and acted upon.

This is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People’s plans were not always reviewed regularly. We found one care plan had not been reviewed since May 2014. This meant that people were not supported by staff that had the most up to date information. One person who had moved into the service seven months ago was found to have incomplete documentation. Prior to moving into the service an assessment of needs was required to ensure that the service would be able to meet all care needs of the person. We found that the assessment of needs for one person was incomplete with important information missing. For example, details about how best to meet their

needs was not completed. The service had also omitted to complete the person’s care plan. This meant that staff did not have the correct information to effectively support the person and ensure their needs were met.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that they encouraged people to make choices regarding the care they received. We found evidence of this throughout the inspection. For example we saw staff asking people what they wanted to do and if they wanted to participate in activities and what they wanted to eat. This showed that people’s choices were being sought and respected. Staff told us, “We are here to help people, not to make decisions for them, they can make their own decisions.”

The service had an activities programme for people to participate in if they wished. Throughout the inspection we saw people being supported to access the local community to go shopping, in-house activities such as crossword games, board games and other activities. People had access to the main lounge where a communal television was available for people to watch, and people also had access to their own personal televisions in their bedrooms. People told us, “There are lots of activities and chores to do, I am kept very active.” People were encouraged to assist in keeping the service clean and tidy, we observed staff supporting one person to participate in cleaning the dining room ready for lunch. Staff told us that where possible people were encouraged to help with chores however not everyone enjoyed this or was able to. This meant that people were supported to maintain a clean and healthy environment.

Is the service well-led?

Our findings

We received mixed reviews about how the service was led, for example one person told us, “The manager and the owner are both good”. Another person told us, “I do not attend the house meetings because nothing changes.”

When discussing how the service was managed, the manager was unable to answer all our questions. For example when discussing the processes and procedures for safeguarding people the manager appeared to have insufficient knowledge. The manager was uncertain of where documents were located and if documents still remained on site or at another location, therefore was unable to produce all documents requested at the inspection. We also spoke with staff who told us they were unable to access documents as these had been locked in the manager’s office. Staff told us that this could be challenging when they needed to access certain records.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they didn’t always feel that they were listened to and that they were not always aware of what was going on as there was a lack of communication between management and care workers. This meant that people were being supported by staff who may not have the most current information.

There was no registered manager in place at the time of the inspection. There had been a change of management since the last inspection where the new manager had been in place for eight months, this had had an impact on the service as not all documentation was up to date. We met with the provider who met regularly with the manager and they worked closely together in the service. The manager was also supported by the area manager and a registered manager from a sister home. This meant that people did not have a registered manager managing their service.

We saw evidence that the service carried out house meetings however we received mixed feedback on the effectiveness of those meetings. People were aware that they could attend the meetings if they wanted, however not everyone did. Management told us that they took on board all comments and suggestions raised in meetings were actioned if appropriate to do so. We did not see evidence of this at the inspection.

The service told us that they carried out regular and comprehensive audits of the service and quality of care provided. We saw evidence of audits relating to health and safety, food hygiene and maintenance had taken place. We were unable to see documentation relating to quality assurance audits at the inspection as these were not available.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>People who use services and others were not protected against the risks associated with assessments, planning and delivery of care and treatment. Regulation 12(1)(2)(a)(b)(i).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>People who use the service were not protected against the risks associated with effective systems to make sure that all complaints are investigated without delay. Regulation 16(1)(2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>People who use the service were not protected against the risks associated with up to date, accurate and properly analysed and reviewed records. Regulation 17(1)(2)(c)(e)</p>