

# Oaklea Care Limited

# Churchview

## Inspection report

St. Andrews Road  
Taunton  
TA2 7BW

Tel: 01823323451  
Website: [www.nationalcaregroup.com](http://www.nationalcaregroup.com)

Date of inspection visit:  
26 May 2021

Date of publication:  
23 June 2021

### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Churchview is a residential care home registered to provide personal care to up to six people. The home specialises in providing care to adults who have a learning disability. At the time of the inspection there were four people living at the home.

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

People lived in a home where improvements had been made to the management of the service. People could now be confident that there were systems in place to identify shortfalls and plan ongoing improvements.

The building was not suitable to meet everyone's needs. To ensure people's needs now, and in the future, could be met the provider was in the process of purchasing a new home which would be better suited to people's needs. Once the new home had been refurbished people would move into it.

People were cared for by staff who received the training and support they required to meet people's needs. Staff felt valued and supported which led to a happy environment for people to live in.

People were cared for by staff who treated them as individuals and included them in conversations. People looked very relaxed with staff who supported them.

Staff were practicing good infection prevention and control practices to keep people safe.

Staff worked in partnership with other professionals and organisations to make sure people's physical and social needs were met. Staff supported people to attend healthcare appointments outside the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- People lived in a house in a residential area with community facilities close by. A new single storey building had been purchased for people to move into. This would help to further promote people's independence.

Right care:

- People were supported by a staff team and registered manager who treated everyone as an individual and supported them to make choices about their day to day lives. The staff worked in partnership with other professionals to meet people's needs.

Right culture:

- The management of the home were committed to on-going improvements to ensure everyone received high quality person-centred care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection.

The last rating for this service was requires improvement (report published 3 June 2019.) There was one breach of regulation. The provider did not have effective systems in place to monitor the quality of the service people received, manage risks or plan and implement ongoing improvements. This was a breach of regulation 17. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 7 May 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions - Effective and Well-led which contain areas for improvement and a breach of regulation.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Churchview on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe

**Inspected but not rated**

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Churchview

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Churchview is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the service short notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed all the information we had received about the service since the last inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection-

We met with all four people who lived at the home. Some people were not able to fully express their views verbally, so we spent time talking with the two staff on duty and observing practices in communal areas.

The registered manager and area manager were available throughout the inspection. They were able to tell us about how the governance of the home had changed and show examples of audits carried out.

We viewed a sample of records which included two care and support plans and health and safety records.

After the inspection

We asked for a number of records to be sent to us electronically. This included copies of audits and action plans including the providers overall action plan.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question which related to infection prevention and control.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- At the last inspection we raised issues about the suitability of the building to continue to meet people's needs. The provider has now secured a new building which was being refurbished to ensure it meets people's long-term needs.
- People knew about the new house and one person told us they had been with staff to see the house from the outside. They appeared very happy about the move.
- The new home is made up of two bungalows and will provide ground floor accommodation for everyone. People will only share communal facilities with one other person. The registered manager told us people will be fully involved in choosing décor etc, when appropriate. The staff had been working with other professionals to support people with the transition to their new home.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;

- Since the last inspection people's care and support needs had been reassessed to make sure they were reflective of their up to date needs. Care and support plans gave details about people's abilities and the areas they needed support with.
- People received care in accordance with their needs and preferences. For example, one member of staff described the support a person required with meals. When we looked at the care plan, we saw that it matched the staff member's description of the assistance they provided.
- People were supported by a small staff team who knew them well. People who lived at the home had different interests and abilities and staff treated each person as an individual.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare professionals according to their individual needs. Care records showed people were accessing professionals including GPs, speech and language therapists and dentists.
- Staff supported people to attend appointments outside the home. On the day of the inspection one person went out to a chiropodist appointment with a member of staff.
- The staff had built good relationships with the local doctor's surgery and also had access to multi-disciplinary meetings. This enabled staff to discuss any concerns with a wide variety of professionals and seek solutions to support people with their needs. One member of staff told us how beneficial this had been particularly when supporting a person who's needs were changing.

Supporting people to eat and drink enough to maintain a balanced diet



- People were able to make choices about the food they ate. One person told us, "We choose a menu for the week. The food's nice, we have roasts and other dinners."
- People received the help they needed with eating and drinking. For example, if people had been assessed as requiring supervision due to a risk of the person choking.
- Where there were concerns about a person's food or fluid intake staff monitored this. Following on from people having COVID-19 staff were monitoring people's nutrition and their weight. Records showed people were now maintaining a stable weight.

#### Staff support: induction, training, skills and experience

- People were cared for by staff who knew them well and had the skills required to safely support them. One person said, "Staff are very nice and know how to help you."
- People received safe care because all staff undertook an induction programme when they began work. One member of staff said, "I had a good induction and it included things like epilepsy as well as all the health and safety stuff." The area manager told us staff did not start work in the home until they had completed all mandatory training.
- Since the last inspection a new registered manager and a team leader had been appointed. This meant staff always had access to more senior staff to support and advise them. It also enabled standards of care and support to be constantly monitored by experienced staff.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had made applications for people to be deprived of their liberty where they needed this level of protection to keep them safe.
- Staff supported people to make choices about day to day issues. Where people lacked capacity to make bigger decisions, they involved professionals and people who knew them well to make best interests decisions. This had included decisions about COVID-19 testing and vaccinations.
- People said they were able to make choices. One person said, "You can choose when you go to bed and things like that." Staff told us they knew people well and how to support them to make choices. One member of staff said, "Some people need help but if you show them a small number of things they can make a choice."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection we found that the provider did not have effective systems in place to monitor the quality of the service people received, manage risks or plan and implement ongoing improvements. This was a breach of regulation 17.

At this inspection we found improvements had been made and they were no longer in breach of regulations.

- Since the last inspection the provider had greatly improved quality monitoring systems which led to a better overview of the service offered to people. The staff at the home completed several audits and an area manager carried out a full audit each month. Copies of these audits showed that action plans were being put in place which were leading to improvements for people.
- New electronic systems had been set up which helped to make sure the home was being managed in accordance with the provider's policies and procedures. For example, there was an electronic staff rota system, but staff names were only accepted if they had up to date mandatory training. This helped to make sure people were cared for by staff who had the skills and knowledge to effectively support them.
- People's safety was promoted because the registered manager ensured safety checks were carried out. This included regular testing of fire detecting and lifting equipment. There were contracts in place to ensure equipment was regularly serviced by outside contractors.
- Risks to people were identified, assessed and minimised. For example, a daily COVID-19 risk assessment was carried out to ensure people were supported as safely as possible.
- The registered manager was aware of their regulatory requirements and communicated well with the Care Quality Commission.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and registered manager were committed to ongoing improvements to ensure people received person-centred care which met their individual needs and preferences.
- Staff felt valued and included in decisions at the home. One member of staff said how much things had changed in the past two years and how they felt appreciated by the provider and registered manager. This led to improved staff morale which created a happier environment for people to live in.
- People received their support from caring staff. Throughout the day we saw staff spend time with people

and treated everyone as an individual. People were included in conversations and helped to make choices.

- The provider shared information in formats that were appropriate to people. This included making sure everyone had a copy of the complaints procedure in an easy read format.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager were aware of their responsibility to be open and honest with people. Staff said the registered manager was very approachable and they would not hesitate to discuss any issues with them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff had supported people to keep in touch with friends and family during the pandemic. Some people were receiving visitors. In instances where friends and family were unable to visit, staff made sure family members received up-dates and photographs.
- The staff worked in partnership with other organisations, such as day services, to help people continue with their social outings and activities. This had involved full risk assessments to make sure people could safely go out and return to the home during the pandemic.
- The registered manager and staff team were working in partnership with other professionals to help people to transition to their new home. The registered manager and area manager gave assurances that people would be fully involved in planning their new home.