

# Oaklea Care Limited

# Churchview

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

About the service: Churchview is a residential care home which is registered to provide personal care to six people. At the time of the inspection there were five people living at the home. The home supports adults who have a learning disability.

People's experience of using this service:

The service had been opened some years ago and registered to a different provider. It had not been developed and designed in line with the principles and values that underpin Registering the Right Support, and other best practice guidance. However, the staff were working with the provider to embed these principles into people's day to day lives. The principles include; promotion of choice and control, independence and inclusion. e.g. People's support focussed on them having as many opportunities as possible to gain new skills and become more independent.

People received care and support which met their needs because staff knew them well. However, care and support plans were not always based on full assessments of individual needs and were not always up dated to reflect changes. This placed people at risk of receiving care which did not meet their up to date needs and wishes.

People did not live in a home where there was a clear management structure or quality assurance systems to monitor the standard of care people received. People were not always fully involved in planning changes. However, the staff were working with the manager to enable people to have more influence in the running of the home. This included holding regular meeting to seek people's views.

People had their communication needs assessed and recorded but information was not always available in a format which meet their needs. This included information about how to make a complaint, minutes of meetings and food options.

People felt safe at the home and with the staff who supported them. People happily laughed and chatted with staff and were very relaxed and comfortable in their environment. Staff were kind and friendly.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People told us they were able to make choices about their day to day lives and risk assessments were in place to promote independence.

People were involved in day services activities which gave them an opportunity to spend time with people outside the home. Staff supported people with social activities, helped them to plan celebrations and to keep in touch with friends and family.

Rating at last inspection: This is the first inspection since the service was registered to this provider in May 2018.

Why we inspected: This was a scheduled/planned inspection based on date of registration.

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

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Requires Improvement 

The service was not always effective

Details are in our Effective findings below.

### Is the service caring?

Good 

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Requires Improvement 

The service was not always responsive

Details are in our Responsive findings below.

### Is the service well-led?

Requires Improvement 

The service was not always well-led

Details are in our Well-Led findings below.

# 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one adult social care inspector

#### Service and service type:

Churchview is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 did not have a manager registered with the Care Quality Commission. A registered manager 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. At the time of this inspection the management of the home was being overseen by the registered manager of another service owned by the same provider.

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

We did not ask the provider to complete a Provider Information Return (PIR.) This is key information providers are required to send about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We looked at notifications received from the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

During the inspection we met with all five people who lived at the home. Some people were not able to communicate with us verbally, but we were able to observe care practices in communal areas. We also spoke with three members of staff and two visiting relatives. The manager who was overseeing the home was available throughout the day.

We looked at a selection of records which included;

- Two care and support plans
- Two staff files
- Records of staff and resident's meetings
- Records of health and safety checks
- Medication administration records

# Is the service safe?

## Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the home and were comfortable with the staff who supported them. One person told us, "I feel safe here. The staff are all kind to me." A visiting relative said, "I have no worries. I go home knowing they are safe."
- The provider ensured risks of abuse to people was minimised. All staff received training in safeguarding vulnerable adults and knew how to recognise and report abuse. Staff were confident that any concerns reported would be dealt with appropriately.
- Where issues had been raised with the manager they had reported to the appropriate authorities and carried out a full investigation.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were encouraged to be independent and risk assessments were in place where appropriate. One person liked to go out on their own and told us, "I always tell them where I'm going."
- People lived in a safe environment because the provider carried out safety checks. People had risk assessments regarding day to day support and the environment. For example, to prevent the risk of people scalding themselves, water temperatures were regularly tested by staff and a representative of the provider.
- All accidents and incidents which occurred were recorded and seen by the manager. This enabled them to address any issues raised by the incident and avoid re-occurrence.

Staffing and recruitment

- Risks to people were minimised because the provider had a robust recruitment process which ensured all new staff were thoroughly checked before they began work.
- There were sufficient numbers of staff to keep people safe. During the morning and over lunch there were two members of staff on duty. In the late afternoon and evening there was only one member of staff and overnight one staff member slept in. Staff were not aware of any formal on call system but stated they could contact the manager at anytime of the day or night.
- Staff told us they worked flexibly to make sure there were staff available to assist people with appointments and events outside the home.

## Using medicines safely

- People received their medicines safely from staff who had received training and had, had their competency in this area checked. One person told us, "They do my tablets for me. I always get the right ones."
- Staff kept clear records of medicines administered or refused by people. This enabled the effectiveness of prescribed medicines to be monitored.
- Some people were prescribed medicines, such as pain relief, on an 'as required' basis. Some people were able to request these medicines, but others would not be able to. There were no protocols in place to guide staff when these should be given or how people may express pain or discomfort. This could mean people did not receive these medicines consistently to ensure they did not experience unnecessary pain.

## Preventing and controlling infection

- Risks of the spread of infection in the home was minimised but further improvements could be made. Toilet areas had hand washing facilities but there were no disposable towels available. This meant everyone used the same cloth towel which could pose an infection risk.
- Staff had received training in good infection control practices and told us they had access to personal protective equipment such as disposable gloves and aprons.
- Overall standards of cleanliness in the home were good.



# 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

RI: ☐ The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- People did not always have their needs assessed and care plans were not always up dated. This meant there was a risk of people receiving care which did not match their up to date needs or wishes. Staff said they were in the process of up-dating care plans.
- In some care files there were no assessments to show how people's needs had been identified. For example, one person's health care plan stated they needed to be weighed weekly. However, no nutritional assessment had been carried out and there was no recorded rationale for this. Weight records showed the person maintained a stable weight. There were no instructions for staff about what action should be taken if the person lost or gained weight.
- Each person had a care plan which gave staff basic information about how to support them. There was a stable staff team at the home who knew people well and staff spoken with were confident that people's physical care needs were met.

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

- People lived in a care home which provided a comfortable homely environment for people who were physically able. Five of the six bedrooms were on the first and second floors and stairs were steep. There were no gates or warning signs to minimise the risk of people falling on the stairs. People had been able to personalise their bedrooms according to their tastes and needs.
- The provision of bathrooms and toilets was poor. There was one bathroom with a toilet and one shower room on the first floor which was shared by everyone. There was also a small toilet on the ground floor. This meant people with bedrooms on all floors had to use the first-floor bathrooms and people in upstairs bedrooms all shared one toilet which was in the bathroom.
- The manager told us they had access to a maintenance person to carry out works at the home, but formal audits were not carried out. We found one upstairs window which had not been restricted which could pose a risk to people. The staff told us they would take action to address this.
- The provider had made some adaptations to enable people who were less mobile to access facilities. There was a stair lift from the ground floor to the first floor and a bath seat had been fitted in the bath.

Staff support: induction, training, skills and experience

- People were supported by staff who had received the training they required to carry out their role. This included training in health and safety and subjects relevant to people's individual needs such as care of people with epilepsy.
- People were supported by staff who were experienced in working with people with learning disabilities. Although the manager visited the care home every day there was no senior staff to make sure other staff were consistently supervised to monitor practice and offer advice and support.

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

- People were supported to eat and drink and were able to make some choices about the meals they ate. Staff told us they had begun to plan menus in accordance with people's preferences. Minutes of the last house meeting showed people had been asked to make suggestions for meals and these were incorporated into a weekly menu. One person said, "They asked us what we like."
- People had care plans regarding their nutritional needs, but these were not always up to date. For example, one care plan, dated October 2018, stated the person had gained a large amount of weight and required a low-calorie diet. When we looked at records of the person's weight records there was no evidence they had gained weight in the past year. This meant the care plan in place did not give correct instructions to ensure the person's well-being.
- People had a light meal at lunch time and the main meal of the day was served in the evening when everyone was at home. During the inspection people were offered hot and cold drinks throughout the day.

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

- People's health was monitored and staff made sure people had access to specialist professionals where needed. Staff supported people to attend appointments outside the home. Care records showed people accessed professionals including; GPs, dentists and chiropodists. However, follow ups to appointments were not always recorded. One person had been seen by a healthcare professional a year ago and the record of the appointment said, 'to be seen again in six months.' There was no evidence the person had seen the professional again.
- Staff sought advice from other professionals to make sure people received the care and treatment they required. We heard arrangements had been made for a person to be visited by a specialist nurse to meet a specific need.
- People had hospital passports which gave information about them as a person and the help they required. The passports would provide information if the person needed to be admitted to hospital to make sure they received the support they required from other professionals.

#### 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff gained consent from people where they were able. People who could verbally express their views said they could to make choices about what they did. Where people were not able to verbalise their wishes, staff respected how they indicated choices. For example, going to the dining room meant one person wanted something to eat or drink.
- People had their ability to consent to some aspects of their care assessed and where they were assessed as lacking mental capacity staff made decisions in their best interests. We saw evidence that staff consulted with relevant people, such as family members, when making best interests decisions.
- The previous registered manager had made applications for people to be deprived of their liberty where they required this level of protection to keep them safe. We questioned with the manager whether an application had been made for one specific person and they were unsure but gave assurances they would follow this up.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and friendly. People looked very relaxed with the staff who worked with them. We saw people happily chatting with staff and where people did not have verbal communication we saw people and staff laughing and smiling and enjoying each other's company.
- People were complimentary about the staff who supported them. One person said, "These are the best staff ever." A visitor said they always found staff to be kind which they felt helped to create a homely atmosphere.
- Staff respected people's individual lifestyle choices, cultures and religions. One person told us they attended church regularly and attended a number of church events.

Supporting people to express their views and be involved in making decisions about their care

- Staff told us that since the new provider and manager had taken over the running of the home they were trying to encourage people to be more involved. They had discussed menu options with people and were also discussing activities that would be appropriate for each person.
- Some people and/or their representatives were involved in reviewing their care plans and ensuring they were reflective of people's up to date needs and wishes.
- People were able to make choices about their day to day routines and care. Staff respected people's wishes. One person said, "I can do what I like. If I want to just lay in bed, then I can." We saw when a person came back to the home after a day out they followed their own specific routine.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected by staff. Each person had their own room where they could see visitors or spend time alone if they chose to.
- People were supported to be independent. One member of staff said, "We want people to be independent and do the things they want to do." One person went out independently and told us they had a key which enabled them to come and go as they pleased.
- Everyone who lived at the home attended day activities away from the home which gave them an opportunity to independently follow their interests and socialise with other people.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

RI: ☐ People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;  
End of life care and support

- People lived in a home where the new provider and manager were encouraging a more person-centred approach to care. This included involving people more in decisions about the home and ensuring activities and occupation were tailored to people's individual interests. One member of staff told us, "It would be good if all staff had more training on person centred care."
- Care plans contained information about people's preferred daily routines including times they liked to get up and when they liked to go to bed. There was also basic information about people's likes and dislikes. Staff told us they knew people well and were aware of the things they liked and what made them happy.
- People's wishes for the care they would like at the end of their lives were discussed and recorded. Staff spoke to people's representatives, including independent advocates, where people were unable to express their views on this subject.
- People had access to regular occupation and activities outside the home and staff supported people with social activities when they were not taking part in organised day centre activities. It was not always clear how people made individual choices about their activities. For example, there were plans for everyone who lived at the home to go away on holiday together and it was not clear if people had been offered individual holiday choices. Staff told us they were hoping to help people with social activities on a more one to one basis.
- People told us they were happy with the support they received. One person said, "I am very happy here, I can do things for myself." People who were unable to verbally express their views appeared very comfortable and content. Visitors told us they always experienced "Happy staff and residents."
- The service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. There was some information available to people in an easy to understand format, but other information was not in a format which met their needs. For example, there was a board on the dining room wall showing which staff were on duty using signs, symbols and photos. However other information such as weekly menus, minutes of meetings and activity information was not easily accessible to people.

Improving care quality in response to complaints or concerns

- Staff knew people well and said they would recognise if they were unhappy with the support they received. Visitors said they would be very comfortable to speak with a member of staff or the manager if they had any concerns about their relative's care.

- There was no complaints procedure on display in the home and staff did not think people received a personal copy of the complaints policy. Therefore, it was difficult to see how people would be able to raise a formal complaint if they wished to.
- No complaints had been made since the home was registered with the current provider.

## 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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- People did not live in a home where there was a clear management structure or quality assurance systems to monitor the standard of care people received. The previous registered manager left the home in August 2018 and no permanent manager had been appointed since that time. At the time of the inspection the home was being managed by a registered manager from another of the provider's services. This was in addition to their registered manager's role.
- The provider did not have formal systems to audit the care provided and ensure on-going improvements for people. For example, care plans had not been audited and therefore issues which we identified had not been addressed. These included lack of reviews with people, out of date and incorrect information which could potentially lead to people receiving inappropriate care. Infection control audits had not been carried out and we found some improvements in this area were needed.
- People were at risk of receiving inconsistent care and treatment because there were no routine audits of medicines or medication administration records. We found there were no protocols for the use of 'as required' medicines.
- Although the manager had identified some areas for improvement, such as increased involvement of people and a greater focus on person centred care, the provider did not have an action plan in place. This meant there was no way to plan and monitor improvements to the service people received.
- The provider had made some improvements to the building, such as replacing the kitchen and appliances and re-decorating a number of rooms. There was no evidence of how people or staff had been involved in choosing décor or deciding on priorities.

The lack of effective systems and processes to assess, monitor and improve the quality of the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider and manager were committed to making changes in the home which would mean care and support was more person centred. One member of staff told us they thought people were now "Getting more choices." Another member of staff said they were committed to the changes but felt staff would benefit from more training in this area.
- The provider understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed, a person at risk of harm. Staff said the manager was extremely approachable and they could discuss any issues with them. The manager was present throughout the inspection and we saw people were very relaxed and comfortable 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 begun to hold regular meetings with people who lived at the home to seek their views about aspects of the service such as meals. However, minutes of meetings were not available to people in a format that would meet their needs.
- Visitors said they were kept up to date with events in the home and they felt staff communicated well with them. People's friends and relatives were involved in social occasions and at the time of the inspection a party was being planned to celebrate someone's birthday.
- Staff worked with other professionals such as day services providers, to make sure people's needs were met.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have effective systems in place to assess, monitor and improve the quality of the service people received. 17 (2) [a]