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Church Court Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 12 January 2017.

Church Court is a care home without nursing care for up to 16 older people. On the day we visited 12 people were living there. The home is a converted house and has a passenger lift to reach three floors where people are accommodated. There was a registered manager. 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.

People were supported by sufficient staff but sometimes the deployment of staff could be improved to ensure people were always well supported in the communal areas. The registered manager was accessible and supported staff, people and their relatives through effective communication. People told us they felt safe in the home. Staff knew how to keep people safe and were trained to report any concerns. People were supported by staff that were well trained and had access to training to develop their knowledge.

Individual risk assessments were completed which minimised risk for people helping to keep them safe and as independent as possible. All accidents and incidents were recorded and had sufficient information to ensure preventative measures were identified.

We observed staff responding to people in a calm and compassionate manner consistently demonstrating respect. Staff knew people well and supported them to take part in activities they liked.

Staff were aware of the Mental Capacity Act 2005 (MCA) to protect people when they needed support for certain decisions in their best interest. Care plans included mental capacity assessments and 'best interest' decisions where applicable. Most people made everyday decisions and staff promoted their independence.

Social and healthcare professionals supported people. Medicines were well managed and given safely. Special diets were provided to maintain and improve people's health and wellbeing. People had a choice of meals and special diets were provided.

Quality assurance checks were completed and examples told us that action plans identified where changes were made to address any shortfalls. People and relatives were asked for their opinion about the service and their comments were taken into account to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always as safe as it could be.

People were supported by sufficient staff but sometimes staff deployment meant people were not always supported in the communal areas and were unable to be escorted out locally.

People's medicines were managed safely and kept under review to ensure people were receiving appropriate medicines.

People were safeguarded as staff were trained to recognise abuse and to report any risks associated with abuse.

Risk assessments were completed which reduced risk for people helping to keep them safe and as independent as possible.

People were protected by thorough recruitment practices.

Is the service effective?

Good

The service was effective.

The staff were well trained, knew people's individual care needs well and looked after them effectively.

People were supported to make decisions about their care. Staff were aware of the Mental Capacity Act 2005 to protect people when they needed support for certain decisions in their best interest.

People had a choice of meals and their dietary needs were met.

People had access to healthcare professionals to promote their health and wellbeing.

Is the service caring?

Good

The service was caring.

People were treated with compassion and kindness and their

privacy was respected.

Staff treated people as individuals. The use of terms of endearment to address people was undignified and not how staff were trained to communicate.

People's bedrooms were personalised with their own mementoes.

Is the service responsive?

Good

The service was responsive

Staff knew people well and how they liked to be cared for. People were involved in decisions about their care and the new care plans were person centred.

Staff responded well to people's needs and supported and cared for them with compassion.

People took part in a variety of activities they liked and were content with what the care staff provided.

Is the service well-led?

Good

The service was well led.

The registered manager was accessible and supported staff, people and their relatives through effective communication.

The home was managed well and regular quality checks ensured that improvements were made.

Church Court Care Home

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 was planned to check 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 12 January 2017 and was unannounced.

The inspection team consisted of one adult social care inspector.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We received a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to assess how the service was performing and to ensure we addressed any potential areas of concern.

We spoke with five people accommodated, one relative, the registered manager, the service quality manager, the deputy manager, two care staff and one of the cooks. We looked at two care records, two recruitment records, medicine administration records, staff rosters and quality assurance information. We contacted a GP practice and health and social care professionals. We also spoke to two social and healthcare professionals that were visiting the service during the inspection.

Requires Improvement

Is the service safe?

Our findings

There were sufficient staff to meet people's basic care needs. The provider used a dependency tool to assess how many staff were needed for the people living there. This took into account the layout of the building and that the care staff provided activities for people. The most recent calculation in January 2017 informed us there were more than sufficient staff for the 12 people living there which included 26 % additional hours provided. However, staff were not always deployed in a way which kept people safe at all times. There were two occasions when there was no staff in the communal rooms and we had to look for staff to support people. One person living with dementia was looking to go out and people had wanted support with music playing too loudly and we were unable to find any staff. One person told us the staff sometimes told them they would have to wait for assistance when they rang their call bell. One staff member told us, "We manage with the staffing levels but answering the door bell and telephone can sometimes be difficult." Another staff member said, "Sometimes we could do with more staff."

One staff member commented there was no other member of staff to ask for assistance when the registered manager was part of the two staff that provided care in the morning. Three people required two staff to help them with personal and continence care. This also meant staff were unable to take people out when there was only two staff on duty. Care staff prepared and served supper for people when the catering assistants left each day at 14:00. The registered manager told us they felt there was enough staff to ensure people's safety and wellbeing. They told us should people become more highly dependent then staffing levels would be reviewed with the provider.

People involved in accidents and incidents were supported to stay safe. There was a clear record of what happened and the follow up action to prevent a further occurrence. The registered manager completed a monthly audit of all accidents to identify any emerging trends. There were few accidents, the September 2016 audit we looked at included the follow up treatment for one person.

There were safe medicine administration systems in place and people received their medicines when required. There were protocols for staff to follow when medicine was prescribed 'as required'. This enabled all staff to make the correct judgement of when to administer them. Medicines were safely stored. When people were prescribed topical creams a body chart was used to show staff where to administer the creams and how much to use. There were dates when medicines not on the monitored dosage system were opened. This enabled staff to discard them within the appropriate time for their efficiency. The registered manager audited the medicines twice a month. People had a choice and capacity record for their medicines which they had signed to say they agreed to the administration of their medicines by the staff.

People were protected against the risks of potential abuse. The staff we spoke with had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. People told us they felt safe in the home. One person told us, "Yes I feel safe here." Staff understood their safeguarding responsibilities and completed annual safeguarding training. They explained what they would do to safeguard people by reporting any incidents to the manager or the local authority safeguarding team. People told us staff were kind and considerate to them. There were clear policies and

procedures for safeguarding people which included 'whistle blowing'. Whistle blowing is a term used when staff report an allegation of abuse by another staff member. A laminated copy of the safeguarding procedure was in each person's bedroom to provide them with what to do if they needed advice. There had been no reported safeguarding incidents since 2012.

People had individual risk assessments for their personal safety in the care plans. Individual risks were identified and minimised to maintain people's freedom and independence. The care plans had risk assessments for people who may, for example, be at risk from falling and for the self-administration of topical cream. The risks were reviewed monthly and any changes were noted and action taken to minimise risks and deterioration in health and wellbeing. Health and safety risk assessments were completed for the service which included all areas and fire risk assessments. These were regularly updated to ensure any actions were completed to prevent hazards.

The home was clean and well maintained. Infection control policies and procedures were available for staff to follow. The cleaner completed a daily tick list that all areas were clean. Separate mops were used to clean different areas in the home. Staff used personal protective equipment when required to prevent cross infection. The laundry was well organised and had a dirty to clean work flow to promote infection control.

Safe recruitment practices were followed before new staff were employed. The correct checks had been completed to safeguard people and ensure staff were suitable and of good character. The recruitment records we checked were complete.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. There was a detailed contingency plan which covered emergencies for example, power failure, loss of information technology and adverse weather conditions.

Good

Is the service effective?

Our findings

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Six staff had completed NVQ level three awards in health and social care and two had completed level three. The registered manager had completed level four. Staff told us their training was up to date. One staff member told us, "I have done lots of training including dementia care. The manager tells us when the training is due and we do it here."

A programme of training to maintain and update staff knowledge and skills was in place and staff were informed when their training was due. A computerised record of staff training enabled the registered manager to view staff skills and plan training to meet the needs of people. The staff development programme included annual, biennial and three yearly training with approved training programmes. Staff had completed a range of training to include dignity and respect, health and safety, moving and handling, infection control, fire safety and food hygiene. A computer and paper copy was kept of staff training and certificates were awarded on completion. One member of staff told us they had completed a dementia care course and explained how they would use diversion methods to support people living with dementia when they became anxious.

People were supported by staff that had individual supervision meetings and appraisals. One member of staff told us they had individual supervision meetings and sometimes staff meetings. The registered manager had planned staff individual meetings and annual appraisals. We looked at a record of one individual meeting and one appraisal where there was detailed information. Issues had been discussed and recorded and annual appraisals noted staff training was up to date. The registered manager told us that when staff are unable to attend a staff meeting they were given the recorded minutes.

Most people were able to make their own choice and decisions about their care, for example, what they wanted to do every day and the clothes they wanted to wear. Where necessary people had signed consent for their photograph to be taken and information to be shared with their relatives.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. 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. Two people living with dementia had mental capacity assessments and 'best interest' records had been completed. Relatives had been involved in the decisions and their care plans had detailed information for staff to care for their individual needs. For example one person liked to hold a particular piece of cloth and needed support when they were anxious.

We checked whether the service was working within the principles of the MCA to complete Deprivation of Liberty Safeguards (DoLS). 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. The application procedures for this in

care homes are called the Deprivation of Liberty Safeguards (DoLS). The manager had identified two people they believed were being deprived of their liberty. They had made DoLS applications to the supervisory body and both had been authorised. We checked the records and there were no conditions the home had to meet and the registered manager was aware when the next DoLS review was. Both people were living with dementia and their care plans had detailed information for staff to care for their individual needs.

People's dietary needs and preferences were documented and known by the catering staff and the care staff. People were assessed using a malnutrition screening tool to identify if they were at low medium or high risk nutritionally. A nutritional report was produced each week that recorded each person's risk score, their food preferences and food consistency and portion size required. There was a choice of meals on the menu displayed and staff asked people before each meal what they wanted.

The nutrition report in the kitchen dated 7 January 2017 listed people's dietary requirements. One person had a vegetarian diet and two people were assisted with their meals and their food cut into bite sized pieces. People's food likes and dislikes were known and catered for. One person at risk from malnutrition was given a complimentary food drink after their lunch. A record was kept of all the food they ate and they were weighed every week. Currently the person's weight had remained stable. There was a bowl of fruit and chocolate snacks people could help themselves to in the lounge.

People told us they liked their meals and had a choice. One person told us they could have other food not on the menu at any meal, for example an omelette or a salad. One person said the food was, "Very good." Another person told us, "The food is fine, there is always a choice and the puddings and cakes are home made." We observed lunch was a social occasion and everyone was in the dining room areas where staff ensured they had what they wanted. There was general talking between people and staff had offered them clothes protectors before they started. People had a choice of three drinks with their meal, orange, water or blackcurrant squash.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist, an optician, a chiropodist and the district nursing team. When we visited two social workers and an occupational therapist had visited two new people. They were supporting them and reviewing their care needs. They told us one person had a pressure relieving cushion to prevent pressure ulcers and they needed encouragement to mobilise. Another healthcare professional that visited regularly told us they had no concerns about the home and people there had not shared any concerns either. They said the staff were friendly and helpful and there was a nice atmosphere there.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received. Staff were observed supporting people with kindness and compassion. One person told us the staff were. "Kind and respectful." Another person told us, "The staff are kind and thoughtful, they are wonderful." One person said "It's lovely here" and "the staff are alright." A new person told us, "Staff are nice to me", "they are always kind." We observed staff talking to people in a calm and thoughtful way especially when one person living with dementia was a bit anxious. One member of staff used terms of endearment when assisting a person with their meal for example, "love" and "darling." We shared this information with the registered manager who told us staff would be reminded to use the person's name.

People received care and support from staff who had got to know them well. The established care staff team provided continuity and lasting relationships with both people and their relatives or supporters. The provider told us the values of the service promoted choice, dignity, respect, security, independence, privacy, quality of life, equal opportunities and the right to complain.

People and their relatives had positive relationships with staff and we observed friendly banter between them. One relative told us the staff also supported them when they visited every day. They had asked for subtitles to be added to the television so they could follow it with the person. The staff had made sure subtitles were selected when they visited to assist them. One person agreed at a recent residents meeting the subtitles were useful when the television was not loud enough. People had the choice of another sitting room where there was no television. One person was content to read their daily newspaper and do the crossword puzzle there.

People's bedrooms were well personalised with their own belongings. People had photographs of their family and some of their own treasured possessions. The home was part of the Cinnamon Trust where the service had registered to include people's pets with them on admission and the Trust helped look after them for the person. Currently one person had their own pet dog living with them at the home. The staff made sure risk assessments identified any risks with the pet and they were minimised for people. There was also a house cat people liked to see around the home.

Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs. One staff member told us a person living with dementia could challenge them and they had to coax them to have a bath or leave them until they were ready. We observed staff speaking to the person in a sincere and compassionate manner offering support. There was a group of people in the lounge who enjoyed each other's company. They sat together and chose what they wanted to watch on the television.

People were understanding of other people living with dementia. We observed people showed kindness towards each other and gave reassurance. Staff knew people really well and knew their personal preferences in their daily living. People were supported to use the home's cordless telephone in their bedroom for privacy if they wished. We observed staff assisted people to use the toilet with respect and kindness. Staff spoke about people during the handover meeting between shifts with compassion and

understanding. For example staff discussed how one person liked to write letters and how another person didn't like to have their nails varnished. People had their ironed laundry returned to them within 24 hours and two people told us the laundry was done well.

Dignity notices on bedroom doors were used when people completed their personal care to reduce the risk of compromising their dignity. Staff completed training in dignity and respect and were seen to knock on bedroom doors before they entered. There were no visiting restrictions. Individual 'pen pictures' were recorded so staff were able to know people's values and life choices. In some cases families had assisted with them to help staff know what was important to people. Each person had a key worker which is a named member of the staff to befriend them and to make sure all their needs were met and any additional support was provided. For example personal shopping and appointments were attended.

A visiting social care professional told us the staff knew people well. People received Holy Communion in the home and attended local places of worship. The home also engaged with the local church and people took part in the annual Christmas Tree festival there and decorated the Church Court Christmas tree in the church.

An email to the registered manager from one relative complimented the staff and said, "A big thank you to you and the staff team for the excellent on-going care of my mum" and "……...it is the personal commitment and standard of care that is important to both me and mum and this is where you excel." Another email from a relative said how they appreciated the person's pet was welcomed into the home and the staff were always, "kind, caring and understanding." There was an information notice board in the entrance hall which included information about an advocacy service available to people.

People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by specialists in relieving symptoms when a person had a life limiting condition. People's wishes for the time when they would be nearing the end of their life were known and recorded. This helped to ensure all staff were clear what peopled wanted which included any specific wishes. People would be supported by the district nursing team where necessary and equipment was provided where needed.

Good

Is the service responsive?

Our findings

People received person centred care responsive to their needs as the staff team knew them well. People had their needs assessed before they moved into the home. Information was sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. The care plans outlined what people could do and what they needed support with. The new care plan format identified people's individual care needs. Each plan had information about the person's likes, dislikes and a record called 'This is me'. Care plans detailed daily routines specific to each person. There were specific care plans when people had an acute illness but would not need this support continually, for example when they had an infection and were taking antibiotic medicine.

Risk assessments were part of the care plan where required. One person was identified as at risk of falling and chest infections. A moving and handling risk assessment was completed and there were measures to help minimise their risk of falling. For example they were unable to use the passenger lift independently. Signs and symptoms for the start of a chest infection were recorded to alert staff that medical intervention should be sought. Where there was a risk to people's skin condition pressure relieving equipment was used and recorded in the care plan. People made decisions about their care and had signed their care plan monthly review. Planned improvements to the care plans with a daily response record and monthly keyworker review will improve them and the continuity of care for people.

Handover between staff at the start of each shift had ensured that important information was always shared, acted upon where necessary and recorded to ensure people's progress was monitored. We observed the registered manager was concerned a person may have a urinary tract infection and an investigation to assess this was underway. Another person reluctant to eat was to have additional finger food they liked for example, sausages and croquette potatoes.

There was a complaints procedure and policy for people and their relatives to see. People and a relative knew who to complain to but told us they had no complaints about the service. One relative told us the registered manager dealt with any concerns they raised straight away. There had been no complaints recorded in the last 12 months.

People chose what they wanted to do each day. Care staff provided activities every afternoon and there was a weekly programme so people knew what was provided. For example, quizzes, music and movement, reminiscence therapy, nail care, choice of films and singing together.
People we spoke with were content with what was provided. They had used a balloon in musical movement exercises the day we visited. One person told us, "There is enough to do, I like watching TV." Two people told us they liked to go out with their relatives and liked the company of the other people living in the home. One person liked to read and several people liked watching the television. Staff had recorded in detail the activities each person had joined in with and when they had refused an activity. Care staff provided individual activities with people and talked to them about their past interests and friends. A "Thinking theatre" had visited in December 2016 and 'pat dogs' were also regular visitors. The registered manager told us the people currently living there were reluctant to go out on trips although their aim had been to provide

more outside activities. Scheduled activity days for example fete or open days were organised to enable people to feel part of the wider community.

Good

Is the service well-led?

Our findings

Care staff felt well supported by the management team. The registered manager was well supported by the service quality manager and the provider. They were available for support when required. One care staff member said, "The manager is very supportive." One staff member told us they could not think of any improvements that were needed at the home. The registered manager works full time and was allocated supernumerary hours to complete quality audits and monitor staffing levels and staff training.

Quality assurance systems were in place to monitor the quality of the service being delivered and the running of the home. The registered manager and the quality service manager carried out daily, weekly and monthly spot checks and audits. They included nutrition, mobility, care plans, medicines, infection control, accidents, the environment and health and safety. We looked at internal audits for example, medicines. Shortfalls were identified and action was taken. A medicine audit in October 2016 by the quality service manager identified shortfalls which the registered manager had addressed and dated when they were complete. Weekly audits of the medicines had been completed to ensure compliance.

The monthly quality monitoring visit record completed by the provider's service quality managers had clear detailed information covering different areas each month and what action the registered manager had taken. We looked at October and November 2016 records. In October there was action needed to update information in one care plan and the registered manager had added it was completed on 28 October 2016. Senior management also spoke with people and relatives to gain their views about the service. The report described the five key areas and whether the service was safe, effective, caring, responsive and well led and where improvements could be made. The service quality manager had also observed interactions between staff, people and relatives as friendly and good humoured and that people were treated with dignity and respect.

In November 2016 people had told the service quality manager the staff always asked for their consent before providing personal care. People had praised the registered manager and staff for their kindness and one person said, "Care is wonderful here I don't want to go home." Some areas had been identified that required cleaning and tidying and this was completed. One staff member told the service quality manager, "We have an excellent manager who treats us with respect. The office door is never closed and we are listened to." Another staff member said, "The registered manager was highly respected."

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. There were feedback forms available in the entrance hall for people and relatives to make suggestions and comment on the service. People and their relatives completed annual surveys to help the registered manager identify where improvements needed to be made. We looked at three surveys completed by relatives in May and June 2016. Most areas were rated either good or outstanding. Two areas rated as adequate were activities and furniture. A relative had noted some furniture was a bit 'shabby' and unattractive. One relative had commented a walk in shower would be an outstanding improvement. We had discussed with the registered manager the provision of a shower in the future would be an improvement for people who may wish to choose this for their personal care. The maintenance audit

for 2016 had recorded many improvements to the environment to include painting and decorating and replacement of furniture. A relative had said more thought could go into activities and staff had recorded people had completed many different activities in their care plans.

Minutes of a residents meeting held on 11 January 2017 informed us eight people attended and two care staff. One person had declined and another had gone out with their relative. Food was discussed and people had commented they were happy with the meals and the snacks to help themselves to. People were satisfied with the activities provided and one person said they liked the 'Memory man' activity. Another person liked the dogs that visited and no one had suggestions for any new activities. People said they were happy to watch television especially countryside programmes and the subtitles were helpful.

There were policies and procedures as required and most were accessible on the provider's intranet for all senior care staff. A weekly management update was emailed to all management staff which highlighted changes to policies and procedures. Good practice and lessons learnt from incidents in all the provider's services was shared to provide open and transparent governance.