

Teesside Healthcare Limited

Churchview Nursing and Residential Home

Inspection report

Thompson Street
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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Churchview Nursing and Residential Home is a care home providing personal and nursing care to 46 people of different ages at the time of the inspection. The service can support up to 47 people with different health and care needs, including those living with the early stages of dementia. The service is situated within central Stockton-on-Tees and accommodates people across two adapted floors.

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

It was clear at our inspection that the service had recently experienced a period of unsettlement. There had been a significant change in staff, which people and relatives felt had led to inconsistencies in the quality of care. We found deterioration across the service, however it was also positive to see that the new registered manager, who had only been in post for a few months, had started to make improvements. Comments from people and relatives confirmed that following a significant dip, the service was settling and getting better again. People told us, "It is improving. I was pretty appalled at the time of the transition. The atmosphere was awful. But the staff seem to be working well together now and the atmosphere has improved" and "On the up again I would say."

People felt safe living at Churchview, however people often commented there were not always enough staff and they at times had to wait to be helped. This was echoed by staff. The provider was reviewing staff support and we made a recommendation regarding this.

Since the last inspection, electronic care plans had been introduced. The standard of these new care plans varied. However, where these had been reviewed by the registered manager, there was more person-centred detail and effective information. Some care plans had received positive feedback from professionals. Others, particularly risk, health and end of life related care plans did not always provide up-to-date, detailed, person-centred guidance. We made a recommendation regarding person-centred record-keeping.

Considering there had been significant changes at the service, communication with and involvement of people, families and staff needed to be improved. Although the service has dropped in ratings across the key questions we ask and overall, we were also reassured that the new registered manager and the provider were addressing issues.

People felt that generally staff treated them with respect and knew them well. As there were many new staff this knowledge needed to become more robust again, however we also found positive examples of person-centred care. Staff felt overall well supported and a variety of training was on offer, although completion of this at times needed to be improved.

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.

A real strength and source for compliments were the activities on offer at the service, which helped people to engage and reduced isolation.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 9 June 2017).

Why we inspected

This was a planned inspection based on the previous rating. We checked to see if the service had maintained its good rating but found that it had not.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Churchview Nursing and Residential Home

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.

Inspection team

The inspection was carried out by an inspector, a Specialist Advisor (Nurse) 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.

Service and service type

Churchview Nursing and Residential Home 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 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 unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from Healthwatch, the local authority and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England. We used all of this information to plan our 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.

During the inspection-

We spoke with nine people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, a nurse, a domestic member of staff, a senior care worker, care workers, the activities coordinator and the chef. As people were able to tell us about their experience, we did not use the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included nine people's care records and multiple medication records. A variety of records relating to the management of the service, including recruitment, supervision, training, quality assurance and procedures were reviewed.

After the inspection

The registered manager sent us additional information regarding staff training and contact details for professionals. We spoke with two professionals who regularly visit the service.

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. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe.

Staffing and recruitment

- People, relatives and staff felt that there were enough staff to keep people safe but staffing levels did not always allow for quick responses to people's needs.
- Throughout the day of our visit, call bells were ringing for long periods and not always responded to quickly. People also told us at times they had to wait. Their comments included, "Very often they are short staffed. Sometimes I have to wait for the toilet", "It can be very busy, and it takes too long to answer the call bell" and "They are often short – but they are all lovely".
- The provider was addressing staffing arrangements to make improvements, for example interviews for additional nurses were taking place on the day after our inspection.

We recommend the provider continues to review staff planning and deployment, to ensure people receive prompt, safe care to meet their needs.

- Recruitment was ongoing and new staff had been recruited using appropriate checks.

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

- Risks to people's health and safety had been assessed on an individual basis. Risk management plans linked to clinical care at times needed to be clearer. However, there were also examples of clear direction and actions for staff to take.
- Accidents and incidents were analysed by the registered manager. Learning from incidents and accidents had taken place. Actions were taken to prevent recurrence and protect people.
- Staff also gave examples of what they would do differently as a result from lessons learned. Staff were aware of other key safety points for people from handovers by seniors. However, where risk had been identified, this had not always been updated in care plans. We considered this as part of record-keeping.
- Regular health and safety checks of the environment were completed.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Churchview. People told us, "Yes, I feel safe because there is always someone around" and "They are lovely here. I needed to be with people as I was on my own. I feel safe because I am with other people now."
- Staff had no significant concerns about the service. Staff were aware of safeguarding responsibilities and had confidence in managers to address concerns.
- Safeguarding concerns had been appropriately investigated and notified to the Care Quality Commission (CQC).

Using medicines safely

- Overall, the service supported people safely with their medicines. We found a few previous gaps in records; however, a medication audit had been completed by the service and these issues had already been identified and were being worked on.
- One person was concerned about their medication. However, when we sought to follow this up, we found staff were already looking into this with a family member.
- We saw examples of good practice regarding protocols for 'covert' medication, written in consultation with the Community Care team and the GP. These are medicines that are hidden in people's food or drink, with appropriate authorisation. The service was developing more detailed protocols for people's 'as required' medicines.

Preventing and controlling infection

- The service appeared clean and hygienic. Personal protective equipment, such as gloves or aprons, was available.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support was inconsistent.

Staff support: induction, training, skills and experience

- A variety of training was on offer and staff received an induction into the service when they started. Records showed there were some smaller gaps in mandatory training for all staff. Completion of introductory training for new staff however needed to be improved to ensure competence more robustly. The registered manager was addressing this.
- People and relatives felt that overall staff were skilled and competent to provide care. However, there was mixed feedback regarding confidence in new staff. Comments included, "Yes, I think the staff know what they are doing. The [care staff] help a lot and the nursing staff are good", "The majority of the staff have the right skills, there is always the odd one or two though" and "Skilled staff? Yes, they seem to be. Unless they are new of course. "
- Staff overall felt well supported, but felt communication could be better at times, particularly when there were significant changes. The registered manager was improving the frequency of supervisions.

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

- People's specific health and nursing care plans at times needed to be clearer to provide effective direction for staff. For example, where a person had such specific needs, care or how to respond to certain situations had not been clearly described. However, care plan standards were improved where the registered manager had had the opportunity to review them.
- The service worked with a variety of health professionals to promote or maintain people's health and wellbeing. Staff ensured people saw a GP or other health professional when they needed them, although we found one example where this had needed to be more effective.
- Aspects of good health care for people, particularly those at the end of their life, needed to be improved. This included things such as basic mouthcare.
- Basic support for people to maintain good oral health was included in care plans. Oral health training for all staff had been arranged with the local authority, to develop this further.

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

- Assessments of people's needs were completed before people moved into the service. These included basic reflection on equality needs.
- The service reassessed people's needs together with other professionals, for example when people's needs changed, and they required a different kind of care provisions.

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

- Staff supported people to eat and drink enough. Food and fluid charts were completed when people were at risk of malnutrition and referrals were made to appropriate professionals.
- There were positive examples of people regaining weight after moving into the service and their malnutrition scores had improved. However, the service needed to ensure weight records were kept up to date consistently.
- There was generally positive feedback about the food, which was well presented. There were different choices of meals, as well as plenty of snacks and drinks available throughout the day and evening.

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

- Refurbishment of the service was ongoing.
- The service had a warm, inclusive and welcoming feel. Comfortable seats and different sitting areas were available for people to withdraw to or use with their families. One person said, "I like my bedroom. It is private. It is my room. It is how I like it. I think it is very good."

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.

- Staff sought people's consent before offering care or medicines.
- We saw examples of completed mental capacity assessments. Social workers were visiting on the day of our inspection, as part a best interest assessment. Their comments about the service's support were positive.

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.

At the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to good. This meant 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

- Overall feedback from people and relatives was balanced and confirmed people were treated with respect, dignity and kindness.
- Although everyone was overall happy at Churchview, there was some more reserved feedback from people such as, "On the whole they treat me well" and "The staff that have been here for a while call me by my first name, they know me." After the big changes within a previously settled and consistent service, people and relatives had to re-establish their confidence in support. However, conversations showed us this was improving.
- There were also many positive comments from people, including "I have been well looked after – I have no grumbles" and "They do everything here, if you have a problem you just go to the staff."
- In the service's reception we also saw many thank you cards. The most recent one was written in October 2019 and stated, "Thank you so much for the way you have looked after [our relative] so well in the last few weeks."
- We observed caring support that ensured people felt looked after, such as ensuring people had something warm to put on if they were feeling cold.
- There were warm, person-centred interactions between people, staff, managers and the provider. Staff crouched down next to people to ensure they were at eye level during conversations.

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

- There was mixed feedback when we asked whether people and relatives felt involved in decision over and planning of care. One person told us, "Yes, if I want to. The care plan is in my file." Another person stated, "I know I can be involved in the care if I want to be. I do have a copy of the care plan."
- Others were not sure about care plans or expressed much interest. They told us about staff supporting their choices however, for example what time they wished to get up. From visiting social workers, it was also clear that work was ongoing to advocate people's best interests.

Respecting and promoting people's privacy, dignity and independence

- We observed people's lunchtime experience and found that staff supported people politely, with dignity. There was good humour between people and staff, as well as respectful offers of support.
- People told us staff equally respected their independence. One person said, "I am left to my own devices which is a good thing, I can do things by myself and I have free time."
- People gave us examples of how their privacy was respected. Comments included, "You have your own room, which is nice and private. The staff are happy and caring" and "Oh, they are very good, they are very

good to me. And if I want to talk they ask me if I want a private room."

- We considered with managers some aspects to consider, to further promote people's privacy during medication rounds or at times of support in communal areas.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People we spoke with overall felt staff knew them and their needs well and echoed one person who told us, "Yes, the staff do know me well". One person told us about what staff did well, "They look after me! They listen to me when I am depressed. They talk to me. I have no one to talk to [...]. I think the staff are very good."
- Relatives were pleased that daily care sheets had been reintroduced in people's rooms. These showed care that had been provided and other information, such as what people had had to eat and drink.
- Since the last inspection, electronic care plans had been introduced and replaced the former files. We found variations in the level of person-centred information and at times care plans were basic or generic. However, where the new registered manager had opportunity to review and rewrite care plans, the standard was much improved.
- Visiting professionals were particularly complimentary about some care plans and files, which they had found very helpful. Care plans did include rich life stories that described people's backgrounds in detail.
- Staff, including newer staff, were able to give us positive examples of person-centred knowledge that showed they knew people well. For example, a member of staff could explain the background to one person's health condition. They knew how important a pet was to the person, so they brought their own on occasion, to see them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The activities offer was a real positive at the service and source of much praise. This helped people to feel engaged, involved and reduced isolation. Staff's passion and drive for this was commented on positively and the provider was looking to appoint additional activities staff.
- The activities coordinator had created a closed social media group, to safely share with relatives, as they described, "memories that family members are not able to see first-hand." Family members had also got involved in trips out with people, for example to the cinema.
- We observed people's thorough enjoyment of the afternoon activities. People joined in with the singing, sang themselves or enjoyed listening.
- People felt there was plenty on offer to join in with. One person said, "There is plenty for me to do here! bingo, pet therapy, choir, Christmas Fair. I go out too, I go to a club on Tuesday nights".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service user guide and other important information were available in different formats on request.
- Care plans noted when people may have visual or hearing impairments, but at times needed to be clearer on how to support this. We also received feedback from people that at times they felt they needed more support with their impairment.

Improving care quality in response to complaints or concerns

- People generally felt listened to by staff, knew how to make a complaint and who to speak to. People's comments included, "If I needed to make a complaint I would ask to see the person in charge. I am always one to speak up" and "I have no complaints. We have free speech! We can say anything we need to."
- There had only been one recorded complaint on file and this had been managed appropriately. We discussed some other feedback for the registered manager to follow up, although it was not considered "an official complaint". A relative told us, "Overall, it is one of the better homes. I think they do genuinely care. I have no complaints, as long as my [family member] is okay."

End of life care and support

- There were currently no detailed end of life care plans in place. Care plans provided only basic information about people's wishes regarding resuscitation.
- As the provider recognised the service's specialism in end of life care, they had arranged additional training and upskilling for staff.
- The service worked responsively with other professionals when people's health deteriorated; however, some aspects of care needed to be improved, which we considered as part of promoting good health.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant that some aspects of service management and leadership were inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We found a variety of record-keeping issues that needed to be improved to underpin a safe, quality and person-centred service. This included a more consistent standard of person-centred plans, end of life care and its planning, documentation of wound care and updating of records when risks had been identified. We highlighted the need to protect confidential records more robustly during medication rounds. The provider addressed this immediately.
- However, we also found good examples of quality care plans and consistent record-keeping. Although records were not always up to date, staff were aware of people's needs. Although wound care had not always been documented robustly, we found examples of effective care that promoted healing.
- Where the new registered manager had reviewed and updated care plans, there was good evidence of progress. The provider was arranging support and looking to appoint additional staff, to free up the registered manager to carry out the improvements and quicken progress.

We recommend that the provider continues to ensure effective support to the registered manager and the service, to deliver effective progress on improvements to records.

- The new manager had been in post since September 2019 and became registered with the Care Quality Commission (CQC) shortly after our visit.
- Ratings from our last inspection had been displayed in the service. Statutory notifications about specific events had been sent to CQC in line with legal obligations.

Continuous learning and improving care

- A variety of checks and audits were in place to monitor and improve the safety and quality of people's care. The provider had arranged for a supporting manager to help the registered manager bring audit completions up-to-date, as there had been a few gaps.
- We found effectiveness of audits at times needed to be improved, for example when recurring issues had been noted. However, we also found that remedial actions had been taken, such as for fire safety, and medication audits had identified and addressed issues we found.
- For care plans we considered that checks needed to ensure quality of information more robustly; however, the provider and registered manager were aware of what needed to be improved and we found progress.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- We received feedback that considering the significant changes, better communication and more frequent meetings for people, relatives and staff would have been helpful. Staff meetings in particular had been infrequent. People confirmed however, "There are residents' meetings once a month. "
- We received mixed feedback from people and relatives regarding whether the service used surveys to obtain their views and make improvements.
- However, there were also positive examples of getting people and relatives involved, such as through events for charities and fairs.

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

- Equality and diversity training was offered to staff as 'additional training' and not all staff had completed this.
- Following a period of significant change it was clear re-establishment of a settled and consistent service was needed. The registered manager and provider were aware that improvements were required.
- Mixed feedback from people and relatives about changes and the current quality of the service was summarised by one person, who said "The service is improving. The philosophy of the management [needs to improve]. Lots of staff have left. But now it seems to have settled down. Some staff have left and then come back, and they say it is better now. On the up again I would say."
- Staff told us they enjoyed working at the service and overall there was a good team atmosphere. One staff member said, "We all get on really well. I am just here to make the residents smile." A staff member told us about the managers, "They are approachable and would listen to my concerns."
- There was also much praise from people and relatives. Positive comments included, "They are pretty well marvellous. I would not have the patience some of them staff have", "It is lovely. It is really lovely here. Staff can have a laugh and a joke, they are brilliant" and "It is pleasant, there is a nice atmosphere and the people seem very caring."

Working in partnership with others

- We received feedback from one professional that the service had not wished to engage with them on a project. However, they noted this had been at the end of 2018, when a previous registered manager was in post.
- Feedback from visiting professionals and other stakeholders noted good collaboration and the service working through action plans where required.