Guinness Care and Support Limited

Churchill House Residential Home

Inspection report

30 Denmark Road
Exeter
Devon
EX1 1SE

Tel: 01392686490
Website: www.guinnesspartnership.com

Date of inspection visit:
15 March 2016

Date of publication:
15 April 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
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 inspection was unannounced and took place on 15 March 2016. The inspection was carried out by one inspector.

The service provides accommodation and personal care for up to 11 older people. On the day of this inspection there were 11 people living there. The service was last inspected on 5 August 2014. No concerns were identified with the care being provided to people at that inspection.

There was a recently appointed manager who was not yet registered. They had submitted an application to register a few days prior to this inspection. 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 told us they felt safe living at Churchill House. Comments included "Yes, I feel safe. I could speak out if I had any concerns." Staff had received training in all aspects of safeguarding people and they knew how to identify and report any concerns.

Safe procedures had been followed when recruiting new staff. Checks and references had been carried out before new staff began working with people. This meant they were confident new staff were suitable for the job they had applied for.

People held their own medicines in a secure locked cabinet in their room. Staff had received training in safe administration and we observed a member of staff following safe practice when administering medicines. People told us they were satisfied with the way their medicines were stored and administered.

There were enough staff to meet people's support needs and to care for them safely. There had been a high turnover of staff in the last year and this had resulted in 10 new staff being recruited. People told us the staffing levels had improved following the recruitment of the new staff. For example, we asked one person if there were enough staff and they told us "Now, yes. Last year was not so good."

Staff were kind, cheerful and understanding of each person's individual needs. People were treated with dignity and respect. A person who lived in the home said "The staff are all very, very kind. They are all marvellous." A visitor told us "They are very kind here."

Staff had an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. DoLS applications had been submitted where relevant. Staff understood the importance of seeking consent before carrying out care tasks. We observed staff seeking consent from people before carrying out any tasks for people.

People had been involved and consulted in drawing up and agreeing a plan of their support needs. Their care plans were comprehensive, well laid out and easy to read. The care plans explained each person's daily routines and how they wanted staff to support them. The plans were regularly reviewed and updated. The care plans and daily notes provided evidence to show that people were supported to maintain good health.

Staff had received training, supervision and support to enable them to effectively support each person's mental and physical health needs. New staff received thorough induction training before they began working with people. All staff received ongoing training on topics covering all aspects of their jobs. One member of staff told us they had received "very good training – Guinness have covered every corner." Another member of staff said "Guinness training is excellent."

The home was well maintained, clean, warm and comfortable. The lounge had been redecorated and refurbished in the previous year. Although the decoration of the home was generally good, some areas had not been redecorated for a number of years. A 'Customer Champion' who had recently visited the home reported that some areas of the home "Need a bit of TLC".

People participated in a variety of social activities within the home and in the community. During our inspection we saw people going out shopping, for walks, or to meet with friends. An activities co-ordinator was employed for 10 hours a week.

The provider had a range of monitoring systems in place to ensure the home ran smoothly and to identify where improvements were needed. People were encouraged to speak out and raise concerns, complaints or suggestions in a variety of ways including questionnaires, resident's meetings, and through visits to the home by customer champions and senior managers employed by the provider.

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.

There were enough staff to keep people safe and meet their needs.

People held their own medicines securely in their rooms. People received individually tailored support from suitably trained staff with all their medicine administration needs.

There was a recruitment and training programme that helped to minimise the risks of abuse to people.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to meet people's needs.

People were offered a choice of meals that met their needs and preferences.

Staff monitored people's health and took prompt action when they were unwell.

Is the service caring?

Good

The service was caring.

People told us staff were always kind and polite.

People were involved in decisions about their care and treatment.

Staff liaised with other professionals to make sure people were appropriately cared for at the end of their lives.

Is the service responsive?

Good

The service was responsive.

People received care and support which met their individual

needs and wishes.

Activities and individual support were available for people who wished to access them. People's daily living choices were respected. .

People knew how to make a complaint and said they would be comfortable to do so.

Is the service well-led?

Good

The service was well led.

There was a new manager in post. People told us the new manager was kind and approachable.

People were cared for by staff who were well supported by the management structure in the home.

There were systems in place to monitor the quality of the service and seek people's views.

Churchill House Residential 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 15 March 2016 and was unannounced. It was carried out by one social care inspector.

Before the inspection we reviewed the information we held about the service. We looked at the information we had received from the service including statutory notifications (issues providers are legally required to notify us about) or other enquiries from and about the provider.

Before the inspection, the provider completed 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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During our inspection we spoke with the manager, seven people living in the home, one visitor and three staff. After the inspection we contacted six health and social care professionals and received responses from two. We looked at the care records of three people living in the home.

We also looked at records relevant to the running of the service. This included staff recruitment files, training records, medication records, and quality monitoring procedures.

Good

Is the service safe?

Our findings

People told us they felt safe living at Churchill House. Comments included "Yes, I feel safe. I could speak out if I had any concerns." One person talked about the process of selling their previous home and moving into Churchill House. They said "This suits me fine. I don't want to go anywhere else. I am very happy here." Staff told us that safeguarding people was treated with high priority. New staff received training on safeguarding during their induction, and the topic was also covered in every staff meeting and supervision. They knew where to find information on how to recognise abuse, whistle blowing, and who to contact if they suspected abuse.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Recruitment of new staff was closely monitored by the provider to ensure the manager had followed the provider's recruitment policies and procedures. New staff were not allowed to begin work until the provider was satisfied all checks and procedures had been completed.

People were supported by sufficient numbers of staff to meet their needs. When we arrived at the home there was a manager, one senior care worker, two care workers, one chef and one domestic providing care and support to 11 people living there. There had been a high turnover of staff in the last year and this had resulted in 10 new staff being recruited. People told us the staffing levels had improved following the recruitment of the new staff. For example, we asked one person if there were enough staff and they told us "Now, yes. Last year was not so good." A visitor told us they were confident there was always enough staff on duty. A person living in the home said "I can press the call bell and staff come near enough straight away." Most staff said there were enough staff employed, although one staff said there were times when they could not respond quickly to requests for assistance, for example when two staff were needed to hoist a person and another person wanted assistance at the same time.

Care plans contained risks assessments covering each person's physical and mental health, personal care needs. The risks were reviewed regularly and the areas covered included skin care, diet and nutrition, continence, mobility, moving and handling and personal evacuation plans. This indicated people's needs were regularly assessed. Risk assessments were updated when people's needs or abilities changed. The staff were given detailed information on how to support people to minimise the risks. For example, moving and handling plans contained detailed information on equipment needed and how to support the person to move safely.

Medicines were administered by staff who had been trained and their competency checked.
Each person had a secure locked cabinet in their room to store their own medicines. Medicine administration records were also stored in the cabinet with the medicines. Where people needed assistance with their medicines assessments had been carried out and consent had been obtained for staff to administer medicines. This meant people had control of their own medicines and the process of

administering their medicines had been personalised to suit each person's individual needs.

We observed a member of staff administering medicines at lunchtime. They demonstrated a good knowledge of each person's medicines and followed safe practice by checking the medication records before removing medicines from the packaging and giving to the person. The records of administration were completed clearly and there were no unexplained gaps. There were efficient systems in place to make sure stocks of medicines were replenished regularly by the local pharmacy. Out of date or unwanted medicines were returned to the pharmacy each month.

Some people were prescribed medicines on an 'as required' basis. There was clear guidance in each person's records to explain when these should be administered.

The building was well maintained and safe. The lounge and dining areas had been redecorated in the last year it appeared attractive and comfortable. However, the decorations in some areas of the home appeared faded and would benefit from redecoration and updating. The manager explained that bedrooms were redecorated when they became vacant. However, this meant some bedrooms had not been decorated for a number of years.

All areas of the home were clean, hygienic and free from any odours.

Good

Is the service effective?

Our findings

People told us the service was effective. For example, one person said "They do look after us here. The staff are wonderful." Another person who had recently suffered a bereavement said they had found it difficult to come to terms with all the changes in their life, but said the staff had done as much as they possibly could to help them settle into the home.

People received support from staff who had the skills and knowledge to meet people's needs effectively. New staff had undergone a thorough induction programme at the start of their employment lasting approximately six days which gave them the basic skills to care for people safely. They also spent time shadowing experienced members of staff until they were competent to work on their own. The provider had a Learning and Development Team who ensured all staff received a range of regular training and updates on topics relevant to the needs of people living at Churchill House. This included health and safety related topics such as moving and handling, emergency first aid, infection control, fire training and basic food hygiene. Other topics relevant to people's health and personal care needs included end of life, professional boundaries, Mental Capacity Act (MCA) and service excellence. The service also organised 'bespoke' training on topics such as dysphagia to meet the individual needs of people using the service. Staff either held a relevant qualification such as National Vocational Qualifications (NVQs) or diplomas, or they were planning to enrol on suitable courses in the near future. A member of staff told us "Guinness training is excellent."

Staff were well supported and there were a variety of methods of keeping staff informed and updated. These included regular supervision sessions, annual appraisals and regular staff meetings. Staff told us they felt well supported and they enjoyed working there.

People told us they enjoyed the meals they received. Comments included "The food is ok – it's fine." A visitor said "The food is very good." Each day there were at least two main meals on offer, and people could choose an alternative if they did not like any of the meals offered. The chef told us they kept up to date with each person's dietary needs, for example those people who may be at risk of choking. Information on each person's dietary needs was available in a folder kept in the kitchen. There was a large poster displayed giving information on foods suitable for people at risk of choking. Relevant specialists such as the Speech and Language Team (SALT) had been consulted and their advice was followed.

The chef also explained how they encouraged people to maintain a healthy weight. For example, where regular weight checks showed people were at risk of losing weight they were offered extra foods, or high calorie foods to help them maintain weight. They were also planning to introduce themed menus giving people opportunity to try new foods they may enjoy. Birthdays and special occasions were always celebrated. A person told us "Yesterday it was a resident's birthday. They had a lovely birthday cake."

People were involved and consulted about the menus in a variety of ways including during resident's meetings. New recipes were regularly introduced and comments were listened to and acted upon.

People were offered a range of drinks at frequent intervals throughout the day. We saw people had cold

drinks within easy reach at all times.

The dining room was attractively decorated and tables were laid with co-ordinating napkins and tableware which made mealtimes appear a special occasion. People were given a choice where they wanted to eat their meals, for example a member of staff asked a person who was sitting in their room "Would you like to come up for lunch today?" The person agreed they would like to do so.

Most people who lived in the home were able to make decisions about what care or treatment they received. Their capacity to make important decisions had been assessed and recorded in a document titled 'How I make my decisions.' This document explained how the person made decisions about all aspects of their daily life. Throughout our inspection we heard staff seeking consent before carrying out any task.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

We checked whether the service was working within the principles of the MCA. Staff had received training and had an understanding of the requirements of the MCA and the DoLS.
Staff were able to explain each person's support needs and any areas where people struggled to make decisions. Where necessary, external health and social care professionals were involved and consulted. Best interest meetings were held by people who supported the person where important decisions were necessary.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Applications had been submitted for people who were unable to leave the home freely due to concerns about their safety. The manager told us they may need to submit at least one further application and would seek advice from health and social care professionals involved in their care.

The home arranged for people to see health care professionals according to their individual needs. Appointments were recorded in the daily diary and staff were allocated to escort people to appointments if necessary. A community nurse told us "The District nurses visit a number of people in Churchill House on a regular basis. We have never had any concerns regarding patient care. All our patients' seem happy and have never complained to us. The staff are always helpful and proactive where patient care is concerned. They regularly seek advice from us if they have any queries or concerns."

A GP told us "I have found the care of patients there very good. The staff communicate well with the Practice and ask for medical input when appropriate - booking patients routine/ emergency appointments/ requesting home visits. I have had a number of complicated patients (with multiple medical conditions/end of life care) in Churchill house and have been very satisfied with their care."

Good

Is the service caring?

Our findings

Staff were kind, cheerful and understanding of each person's individual needs. People were treated with dignity and respect. A person who lived in the home said "The staff are all very, very kind. They are all marvellous." A visitor told us "They are very kind here."

Healthcare professionals told us they found staff to be caring. They told us staff were always welcoming and very friendly, for example "The home is always clean and tidy and there is always a warm welcome." A GP told us "The staff appear very experienced and caring."

We observed staff treating people with kindness and respect at all times. Staff were cheerful and friendly. Throughout the day we heard staff chatting with people, and people were smiling and laughing. For example, a member of staff was heard singing with people and this resulted in lots of cheerful banter.

Where people had experienced loss, sadness or periods of confusion staff showed patience and understanding. Staff took time to explain things clearly, calmly and in a friendly and understanding manner. Staff offered advice or assistance, giving people a range of choices, and supported people to make their own decisions.

People's privacy was respected and all personal care was provided in private. We saw staff knocking on bedrooms doors and waiting for a response before entering. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

The home is small and the size and layout of the home meant there were no 'quiet' areas where people could entertain visitors in private except in their own bedrooms. The manager's office was small and situated in the attic which meant it was unsuitable for staff meetings or handovers. Staff handovers were carried out in an alcove off the main lounge/dining room which meant staff had to take extra care they did not discuss any confidential matters within hearing of other people using the room. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

People told us they were able to have visitors at any time. A visitor told us they were always made welcome and staff kept them updated and involved in the person's care. People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms.

People had been consulted about their wishes for their care at the end of their lives. Most people had been willing to discuss this, but where people had declined staff had respected their decision. Documents in care plans had been completed by a medical professional setting out the persons wishes regarding resuscitated in the event of a cardio pulmonary attack. The care plans also contained evidence of next of kin or representatives who held Lasting Power of Attorney (LPA).

Good

Is the service responsive?

Our findings

Each person had been consulted and involved in drawing up a plan of their care and support needs. Before they moved into the home an assessment was carried out to make sure the home was appropriate to meet their needs and expectations. This information was used to draw up an initial care plan which was improved and enlarged once staff got to know the person better.

The care plans were clearly written, neatly filed, and information was easy for staff to find. People had been encouraged and supported to complete a document entitled 'About Me' which gave staff a wide range of information about the person's past and present family, home, health, interests and employment. This helped staff get to know each person and understand the things that were important to them.

The care plans covered every aspect of each person's daily activities and support needs. Risks were assessed, regularly reviewed, and the care plans were updated at least monthly or more frequently if necessary to reflect any changes in support needs. Where people needed staff to support them with tasks such as bathing, washing and dressing the person's preferred method of support was clearly explained. Staff understood each person's needs and they were able to explain to us the assistance each person needed. People had signed various parts of the care plan to indicate they had been involved in drawing it up and agreed to the content of the plan.

Daily reports were completed by staff regularly throughout the day. These provided evidence that the care plan had been followed. The daily reports also included information such as the person's health, mood, activities and visitors. Visits from health or social care professionals had been recorded including any change of care or treatment advised.

Each person's interests and preferred daily social activities were recorded. An activities organiser is employed for 10 hours each week to provide a range of individual and group activities. Staff were given instruction and information about activities they should provide when the activities organiser was not on duty. This included activities such as board games, sitting and chatting, or taking people out for walks. External organisations were encouraged and invited to visit the home, and people were encouraged to attend clubs and social events in the community. An organisation called Kissing it Better regularly visited people living in the home to provide company and social stimulation. On the day of our inspection two people from this organisation visited and were chatting with people. People told us they enjoyed their visits.

During the day we saw some people went out independently, while others went out with family, friends or with a member of staff. One person told us they would like more outings to be arranged, for example group outings to the seaside. We spoke with the manager who said the activities organiser would be speaking with people in the near future to consider suggestions for more activities including group outings.

There were regular meetings for people who lived at the home and these were recorded so that people could see the issues discussed and check on progress. Topics such as staff recruitment, complaints procedure, activities, menus, repairs and maintenance were discussed.

Each person received a copy of the complaints policy when they moved into the home. These were seen displayed around the home. People told us they were confident they could raise concerns or complaints at any time. For example, one person said "I have no concerns or complaints. If I had any I would tell (the manager)". There were no recorded complaints received in the last year, although we saw evidence of compliments and letters of thanks.

Good

Is the service well-led?

Our findings

Most people who lived in the home, staff and professionals told us the home was well managed. One person told us they were happy with the way the manager and staff team ran the home, but were unhappy about the provider's management of the service. They thought the provider 'cut corners' especially in relation to the maintenance and decoration of the home and garden. We spoke with the manager about this and they gave assurances that routine maintenance tasks such as repairs to leaking taps were carried out promptly by a maintenance person. They were in the process of securing agreement for a gardener to carry out routine gardening tasks. However, they agreed some areas of the home would benefit from 'brightening up'. Other people's comments were positive about both the manager and the provider, and these included "I have no faults with anything".

There was a new manager in post who had previously been employed in the home as a team leader. They had recently submitted an application to register as a manager which is currently being processed by the Care Quality Commission. They had received induction training by the provider for their new role and they had enrolled in a nationally recognised qualification suitable for managers of care services. People told us the manager was approachable and they were confident they could speak with the manager at any time. Comments included "(The manager) is very, very kind."

The providers had increased the management cover of the home in recent months by employing a full time manager. The previous manager was also responsible for the management of another home owned by the provider which meant Churchill House had been managed on a part-time basis. We heard people had been unhappy about the limited number of hours the previous manager was actively on duty in Churchill House. By increasing the management cover in the home the staff team had gained greater stability and support. A senior care worker supported the manager by taking on some delegated tasks such as supervision and support of staff.

The manager carried out regular checks on all areas of the daily routines. They planned to introduce a new communication and monitoring tool which would help to improve their monitoring of the care provided as well as providing an improved handover record.

The provider monitored the service on a monthly basis and ensured actions were taken where necessary to improve the service. Audits and checks were carried out to monitor safety and quality of care, staffing levels, staff recruitment, training, competence and observation of staff practice. Medication audits were carried out. The most recent report showed they had identified some areas such as broken light bulbs and a frayed carpet which required attention. The report showed that where shortfalls in the service had been identified in previous monitoring checks, actions had been identified and followed up to improve practice.

People who used the service were actively involved in the quality monitoring of the service in a variety of ways including questionnaires, resident's meetings, and by using 'customer champions' to regularly carry out visits to the home and check the quality of the service. A customer champion had visited the home on 2 March 2016 and completed a report of their findings. Their overall report was positive, although they noted

that some areas of the home "Need a bit of TLC".

All accidents and incidents which occurred in the home were recorded. The provider analysed all falls and incidents to look at trends and any action that could be taken to reduce risks.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.