

Southcrest Care Ltd

Churchill House

Inspection report

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Hull
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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Churchill House is a care home which is registered to provide accommodation and personal care to 24 younger and older people, some of whom may be living with dementia. At the time of our inspection, 22 people lived at the service.

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

Quality assurance systems had not identified and addressed all quality shortfalls.

People's medicines were managed safely, though records were not always up to date. We have made a recommendation about medicines.

People were kept safe by appropriate numbers of knowledgeable staff with the relevant skills and experience to meet people's needs. Staff supported people to access healthcare services and followed professional advice. People's dietary needs were met and people were provided with a varied and healthy diet.

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. Appropriate records were not always in place where people lacked capacity. We have made a recommendation about recording decisions.

People's rooms were personalised, and signs were used to help people find their way around. Activities were available for people and visitors were welcome at any time.

Staff were caring, friendly, helpful and maintained people's dignity and promoted their independence.

Concerns and complaints were investigated and addressed to help ensure people were happy with the service provided. People and staff were included in the development of the service and staff were supported by the management team.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 29 January 2019) and there were two breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, enough improvement had not been made and the provider was still in breach of regulations. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to the monitoring and addressing of quality shortfalls at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 effective.

Details are in our effective findings below.

Good ●

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 ●

Churchill House

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 completed by two inspectors on the first day and one inspector on the second day.

Service and service type

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

The service had a manager registered with the Care Quality Commission. However, the registered manager was not involved in the day to day running of the service and a new manager was in post. This means that the registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager was in post and had started the application process.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at information sent to us since the last inspection such as notifications about accidents and safeguarding alerts. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority safeguarding team and Healthwatch. 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.

During the inspection

We used 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 spoke with two people, one relative, one care staff, two team leaders and one visiting professional. We also spoke with one cook, one maintenance person the manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at the cleanliness of the service and the facilities available for people and at a range of documentation including three people's care files and medication records. We looked at a selection of documentation for the management and running of the service and four staff files.

After the inspection

We were sent further information regarding maintenance certificates, staff recruitment and training data.



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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to appropriately mitigate risks and ensure the safe administration of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff supported people to maintain their safety and wellbeing. Staff were knowledgeable about people's needs, associated risks and how to manage them, though records did not always contain appropriate guidance.
- People were supported with their medicines in a calm and caring manner. Staff sought people's consent and respected their right to refuse. Staff were knowledgeable about how people liked to take their medicines.
- Systems were in place to ensure sufficient stock levels of people's medicines were held.
- Medicine records were not always up to date. This included protocols for 'as and when required' medicines, records for the application of creams and temperature records for the fridge.

We recommend the provider reviews and updates their practice for 'as and when required' medicines in line with current best practice guidance.

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm and abuse. Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns to relevant professionals.

Staffing and recruitment; Learning lessons when things go wrong

- The provider's recruitment processes helped ensure only suitable staff were employed. Extra checks were completed to ensure staff were of a good character. For example, further references had been sought if any problems were identified as a result of a reference.
- Shortfalls in staff conduct were addressed through the provider's disciplinary processes.
- There were enough staff to meet people's needs and they supported people in a timely manner. A relative said, "There's no slackers. I can ask staff to sort something, they'll finish what they're doing and will attend to [Person's name] straight away."

Preventing and controlling infection

- Areas of the service were not always clean. Some rooms had unpleasant odours and some pressure relieving equipment was dirty. We raised this with the manager and issues were addressed during the inspection.
- Staff were trained in infection prevention and control and wore gloves and aprons to help prevent the spread of infections.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, and their preferences were considered when arranging their care.

Assessments were used to develop care plans which supported staff to provide care in line with people's needs and personal routines.

Staff support: induction, training, skills and experience

- People and their relatives were confident in the staff's skills and ability to support people.
- Staff were appropriately trained and supported to meet people's needs. Staff received supervision and appraisals and had regular support from the management team.
- Induction processes were in place to ensure staff had a set level of knowledge when starting work at the service.

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 and included people in making decisions. A staff member said, "We show [Person's name] options and they will choose what they want. We can tell by their expressions and body language."
- Staff recognised restrictions on people's liberty and applications to deprive people of their liberty had been made. Systems were in place to monitor DoLS.
- Where people lacked capacity, decisions were made in their best interests. For example, staff had liaised with a person's GP before medicines were administered covertly. However, other decisions made in people's

best interests were not documented. For example, one person did not have a capacity assessment and best interest decision for the use of bed rails and records were not in place for the use of a sensor mat for another person.

We recommend the provider seek advice and guidance from a reputable source regarding recording decisions in line with the MCA principles and legislation.

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

- People were happy with the variety and quality of food available. One person said, "It is nice, you do get fed alright". The cook told us they often cooked several different meals at once to meet people's requests.
- People received appropriate support with their meals and drinks. Staff were patient when assisting people, maintained their dignity and engaged people in conversations about the meal.
- Staff monitored people's nutritional needs and raised concerns with relevant healthcare professionals and followed their advice.
- Staff were knowledgeable about people's dietary requirements and care plans guided staff to meet people's nutritional needs.

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

- People's healthcare needs were met in a timely way. Staff supported people to access healthcare services and followed professional advice. A professional said, "If there's anything we need to know about, staff will contact us. They keep on top of everything and follow the instructions we give."
- Staff were knowledgeable about people's needs and kept people's relatives informed. A relative said, "Staff will ring me with anything, when [Person's name] was sick they called me."
- Staff provided consistent care. Staff were kept informed of any changes to people's needs through handover meetings and updated care plans.

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

- People were happy with the environment. A person said, "I think it's nice, I like the windows, they look nice. I like the dresser just there."
- People's rooms were personalised to their tastes. People had decorated their rooms with their favourite colours, furnishings, photos and could bring their own furniture if they wished.
- Pictorial signage was used to help people find their way around the home. People's photo was on their bedroom door to help them find their rooms and pictures were used to identify bathrooms and communal areas.

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 good. At this inspection this key question has remained the same. 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

- Staff were caring, friendly and helpful. People, their relatives and professionals spoke highly of staff. A person said, "Staff are always kind to me. I can't think of anybody who wouldn't help me." A professional said, "Staff are always helpful, friendly and always care about people."
- People were supported at their own pace by staff who were attentive and patient. Staff offered people appropriate reassurance when needed, which helped to reduce people's anxiety.
- Staff had developed positive relationships with people. People laughed and joked with staff and each other and were relaxed when engaging with staff.
- Staff respected people as individuals and were trained in equality and diversity. People were supported to practice their religion and celebrate religious festivals.

Respecting and promoting people's privacy, dignity and independence

- People told us staff maintained their privacy and dignity. Staff understood how to do this, though some care practices compromised people's dignity. Staff gained consent to apply a person's creams, however, this was done in a communal area. We raised this with the manager who advised they would address this with staff.
- People told us they were supported to maintain their independence. Staff encouraged one person to stand independently with the use of her walking frame and achieved this on their own. Care plans documented what people could do for themselves and how they needed help.
- Personal information was stored securely to maintain people's privacy and confidentiality.

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

- People were supported and encouraged to make decisions about their care.
- Staff reassured and talked to people during tasks and activities, helping them to remain involved in their care.
- People were supported by their families or had independent professional support with making decisions.

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 requires improvement. At this inspection this key question has now improved to good. 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 had choice and control of their care and were supported to follow their own routines. Staff ensured people were offered choices and respected their decisions.
- People and their families were included in developing detailed, person-centred care plans. Care plans were regularly reviewed. However, older information was not always removed which sometimes made it difficult to determine people's current needs.
- Staff were knowledgeable and appropriately supported people to meet their needs and preferences. Some records did not always show people were supported in line with their care plans. We raised this with the manager who advised us they would look into this and continue to monitor the care.

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.

- People's communication needs were recorded in their care plans. Information was provided in different formats for those who needed it. This included pictures and objects.
- Staff were considerate of people's communication needs. Staff spoke with people in an appropriate manner and maintained eye contact which promoted positive communication.

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

- People were supported to engage in a wide range of activities. An activities co-ordinator arranged group activities such as bingo, singers, parties and board games. During the inspection, a singer performed, and people enjoyed the songs and dancing.
- People were supported to maintain their relationships with families and friends and could have visitors when they chose. A relative said, "I can come anytime I want and stay as long as I like."
- People were encouraged to join in conversations to help prevent social isolation. Staff included people in conversations and talked to people about their interests. One person liked having a pet and was supported to keep a small pet in their bedroom.
- People were supported to access the community. One person was supported to visit the shop to buy the chocolate they wanted, which they enjoyed eating on their return.

Improving care quality in response to complaints or concerns

- Complaints and concerns were investigated in line with the provider's policy and procedure and resolved to people's satisfaction.
- People were complimentary of the service and did not have any complaints. A relative said, "Churchill House is not like a care home, it's like a hotel, they're all friendly."

End of life care and support

- People were supported to have pain-free, dignified deaths. Staff were trained in end of life care and liaised with relevant professionals to ensure people had the right equipment and medicines in place to help maintain their comfort and dignity.
- Staff continued to be considerate and attentive at the end of people's lives. Staff supported people's relatives and helped them to feel as comfortable as possible through providing reassurance, food and drinks and people could stay overnight with their relatives.
- End of life care plans supported staff to provide care in line with people's wishes. Care plans included personal details including people's favourite music, flowers and people to be present.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to implement effective systems to assess, monitor and improve the quality and safety of the care and had not maintained accurate and complete records for each person, including an accurate record of all decisions taken. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Governance systems had failed to identify the issues we found during our inspection. These related to medicines, infection control and maintaining accurate records relating to people's care.
- Medication audits were regularly completed but had not identified all issues. For example, the lack of 'as and when required' medicine protocols.
- Quality assurance audits identified some errors and corrective action was taken as soon as possible. However, actions taken to improve practice were not always effective and shortfalls continued.
- Accidents and incidents were monitored. However, they were not appropriately analysed which made it difficult for the provider to learn from them and reduce the risk reoccurrence.

The provider had failed to implement effective systems to assess, monitor and improve the quality and safety of the service and ensure compliance with the regulations. The provider had failed to ensure accurate and complete records for each person, including an accurate record of all decisions taken. This was a continued breach of regulation 17 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had arranged professional support to implement new audits and monitoring systems to address shortfalls in their governance systems. However, the new quality assurance system was being implemented and needed time to become established.
- At the time of the inspection, the registered manager was not involved in the day to day running of the service and a new manager was in post. We discussed this with the nominated individual, and this was addressed following the inspection.

- The manager understood the regulatory requirements and reported information appropriately.

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

- Staff felt supported and were positive about the management team. A staff member said, "[Deputy manager's name] still does a team leader role too and is very approachable and hands on."
- People were happy with the service provided. One person said, "There isn't anything that could be better. I think they do as well as they can, and they take good care of us."

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

- The manager understood their legal obligation to let people know when things went wrong, and processes were in place to respond appropriately.

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

- People, staff and professionals were included in the development of the service. Questionnaires were sent out and responses analysed to help identify how the service could be improved. Action plans were implemented to address any issues.
- Regular staff meetings were held to ensure staff were kept informed about people's needs and any changes to the service.
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had not ensured systems were operated effectively to ensure compliance with the regulations, and to monitor and improve the quality and safety of the service. Regulation 17 (1) and (2)(a)(b).</p>