Shire Care (Nursing & Residential Homes) Limited

Churchview Care Home

Inspection report

46 Aylesbury Road
Great Coates
North East Lincolnshire
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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?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

We undertook this unannounced inspection on the 7 and 8 December 2015. The last full inspection took place on 6 May 2014 and we found the registered provider was non-compliant in three outcome areas which were: care and welfare, supporting workers and quality monitoring. We completed a follow up inspection on 11 September 2014 and the registered provider was compliant in all the areas we assessed.

Churchview is registered to provide accommodation and personal care for 30 older people, some of whom may be living with dementia. The home is a detached property which has been extended since it was built. It is situated in the village of Great Coates close to Grimsby. On the day of the inspection there were 27 people using the service.

The service had a registered manager in post. 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.

Summary of findings

People did not have accurate and up to date risk assessments in place for specific concerns such as moving and handling, pressure damage prevention and malnutrition. The risk rating for some people should have been higher, which would have prompted staff to increase monitoring and make referrals to health care professionals in some circumstances.

We found the quality monitoring system had not been effective in highlighting areas to improve such as the care records and environment. Action plans had not been consistently produced in order to address shortfalls. Incidents and accidents were not all recorded properly or analysed thoroughly to help find ways to reduce them.

These issues meant the registered provider was not meeting the requirements of the law regarding keeping people safe from risks to their safety and having an effective monitoring system. You can see what action we told the registered provider to take at the back of the full version of the report.

People told us they liked the meals; their nutritional needs were met and there was a variety of choice on the menus. On some occasions the monitoring of people's weight had not always been carried out effectively so that changes could be highlighted and discussed with health professionals for advice. The registered manager told us they would address this with staff.

Although some redecoration and refurbishment had taken place we found items of worn furniture and areas which required redecoration. We have made a formal recommendation that the service seek advice and guidance from a reputable source, about environmental adaptations to promote the orientation and safety of people living with dementia.

We saw arrangements were in place that made sure people's health needs were met and systems were in place to ensure people's medicines were administered safely. Review meetings were held regularly which gave people and their relatives the opportunities to discuss their care and any changes they wanted. However, feedback from one person's relatives identified these meetings did not always support effective discussions about issues that mattered to them. The registered manager confirmed they would address this with the senior staff.

People told us they found the staff caring and said they liked living at the home. Relatives gave us positive feedback about the care and support their family members received. Staff approached people in a kind and caring way which encouraged them to express how and when they needed support. Staff demonstrated good communication skills and distraction techniques when managing people who may need additional support to manage their behaviours. Staff had developed positive relationships with people and their families. We saw people were encouraged to participate in activities and to maintain their independence where possible.

We saw there was enough skilled and experienced staff on duty to meet people's needs. We found staff had been recruited using a robust system that made sure they were suitable to work with vulnerable people. Staff had received training relevant to their roles.

We found people who used the service were protected from the risk of harm and abuse because staff had received safeguarding training and they knew what to do should they have any concerns.

Staff were careful to protect people's privacy and dignity and people told us they were treated with dignity and respect. We saw information relating to people's care and treatment was treated confidentially and personal records were stored securely.

We saw the complaints policy was available to everyone who used the service. The policy detailed the arrangements for raising complaints, responding to them and the expected timescales within which and investigation would be completed.

Summary of findings

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 consistently safe.

Some risk assessments were inaccurate, out of date or not sufficiently robust to help minimise risk.

Staff were recruited safely and were employed in sufficient numbers in order to meet the needs of people who used the service.

Medicines were managed safely and people received their medicines as prescribed.

Policies and procedures were in place to guide staff in how to safeguard people from abuse and staff received training about this.

Is the service effective?

Requires improvement

The service was not consistently effective.

When people were assessed as lacking capacity to make their own decisions, best interest meetings were held with relevant people to discuss options.

People received advice and treatment from a range of health professionals; however monitoring of people's weight needed closer attention and contact with professionals when there were concerns about weight loss.

Although some redecoration had taken place more refurbishment was needed to ensure the environment was 'dementia friendly' to support people's orientation and safety.

Staff had access to training, supervision and appraisal to enable them to feel confident and skilled in their role.

Is the service caring?

Good

The service was caring.

People and their relatives were positive about the way in which care and support was provided.

We observed positive interaction between staff and people who used the service on each day of our inspection. Staff had developed good relationships with the people they supported and were seen to respect their privacy and dignity.

People who used the service were encouraged to be as independent as possible, with support from staff.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

Summary of findings

People's needs were assessed and plans of care produced, but they had not been updated and reviewed when people's needs had changed. Some of the plans lacked personalised information that would guide staff in how to fully meet their needs.

Review meetings were held but people and their relatives did not always have the opportunity at these meetings to discuss things that mattered to them. The registered manager was looking into this.

There was a complaints policy and procedure to guide people who wished to raise a concern, and staff in how to manage them.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

Although there was a quality monitoring system, this had not been wholly effective in highlighting shortfalls and taking action to address them.

Staff told us they felt able to raise concerns. They also said morale had improved and management were supportive.

Churchview 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 registered provider was 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 unannounced inspection took place on 7 and 8 December 2015 and was completed by an adult social care inspector.

Prior to the inspection, we looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed. We also spoke with the local authority safeguarding team, and contracts and commissioning team about their views of the service.

We spoke with four people who used the service and six of their relatives. We also spoke with two health and social care professionals who visited the service during the inspection.

We spoke with the registered provider, registered manager, under-manager and deputy managers, a senior care worker and two care workers, two cooks, senior housekeeper, two domestic workers and the activity co-ordinator.

A tour of the service was completed and we spent time observing care. We also 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.

The care files for five people who used the service were looked at. We also looked at other important documentation relating to people who used the service such as incident and accident records and 20 medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

A selection of documentation relating to the management and running of the service was looked at. This included four staff recruitment files, the training record, staff rotas, minutes of meetings with staff and people who used the service, complaints and quality assurance audits.

Requires improvement

Is the service safe?

Our findings

The four people spoken with told us staff treated them well and they felt safe living at Churchview. One person said, "Yes I do feel safe, they look after us very well" and another person said, "It's a safe place." People and their relatives told us they thought there was sufficient staff on duty. Comments included, "I ring my bell when I need assistance and I don't have to wait long", "I come every day and there seems to be enough staff on duty, they are kept busy though" and "The numbers of staff seem about right, they all seem to work as one big team; the kitchen staff are not stuck in the kitchen."

People and their relatives were generally satisfied with the standards of cleaning at the service. They told us, "There are odours but usually the home is clean and tidy" and "Very clean and tidy, the cleaning staff are always working efficiently."

We found there was an inconsistent approach to the management of risk within the service. Checks of people's care files showed risk assessments were in place for people's specific areas of need, for example, nutrition, moving and handling, pressure damage, falls and the use of bed rails. However, not all the assessments had been completed accurately which meant for some people their level of risk had not been identified properly and therefore there was a risk they may not receive all the care and support they needed. For example, in two people's records their nutritional risk assessments were inaccurately completed and their risk of malnutrition was at a higher level which would have prompted staff to monitor their intake closely, provide a fortified diet and refer to the dietician if necessary. We also found where people had sustained a gradual continual weight loss; this had not always prompted staff to increase the frequency of weight checks. Although some people were under the care of the dietician, when we checked records we felt three people required their intake monitoring and two of them may need a fortified diet. The registered manager addressed this during the inspection and confirmed they would carry out a full audit to determine each person's current nutritional status and ensure any referrals for dietary review would be made.

In other people's records, we found their moving and handling risk assessments were inaccurate which meant they may have required more support with transfers. We also found where people's needs had changed their risk assessments had not been updated, for example one person had recently fallen and fractured their wrist yet their care records, including risk assessments had not been updated. We found three people's risk of sustaining pressure damage had not been updated and reviewed to reflect a higher level when they had experienced changes in need. For example, following significant weight loss through illness, skin changes, increased continence issues and reduction in their mobility. This meant there was a risk they may not receive repositioning support and skin checks within the required frequency.

We reviewed accidents and incident records alongside people's care records and found staff were not recording all incidents appropriately. For example, one person's care records detailed they had sustained bruising on their legs in September 2015 and December 2015 and a large skin tear on their leg in November 2015. Although staff had recorded these injuries on a body map record in the person's care file, we found incident records had not been completed. This meant that not all incidents were investigated thoroughly, learned from, and action was taken to prevent recurrences.

Although there was evidence the registered manager had focused on making the environment safe for people who used the service, we found there were no environmental risk assessments in place to ensure all aspects of the building and grounds were safe. For example, we observed one of the doors from an internal corridor opened out onto a busy communal area which posed a risk for people walking past.

These issues meant the registered provider was not taking adequate steps to protect vulnerable people from the risks to their safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. Staff we spoke with demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. They told us they had received initial training in this subject during their induction period,

Requires improvement

Is the service safe?

followed by periodic refresher training. This was confirmed by the training records we sampled. There was also a whistleblowing policy which told staff how they could raise concerns about any unsafe practice.

Our observations, and people's comments, indicated there was enough staff on duty to meet people's needs in a timely way and keep them safe. We looked at the number of staff on duty during our visit and checked the staff rotas to confirm the number was correct. The registered manager told us they monitored people's dependency levels and reviewed the staffing levels on a regular basis. At certain times of the day, the routines were busy but we saw call bells were answered promptly and people did not have to wait long to receive assistance. We did note that on occasions there was no member of staff present in the lounge areas and one person was at high risk of falls and required close monitoring. The registered manager confirmed they were taking action to monitor staff deployment during the shift and recognised there were still some improvements to be made.

We found there was a satisfactory recruitment and selection process in place. The staff files we sampled contained all the essential pre-employment checks required. This included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. One new member of staff we spoke with confirmed they had started work at the service after all their checks had been received.

We found medicines were managed safely and people received their medicines as prescribed. These were stored and recorded appropriately. There was a minor issue with medicines which was discussed with staff during the inspection so they could address this. This referred to ensuring the new supply of medicines was totalled to include the carry-over amount from the previous month, which would support more effective auditing processes.

The registered manager described the improvements they had made with the standards of hygiene at the service. We saw evidence that care staff had been trained in infection control. They were able to demonstrate a good understanding of their role in relation to maintaining high standards of hygiene, and the prevention and control of infection. We saw that care staff wore personal protective equipment (PPE) when delivering personal care and practised good hand hygiene. The senior housekeeper from one of the registered provider's other services also worked at Churchview to oversee the domestic staff, complete audits and generally monitor the standards of cleaning and hygiene. They described the improvements made through the recruitment of new staff, provision of new equipment and effective cleaning rotas. During our tour of the building we found two bedrooms with strong malodours. Discussions with the housekeeping staff indicated these issues were long standing. During the inspection the registered manager confirmed the carpets would be replaced the following week.

We saw fire-safety equipment was available, emergency lighting was in place and all fire escapes were kept clear of obstructions. We also reviewed fire safety records and maintenance certificates for the premises and found them to be up to date with the exception of the gas safety certificate, which the registered manager confirmed they would follow up and address.

Requires improvement

Is the service effective?

Our findings

The people we spoke with said staff were professional, kind, friendly and efficient at their job. We received positive comments about how they delivered care and support. Comments included, "Lovely staff, I see them every day, they do a good job", "Mum is very well looked after and safe living here" and "I've watched them using the hoist and they look competent and help people efficiently."

People said they enjoyed the meals provided and were happy with the choice of food they received. One person told us, "The food here is smashing, you get a choice each meal, I just haven't got my appetite back yet." Another person said, "The food is generally good and the cook does consult with us about new menu choices. Liver is back on the menu, not that it's my favourite." A third person said, "I've ordered beetroot sandwiches for tea, I like those."

We completed a tour of the premises and found the service had taken some action to ensure the environment was dementia friendly. The hand rails in corridors had been painted a contrasting colour and there was pictorial signage to assist people to recognise rooms such as toilets and bathrooms. People's bedroom doors had signs with their name and a picture of something important to them such as the flowers they liked. However, we found the flooring in the communal areas was not dementia friendly. Lounge and corridor carpets had a pattern which could be disorientating and confusing, as people with dementia can often mistake the pattern on the carpet for objects and try and pick these up, providing an increased risk of falls.

We recommend that the service seek advice and guidance from a reputable source, about environmental adaptations to promote the orientation and safety of people living with dementia.

We found the dining room had been redecorated and refurbished to a good standard and a new meeting room developed for relatives and staff to use. New laundry equipment had been installed. However, we saw that some areas of the home required refurbishing with worn and tired furniture and carpets needing replacement. The registered manager was aware of the improvements needed but there was no planned programme of refurbishment in place. During the inspection we spoke with the registered provider who confirmed the improvement works would be scheduled in and completed over the next few months.

Menus were varied and the meals prepared looked well-presented. People were able to have alternatives to the main choice on offer each day. We saw people's food likes, dislikes and preferences were recorded in their care plans and a copy of the record was held in the kitchen. Throughout the day we observed staff offering and supporting people to take regular drinks and snacks. At meal times we saw staff supported people to eat balanced diets and offered alternatives and gentle encouragement when people initially refused a meal. We saw this approach was successful in encouraging two people to eat during the lunch time meal. Aids had been provided to support people's independence at meal times such as plate guards and adapted cutlery. We also observed one of the cooks walking with one person and helping them to eat finger food from a bowl as they had been too restless to sit at the table for their meal.

Discussions with the cook confirmed they had a good understanding and knowledge of special dietary provision, including diabetic and fortified diets. They told us they provided extra butter and cream for people who needed their meals fortified and prepared ample amounts of fortified milk shakes each day to support people's calorie intake.

The registered manager told us there was an induction period for new staff. We checked the records of four newly recruited staff and found the induction and probationary period detailed review periods when progress would be assessed. The registered manager confirmed new staff completed the national Care Certificate standards. This national training programme looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

We found staff had completed training to ensure they had the skills and knowledge to carry out their roles effectively. Training records indicated staff had undertaken training in relation to first aid, food safety, health and safety awareness, end of life, fire safety, pressure damage prevention, safeguarding, whistleblowing, dementia awareness, infection prevention and control, The Mental

Requires improvement

Is the service effective?

Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards, moving and transferring people and nutrition. We saw the majority of staff had also completed a nationally recognised qualification in care.

Staff confirmed they had supervision meetings with their line manager and stated they felt well-supported within their role. Team meetings were held regularly and used as a forum to discuss issues within the service, health and safety concerns, best practice and training requirements. A member of staff told us, "The manager is approachable and supportive. There have been a lot of changes since she took charge and a lot of improvements. Staff are a lot happier and we are getting the training and support we need."

We found people's health care needs were met. Records indicated people who used the service had visits from a range of health care professionals as required. These included GPs, district nurses, occupational therapists, emergency care practitioners, chiropodists and opticians. People had also attended outpatient appointments and been seen by the falls team. Community nurses were visiting people during the inspection to provide treatment and advice regarding their health care. They told us staff had supported their visits well and were knowledgeable about their patient's needs.

The 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. Throughout the inspection we witnessed staff gaining people's consent before care and support was provided. People's capacity to consent to care and treatment was assessed when they moved to the service. Best interest meetings were held when people lacked the capacity to make informed decisions themselves, which were attended by a range of healthcare professionals and people's relatives wherever possible.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. We saw the registered manager was aware of their responsibilities in relation to DoLS and understood the criteria. There was one person who used the service who had a DoLS authorised by the supervisory body. This DoLS was in place to ensure this person received the care and treatment they needed and there was no less restrictive way of achieving this. Records showed there were no specific conditions attached to this authorisation. The registered manager confirmed a further 20 applications had been submitted and were awaiting assessment.

Good

Is the service caring?

Our findings

People were complimentary about the care they received and praised the staff. One person said, "Staff are very kind and helpful. I am well cared for, no doubt about that." Other people commented, "Very happy with the care, I've no regrets about choosing this place" and "The staff are always very kind and considerate. They always knock on my bedroom door, they are very particular about that, can't fault them."

Relatives told us the staff were caring and friendly. Comments included, "Staff always treat my mum with respect", "They always try their best in some difficult circumstances", "The staff are always very patient, I've overheard them talking with people", "I know they [the staff] are kind because she [person who used the service] always smiles when they are around", "I am confident [Name of person's] health needs are being met, they involve us in all the decisions around her care and let us know if there have been any changes" and "We visited several care homes before deciding on Churchview and I am sure we made the right choice. I visit several times a week and I am always made to feel welcome. The quality of care has been consistently good."

All of the relatives spoken with told us they could visit the home whenever they wished to and were made welcome. One person told us, "I visit regularly at different times and it is okay for me to do that."

We found the home had a homely and welcoming atmosphere and throughout the inspection we observed staff were kind, compassionate and respectful in their interactions with people. They were able to tell us about people's individual preferences and we observed people looked comfortable and at ease in their presence.

We saw people were discreetly assisted to their rooms for personal care when required; staff acknowledged when people required assistance and responded appropriately. For example, we saw staff spoke to people privately about their personal care and attended to people's needs in a discreet way, which maintained their dignity. Staff also encouraged people to speak for themselves and gave people time to do so. They engaged with people in a respectful and encouraging way, to help them to be as independent as they could be.

The staff we spoke with gave clear examples of how they would preserve people's dignity. They told us how they knocked on people's doors, closed curtains and doors, and covered people up as much as possible when providing personal care. Their comments included; "We respect people and talk to them during their personal care support, we make sure they are covered up and feel comfortable" and "I help people to choose what they want to wear and how they like their hair done. I like to help people look nice, it's important." We noted that the use of brightly coloured plastic plates, beakers and cutlery were in use for many people. Although this may be appropriate for some people, such common usage could undermine people's dignity. The registered manager confirmed she had identified this issue and would address this.

People were given choice about where and how they spent their time. Most people moved freely throughout the communal areas. Some people chose to sit in the dining room and the quiet areas off the dining room, while others preferred the main lounges where most of the activity took place.

During our observations, it was evident that trusting relationships had been built between the people who used the service and the staff who supported them. People were listened to and their choices were respected. Staff responded swiftly to people when they were distressed or showed any signs of anxiety. We heard one person was calling out and became upset and tearful, staff sat with the person and held their hand, talking to them about their family in a soothing voice. The response from staff had a clear impact on the person who quickly became settled and relaxed. We observed staff were skilled in calming people and providing distraction when people became agitated. A member of staff told us, "When [name of person] gets upset we make sure we speak in a gentle and calm voice as that tends to calm them. If that doesn't work we leave them for a while and go back a bit later and they usually accept our care."

We saw a range of information was provided in the entrance hall and on notice boards in corridors for people who used the service and visitors. This included information on how to keep safe, dignity awareness, activities and how to make a complaint. The organisation produced regular newsletters, the latest one provided

Good

Is the service caring?

people and visitors with information about developments across the group of services, meaningful activity, staff updates and celebrating VE Day and Dignity Action Day, with photos of people's participation.

People had chosen what they wanted to bring into the home to furnish their bedrooms. They had brought their ornaments and photographs of family and friends or other pictures for their walls. This personalised their space and supported people to orientate themselves. We observed staff kept people's rooms tidy and respected their possessions.

The registered manager told us no one who lived in the home had an advocate at the time of the inspection. However, they confirmed they would assist people to access an independent advocacy service if required.

The registered manager told us there were no restrictions placed on visiting times and families can visit anytime. They told us that when people have been at the end of their life, they had made up rooms so people's families could stay. They planned to provide a sofa bed in the private meeting room for this purpose.

Requires improvement

Is the service responsive?

Our findings

People who used the service told us they could make choices about aspects of their daily lives. They said they could choose how to spend their time, what activities to participate in and if they wanted to go into the community, stay in their room and when to get up and go to bed. One person said, "I please myself and make my own decisions. I have my own routines and staff understand these and provide any support I need. It's a good arrangement and suits me very well."

People who used the service told us there were activities for them to participate in. Comments included, "I join in with bingo and some of the games" and "The entertainers are good, I like the singing, it would be nice to do more of that." Relatives told us they thought there were enough activities provided at the service and they were informed about social events and entertainments. One person described how their relative had recently enjoyed doing some baking, singing musicals and visited a local school to listen to the choir.

Relatives of people who used the service told us they would have no hesitation in raising concerns. They said, "I've no complaints, everyone is very helpful and friendly", "I mentioned some lost laundry to a senior care assistant who was very helpful" and "Only minor complaints which have been promptly dealt with at the time." One person's relatives confirmed they could raise concerns and complaints but didn't always feel they were addressed to their satisfaction. We asked the registered manager to speak with them to discuss their continued concerns and this was followed up during the inspection.

We saw people had their needs assessed prior to admission to the service. Life history records were completed for people; these gave the staff information about the person's background so they had an understanding of the person's values, behaviours, interests and people who were important to them. Care files contained one page profiles which summarised some key preferences in how to meet the person's needs. For example, in the section entitled, 'When talking to me', staff had recorded in one person's record, "Please gain my attention and face me, please speak clearly." They had also recorded the person, 'liked music and visits from the family' and disliked 'the hoist and drinking tea.'

There was also information on people's preferred routines, how independent they were with daily activities of living and what likes and dislikes they had. This included detailed records of food likes and dislikes and preferences for the gender of personal care worker.

Staff had responded to some people's needs by providing equipment such as sensor mats, specialist gel chairs, pressure relieving mattresses and pressure relieving cushions. We saw there were completed 'My Life' records in people's files which were used to provide medical and nursing staff with important person-centred information during any hospital admission.

We found care plans were in place to support the majority of people's needs, but we found some gaps in the four care files we checked. For example, one person had experienced a fall recently and sustained injury. Information from the fracture clinic had been placed in the person's care file but there was no specific care plan developed to direct staff on the checks they needed to carry out to ensure the cast was not too tight, monitoring levels of pain, ways of encouraging the person to rest the injured limb and the support the person needed to prevent further falls. Another person's care file contained a range of care plans to support their needs, however they had not been updated to reflect significant changes in health and needs following a recent illness and hospital admission.

We also found some people's care plans were too generalised and did not contain enough personalised information. For example, one person's care plan for personal care support detailed, "I need assistance with personal care," but did not describe how the person preferred to receive this support. When we discussed the standard of recording in the care records with the registered manager, they confirmed they had identified some of the issues and had started to address these with the under- manager.

Records showed review meetings were held to discuss people's care with relatives and any relevant health or social care professionals. We spoke with one person's relatives after they had just attended a review meeting. They raised some issues with us about their relative's care which we would have expected to have been discussed at the review meeting. The person's relatives felt they weren't

Requires improvement

Is the service responsive?

listened to. We mentioned this to the registered manager to follow up and they confirmed on the second day of the inspection they had contacted the relatives and were following up their concerns.

We asked staff how they were made aware of changes in people's needs. They told us there were a number of ways in which information was shared, including a verbal handover session at the beginning of each shift and a communication book. They told us they read people's care plans and life histories, which gave them good information about people's needs. Staff knew the people in the service well, what they liked and how they wanted their care and support provided.

The registered manager told us the service employed a part time activities co-ordinator and people were encouraged to join in a range of social and leisure activities. The registered manager told us there was no one living at the home that had any particular cultural or religious requirements. However, we saw church services were held at the home and information about the times of services and all planned activities were displayed on a notice board in one the reception areas.

The activity co-ordinator described the activities that had taken place recently. They said people who used the service always loved sing-a-longs, games, reminiscence work, outings, and arts and crafts. There were 'Timecare' sessions facilitated by an external company which were popular reminiscence sessions and people regularly attended a local luncheon club. The activity co-ordinator told us some people preferred to stay in their bedroom so they provided activities there such as hand massage, reading and chatting about current affairs and their families. During the inspection we saw some people enjoying craft sessions making Christmas decorations and cards. A Christmas programme of events had been arranged which included a Christmas Fayre, a party and visits by local school children.

We saw staff had responded to people's needs in relation to memory impairment. There were pictures on the walls with film stars and television personalities from the 50's and 60s which staff told us were used to stimulate conversation and the memories of people living with dementia. A tactile board with locks and bolts had been fixed to the wall of the activity lounge for people to use.

Requires improvement

Is the service well-led?

Our findings

People we spoke with told us they generally found the registered manager approachable and accessible. They told us, "The manager is usually available when we visit, if not we can speak with [Name of the under-manager], "She isn't always here but I'm sure we could arrange a meeting if I needed to discuss something" and "The registered manager and [Name of under- manager] are both really nice and approachable, I would go to either."

People who used the service and their relatives told us they sometimes had meetings where they discussed things like food and outings. One person's relatives felt the meetings weren't advertised well. They told us, "They have meetings but no-one notifies us, we have to approach for a date. Yes, we do get asked our opinions but we are unaware of actions taken."

The service had a basic quality monitoring system in place which mainly consisted of audits of the medicines systems, infection prevention and control and checks of equipment. However, formal audits of documentation had not been completed, which meant important records such as care plans, weight records and risk assessments had not been identified as a shortfall. We also found there were many items of worn and tired furniture and carpets needing replacement, including two bedroom carpets with strong malodours. There were no audits of the environment completed and a comprehensive redecoration and refurbishment plan had not been developed. We found a structured monitoring programme was required to improve and maintain standards.

Surveys for people who used the service, their relatives and staff had been issued in 2015. The findings from the dignity survey that people who used the service had completed were mixed; 19 people felt staff treated them with respect and three felt they weren't. Findings from the satisfaction survey issued to relatives were also very mixed with some 'poor' ratings received for areas such as hygiene, care needs, activities and décor. We found the comments from surveys had not been fully analysed and an action plans to address shortfalls and suggestions had not been produced.

We found shortfalls in the recording and management of accidents and incidents. Not all accidents and incidents were recorded. The analysis did not provide detailed information about the action taken in respect of each accident or incident, nor patterns and trends to enable lessons to be learned to minimise accidents.

Not ensuring the service had a robust quality monitoring system was a breach of Regulation 17 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. You can see what action we have asked the registered provider to take at the end of this report.

The registered manager had been managing Churchview since February 2015 and they also managed another service within the organisation. They confirmed they tried to spend time at the service each day. An under-manager was appointed in February 2015 and had moved from the sister service to work at Churchview. The registered manager confirmed the overall management of the service had slipped and there were many staffing issues when they took over the management of the service. They said they had focussed on making improvements to ensure the safety of the service and to ensure the staff team were managed effectively to improve the quality of care. The findings of the inspection visit confirmed they had made good improvements with staff management but more improvements were needed to monitor the quality of care. The registered manager required more resources and competent support from the senior staff at the service to help drive the improvement work.

We saw there was some oversight by a senior management consultant when they visited and the service had been redecorated and refurbished in certain areas. A new governance system which included policies, procedures, a care record format and quality monitoring system had recently been provided which the registered manager confirmed they were implementing in the near future.

The management team held regular meetings with the various teams of staff who were employed at the service, for example, care staff, domestic staff and kitchen staff. We saw copies of the minutes of these meetings; they provided people with opportunities to express their views.

Staff told us the management team at the service was approachable and supportive; the under-manager had supernumerary hours and regularly assisted staff with their duties. During the inspection, we observed they were clearly visible within the service and took an active role in supporting care delivery. Staff commented, "There have

Requires improvement

Is the service well-led?

been a lot of changes and we have a good staff team in place now", "Morale was low but it's picked up in recent months" and "It's smashing now, the registered manager has been a breath of fresh air."

The service had undergone assessment by North East Lincolnshire Clinical Commissioning Group in 2014/5 and the service had not met the Quality Framework Award which indicated improvements were needed in the quality of service provided. The service has undergone and will undergo further assessments this year to determine the award level achieved.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered provider did not have effective systems to assess the risks to the health and safety of people, and to mitigate such risks. Regulation 12 (a) (b)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered provider did not have effective systems and processes to ensure the service provided was safe, effective, caring, responsive or well-led. Regulation 17 (1) (2) (a)(b)(c)(e)(f)**