

People in Care Ltd

Church View Residential Home

Inspection report

Church Street
Oswaldtwistle
Lancashire
BB5 3QA

Tel: 01254381652

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Church view residential home is a care home. It is registered to provide personal care for up to 30 people aged 65. At the time of the inspection 22 people were receiving support.

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

People were protected from the risk of abuse and avoidable harm by staff who understood how to recognise and respond to concerns. People told us that the care provided by staff helped them to feel safe and secure.. The environment was clean and well maintained, however we found some issues with the laundry, which were addressed following inspection. People were safely supported to receive their medicines, as prescribed. Staffing levels were not always adequate and roles were not clearly defined. Staff were requested to cover ancillary roles on a regular basis.

People's needs were assessed, and care and support had been planned in partnership with them. People were provided with a nutritious and varied diet. Staff had received regular training and supervision to support them to meet people's needs. People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us staff were kind, caring, attentive and treated them with respect. They said staff respected their privacy and dignity and supported them to be as independent as possible.

People received care which was responsive to their needs. The registered manager managed people's concerns and people told us they felt listened to. The registered manager worked in partnership with a variety of agencies to ensure people received all the support they needed. Staff felt supported by the registered manager. The registered manager completed regular audits and checks, to ensure appropriate levels of quality and safety were maintained at the home.

We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to staffing and good governance. Details of action we have asked the provider to take can be found at the end of this report.

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

Rating at last inspection

The last rating for this service was requires improvement (published 23 November 2018) and there were five breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found that although the service had improved in the areas of managing medication, learning from accidents and incidents, recruitment, and training, enough improvement had not been made with regard to good governance and the provider was still in breach of

this regulation. We also found one breach of regulation relating to staffing. You can see what action we have asked the provider to take at the end of this full report.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Church View Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and the safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the registered manager and one of the directors of the company. We spoke with seven people who used the service and seven relatives. We also spoke with six staff members. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including supervision records, quality assurance systems and policies and procedures.

After the inspection.

Following on from the inspection we had further contact with the registered manager who confirmed that changes had been made with regard to the laundry.

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 remains 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.

At this inspection we found that some action had been taken to improve medicines, reviewing accidents and incidents, recruitment and infection control. However, concerns in relation to staffing levels were identified and this domain continues to be rated as requires improvement.

Using medicines safely

At our last inspection the provider had failed to ensure the safe management of people's 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.

- Medication processes had improved. Staff had received medication training and competency assessments were in place. We saw that medicines were administered, stored and disposed of safely.
- We reviewed medicine administration records (MARS) and saw that these were being accurately completed. Guidance was in place for people who were prescribed 'as needed' medication such as for pain relief.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure effective systems were in place to review learning from accidents and incidents in order to deliver safe care and treatment. 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

- A new system for accidents and incidents had been implemented and we could see these were now being analysed for patterns and trends. Staff understood where people required support to reduce the risk of avoidable harm. We reviewed the provider's records and found staff had taken appropriate action when people had experienced accidents and incidents, including falls.
- During a tour of the building, we noted that wardrobes required securing. We were reassured that this would be actioned by the director following inspection.
- The provider had effective procedures to manage individual risk. Each person had a risk assessment and risk was managed and addressed to ensure people were safe.
- Personal emergency evacuation plans (PEEPS) were in place for staff to follow. These detailed clear procedures to be followed for people needing to be evacuated from the building, in the event of an emergency.

Staffing and recruitment

- At our last inspection the provider had failed to ensure recruitment processes were sufficiently robust to protect people from the risk of unsuitable staff. This was a breach of regulation 19 (Fit and proper persons employed) 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 19

- We looked at two staff recruitment files and saw that two references were being sought. We also saw that appropriate checks with the Disclosure and Barring Service (DBS) were being made.
- We saw that new application forms had been introduced which requested a full employment history.

At our last inspection we recommended the provider reviewed the number of staff to help ensure that this was appropriate for the needs of the people living in the home. The provider had not carried this out.

- There was no administrator at the home. This meant the registered manager and staff had to also undertake clerical duties, answer the phone and greet visitors at the door.
- We observed that seniors had to help get people up and dressed before they commenced their medication round. This meant that morning medication was delayed, and this had a knock-on effect for further medication rounds. Staff had to be mindful and record the specific times of medication to ensure people had appropriate intervals between doses. We also observed a staff member administering medication that was expected to answer the phone as well, as part of her role.
- Concerns had been previously raised by the local authority contract monitoring team that the registered manager did not have enough support. Following this 12 hours of deputy support was put in place. However, this had stopped and the deputy had no supernumerary hours. From our observations we could see that the registered manager needed some additional support.
- Although a part time domestic had been employed since the last inspection, staff on duty were expected to assist with the cleaning, laundry and preparation of meals at teatimes as part of their shift. These additional ancillary duties were adhoc and were not formalised on the rota. We looked at the rota and could see that several staff were allowed to take leave on the same week, leaving staffing levels very stretched.
- Some relatives felt there were not enough staff on duty. One person told us, "I don't feel there are enough staff and I have mentioned this to the manager. She said more staff would cost more money. The staff are rushed off their feet." Another said, "I worry that she won't get enough to drink if I don't visit, because the carers give her drinks, but they don't have time to sit and coax her." One resident described how she had pressed the buzzer recently and felt that the carer was annoyed with her. "I had waited a long time for them to come and I don't think they were happy with me."
- Some staff felt that staffing levels were low. They told us, "They need more staff, particularly in the mornings." Another staff said, "There isn't enough staff, we have too much to do."

The provider failed to review and ensure there were sufficient competent staff on duty to meet people's needs. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- The provider did not always have effective infection control procedures. Although staff had access to and used protective personal equipment such as disposable gloves and aprons there were issues that had not been addressed in the laundry. This had been raised by the staff, but action had not been taken. Several

people told us that there were issues with their laundry. The laundry was only staffed for 18 hours a week. Outside of these times, care staff were expected to undertake the role and this was when issues were happening.

- One relative told us, "I have noticed that some of Mums clothing has gone missing. I feel like I have provided every female resident with underwear I have bought so many packs." We discussed this with the provider who agreed to action this. Following on from our inspection we became aware of a complaint around laundry and belongings which had been escalated to the Ombudsman.
- Staff received infection control training and everyone we spoke with commented on how clean the home was.

Learning lessons when things go wrong

- The provider now had systems in place to record and review accidents and incidents. These were investigated and were being analysed for patterns and trends. However, during inspection a person was inappropriately placed at the home. The registered manager explained how she had learned the importance of pre-assessment visits prior to admission to reduce the risk of similar incidents occurring.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and their human rights were respected and upheld. Safeguarding systems were in place and staff spoken with had a good understanding of what to do to make sure people were protected from harm.
- We observed 1-1 support was put in to safeguard an individual who had been inappropriately placed at the service.
- People told us they received safe care and had no concerns about their safety. One person said, "The girls all make me feel safe, they sort my problems out if I have any."

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 requires improvement. At this inspection this key question remains the same. This meant that the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were provided with appropriate training to enable them to carry out their duties effectively. This was a breach of regulation 18 (Staffing) 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 18 with regards training.

- Discussion with staff and observation of training records confirmed that staff had received appropriate training.
- Staff had opportunities for supervision and appraisals.
- Staff were competent, knowledgeable and carried out their roles effectively. One person told us, "The staff are well trained I can't fault them."
- New staff had received an induction to ensure they had the appropriate skills to support people with their care.

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

- The home had a new admission during our inspection. We looked at the pre-assessment and saw that it was thorough and included people's personal, social and medical histories. However, the registered manager had completed the assessment with friends of the individual and had not met with the individual in hospital prior to admission. Important information had not been passed onto the service about the individual's behaviour and this meant that the individual was not appropriately placed, and the home could not provide the person with the support they needed. The individual returned back to hospital.

We recommend that the provider ensures pre-assessments are thorough and take into account all the person's needs before admission.

- Staff regularly reviewed care and support and updated care plans where people's needs had changed. This ensured people received the level of care and support they required.
- One relative told us, "I know she is safe as she is bed bound and has to be turned regularly and it is testament to the staff that they are looking after her well as she never had a bed sore."

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

- The lunchtime experience was calm. However, people's food was served on very small plates and all people drank from plastic mugs, rather than china cups. The menu was not clearly displayed and there was no visual aids available to help residents with signs of dementia to make menu choices. We raised this with the provider during the inspection and they agreed to ensure these were available for people.
- People told us they were happy with the variety and choice of meals provided. One person said, "The food is good. In fact, they will get me anything if I request it." We spoke with the cook who confirmed this. He knew the residents extremely well and we saw evidence of people's food choices recorded.
- Staff closely monitored people's weight along with their food and fluid intake. Where concerns had been identified regarding people's food and fluid intake appropriate action had been taken. This included implementing food and fluid charts to record the amount of food and fluid consumed by people deemed to be at nutritional risk. On relative told us. "The food is good. When Mum first came here, she lost weight, but they monitored the situation and she has put the weight back on. She is given a choice and she is asked in advance of the meal what she would like which they record."

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

- Accommodation was accessible, safe and suitable for people's needs. People's rooms were personalised, and we saw evidence of dementia signage. One relative told us, "I have seen the home has been improved as decorating has taken place. My wife's room has been redecorated and they put all new furniture in for her".
- Bathing and toilet facilities were available and accessible to meet people's needs and enable them to maintain their privacy and dignity.

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

- The registered manager worked effectively with healthcare professionals to ensure people received a good standard of healthcare care. These included GPs and district nurses. This ensured people were supported by healthcare services in a timely manner.
- People's healthcare needs were carefully monitored and discussed as part of the care planning process. People were supported to maintain good health and had access healthcare services when required.
- Care records confirmed visits to and from GPs and other healthcare professionals had been recorded. The records documented the reason for the visit and what the outcome had been. This ensured people's healthcare needs were taken care of.

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.

- The provider was working within the principles of the MCA. Where needed, mental capacity assessments and best interest meetings had been completed. The correct procedures for applying for DoLS had been followed
- Records contained evidence to demonstrate care planning was discussed and agreed with people and their representatives. Throughout the inspection we observed staff sought peoples consent before supporting them with personal care needs.

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

- During our inspection we saw that people were well presented. People were supported by caring and respectful staff. One person told us, "When the staff support me, they respect my dignity by shutting the door."
- People told us staff were kind and our observations confirmed this. We saw they were polite, respectful and showed compassion to people. One person told us, "The staff and management are all brilliant."
- Staff had a good understanding of protecting and respecting people's human rights. Care records seen had documented people's preferences and information about their backgrounds. Everyone we spoke with commented highly on the standard of care and the quality of the staff. One relative told us, "The staff are what makes this home, they are the biggest asset. They are excellent- polite at all times and respect my Mum in every way they can."

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

- The registered manager and staff team supported people with decision making. Care records contained evidence the person who received care or a family member had been involved with developing their care plans.
- People and their relatives had been encouraged to express their views about the care provided. We saw evidence of surveys and people being involved in resident meetings.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity and consent was sought before staff carried out any support tasks. They told us they were always treated with respect and their rights were respected.
- Staff respected people's wish to remain as independent as possible. One person told us, 'Mum is treated very well the staff are very kind and respectful. They encourage her to be as independent as possible.'

Is the service responsive?

Our findings

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

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

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

- Care files contained documents reflecting each person's assessment of needs. The information provided staff with guidance about people's specific needs and how these were to be met. These included people's personal care needs and social interests.
- People told us how they were supported by staff to express their views and wishes. This enabled them to make informed choices and decisions about their care. Care plans were reviewed, and people were involved in reviews.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us the service would provide large print information for people with visual impairment and they would seek guidance from healthcare specialists, so they could support people with their communication needs.

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

- The service had a programme of activities to help promote people's emotional wellbeing. An activities coordinator was employed to organise individual and group activities. Various games, and crafts were offered. We observed a game of bingo, painting sessions and 1-1 pampering sessions.
- People confirmed they were happy with the activities they were involved in. However, information regarding activities was displayed on two separate notice boards and the information did not match. One person told us, "Every other Monday we get a singer coming in to sing for us and I like that." Another said, "There are activities if I want to go to them."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place to log any complaints received. The registered manager had investigated any complaints and provided a response in line with the providers complaints policy.
- People knew how to raise any concern or complaints. People told us they were happy with the service they received. One person told us, "I have no concerns and have never felt I have needed to complain about anything. I know that if I did have a concern I could go to the manager as she is very approachable."

- We saw the results of quality assurance questionnaires for people and families. Several people and visitors confirmed that there have been relative/residents' meetings where they could express their views.

End of life care and support

- Some people's end of life wishes had been recorded including their cultural and spiritual needs so staff were aware of these. There were plans in place for discussions to take place around advanced care planning with other people. Some staff had completed end of life training and the registered manager assured us that there were plans in place for more staff to complete this.

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 requires improvement. This meant the service management and leadership was sometimes inconsistent. Leaders and the systems 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 ensure systems in place to monitor the quality and safety of the service were operated effectively 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

- There had been shortfalls with the deployment of staff. Staff were expected to undertake a variety of roles and their roles and responsibilities were not always clear.
- A recommendation to review staffing levels following the previous inspection had not taken place.
- The local authority had identified that the registered manager required support in her role as a newly registered manager. Although 12 supernumerary hours for the deputy had originally been agreed, these had been withdrawn. We observed the registered manager found it hard to focus during the inspection due to the competing demands.
- Provider audits were not always being formalised. We saw evidence of one taking place. We discussed this with the director who told us he was present at the service 3 days a week, but that his remit was maintenance and finance. We discussed the need for oversight of the service in all areas.

Our findings showed governance arrangements had not been robust enough. The provider did not have effective systems in place to ensure the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were positive about the service and the way it was managed. People said, "I know the manager who is lovely, very polite and helpful." Another person told us, "The manager is very supportive- they comes across as very helpful." One relative said, "The manager is very good and they have made lots improvements since they have been here. They try very hard to engage with relatives."

- People and families knew who to discuss their concerns with and had regular contact with the registered manager.

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

- The registered manager understood their legal obligations, including conditions of CQC registration and those of other organisations.
- People told us the registered manager was supportive. We observed she had a good understanding of people's needs and backgrounds and was passionate about her role.
- The provider's policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

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

- The registered manager told us she promoted an open culture and encouraged people to express their views about the service. We saw evidence of where the service had acted on people's views, through "you said, we did."
- The views of people and family members had been sought through care plan reviews, surveys and meetings.
- We noted that the service did not seek staff feedback through quality assurance questionnaires. We discussed the importance of this with the registered manager, as although most staff felt the management were approachable, not all of the staff felt this way.

We recommend that the provider ensure that staff surveys are devised to ensure that all staff feel listened too.

Continuous learning and improving care; Working in partnership with others

- The home worked with the local authority who commissioned the service to achieve good outcomes for people.
- The registered manager had a system in place that enabled them to review any accident, incident, safeguarding or complaint. They kept records of all incidents and analysed them for themes or patterns. This helped ensure they could identify good practice and where improvements needed to be made.
- The service had a range of policies and procedures to guide staff on what was expected of them in their roles.
- Records and discussion showed the service worked in partnership with a variety of health and social care professionals to ensure people received the support they needed. These included, safeguarding officers, social workers, the police, pharmacists and community nurses.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure there were appropriate staffing levels.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure effective systems were in place to ensure the quality and safety of the service.