

United Health Limited

Churchview and Larklands Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection visit took place on 8 Jan 2018 and was unannounced. Churchview and Larklands is a care service. It has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Churchview and Larklands is set in Ilkeston. The accommodation is provided in two bungalows situated on one site with an enclosed secure garden which joins the two buildings. Each bungalow is independent with their own kitchen, living space and bedrooms to support five people in each home. At the time of our inspection ten people were being supported by staff to live in the home.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People continued to receive safe care. All staff were recruited to ensure that they were safe to work with people. Staff were allocated to meet individual's needs. Risk assessments had been completed to reflect and consider how to reduce any risks. Medicines had been managed safely and staff had received training to enable them to be responsive with specialist medicine when required. People were protected from the risk of harm and lessons were learnt from when mistakes occurred.

The care that people received continued to be effective. They had been supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Staff felt supported by the level of training they received, which developed skills and career opportunities. People had a choice of meals and their dietary needs had been met. The environment had been adapted to suit people's needs and individual choices for their personal space. Health professionals had been involved in the development of people's care and guidance was provided and followed.

People continued to have positive relationships with the staff who were caring and treated people with respect and kindness. Staff knew people well and were able to balance this knowledge to consider the level of support people required to reflect personal space and dignity in meeting their needs.

The home continued to provide a responsive approach to people's needs. People were able to access activities which provided stimulation and opportunities to develop their interests and hobbies. The care plans were detailed and regularly reviewed to reflect any changes or lifestyle discoveries. Information was available to people and relatives if they wished to raise a concern. We saw when concerns had been raised they had been addressed and measures put in place to reduce the situation reoccurring.

The management of the home remains good. There was a homely feel to the atmosphere and a positive

approach to ensuring the bungalows reflected peoples own wishes. The registered manager analysed information about the quality and safety of the service and used it to drive improvements. People's feedback had been obtained. The registered manager understood their registration and sent us information about the home. They had conspicuously displayed their rating at the home and on their website.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Churchview and Larklands 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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 Jan 2017 and was unannounced. The provider had completed a Provider Information Return as part of the Provider Information Collection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service. We reviewed the quality monitoring report that the local authority had sent to us. All this information was used this to formulate our inspection plan.

Churchview and Larklands is set in Ilkeston. The accommodation is provided in two bungalows situated on one site with an enclosed secure garden which joins the two buildings. Each bungalow is independent with their own kitchen, living space and bedrooms to support five people in each home. At the time of our inspection ten people were being supported by the home.

People using the service were not able to verbally tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas. After the inspection we spoke with two family members by telephone. We also spoke with six members of care staff, and the deputy manager. After the inspection we spoke with a social care professional.

We looked at the care records for three people. We checked that the care they received matched the information in their records. We also looked at a range of information to consider how the home ensured the quality of the service, these included audits relating to accidents and incidents, infection control audits, complaints, compliments and surveys to reflect feedback.

Is the service safe?

Our findings

People were protected by staff that had a good understanding of what constituted harm and how to protect people. One relative said, "They are completely safe, I have no worries at all." When incidents had occurred, the provider had learnt from these and shared the learning along with changing some practices. For example, staff now left their mobile phones in the office whilst on duty to ensure they were not distracted. Also that sun cream and other precautions required to protect their skin was available and used in relation to people's skin requirements. The deputy told us, "We make changes to drive improvements for the safety of people."

Risk assessments had been completed to cover all aspects of a person's care. We saw some people were at risk of sore skin. For these people guidance had been obtained from health professionals and staff had implemented a routine of position changes for this person. Information showed this had reduced the risk of the sore skin increasing. Other people required equipment like a sensor mat or a bed which lowered to the floor to reduce the risk to the person falling from a height. The bed also had the facility to raise people's feet when they were swollen to reduce the pressure in this area.

Some people had behaviours which challenged and on occasions placed themselves and others at risk. We saw for these people there was a behaviour support plan which identified possible triggers and different methods of how to manage the behaviour. One person required medicine to help them manage their behaviour. The GP reviewed the medicine and had reduced it, however staff had documented the changes in the person's mood and it was identified this was having a detrimental impact on their wellbeing so the medicine was reinstated. This showed the staff knew people and the small impact things could have on the individual's daily lives.

Personal evacuation plans were available which detailed the support a person would require during the day and evening if they had to evacuate the building, for example if there was a fire.

The staff and the domestic staff ensured the environment remained clean to reduce the risk of infections. Cleaning schedules were in place which were followed. We saw staff used personal protective equipment when completing personal care tasks or when serving food. The home had a five star rating from the food standards agency. This is the top rating and shows appropriate systems were in place to ensure hygiene levels. The deputy manager had attended an open workshop with the local health service in relation to infection control. They told us, "It's been really interesting and we have been able to access resources to develop understanding in this area."

There was sufficient staff to meet each person's needs. One relative said, "Staff are thoughtful, helpful and well-motivated." We saw that staffing levels were reviewed and there was a flexible approach when additional staff were required. For example, when going out or for holidays. Some people were designated one to one time, this was allocated to specific staff members and this time was respected to ensure the person received their allocated time to do the activities they enjoyed.

Medicines were administered to meet individual need. All medicines had been stored, recorded and monitored to reduce the risks associated with them. Some medicine was used on an as required basis (known as PRN) to support pain relief, anxiety or specific health conditions for example, epilepsy. Staff had received specialist training and followed the individual guidance and recording for these medicines. Staff who dispensed medicines had received training and their competency was checked. Internal audits had been completed and an external audit from the pharmacy to ensure all the safety measures had been followed.

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Assessments that had been completed were decision specific and had been used to reflect areas when the person was unable to make the decision themselves. We saw best interest meetings had been instigated with professionals when a decision was required which could have an impact on a person's wellbeing. A social care professional said, "It is like a breath of fresh air, the staff are on the ball and very person centred."

We saw people being given choices about their day. These were based on the individual's level of understanding. For example, some people used hand gestures, others pictures or objects of reference to guide staff to what they wished to do. Objects of reference are objects which are used systematically to represent an item, activity, place, or person to aid the persons understanding.

In the PIR the provider told us they would be introducing a healthy life style which would link in with people's weights and healthy benefits. They had already introduced portion controlled plates which encouraged staff to know what they placed on the plate and the quantity. Different people's dietary needs had been considered and those who required aids to maintain their independence had them available.

People's health care needs had been considered. When people were required to attend health appointments they were supported by staff who knew them well and were able to guide them through the process. For each person there was an individual approach to the different health professionals they required to support their wellbeing. For example, some people required wheel chair specialist, other people required specialist footwear and some specific medical guidance for their health condition. A representative from the wheelchairs services had commented, 'Very knowledgeable staff and the best interest of people at the heart of the care.' We saw the relevant professionals had been consulted when required to provide the support and guidance people needed.

The living space had been designed to meet people's needs. We saw each person's room had been personalised. Where people were unable to verbalise their choices, people had been taken to the decorator's showroom and offered colours the staff knew the person enjoyed. Communal areas had been decorated to provide a homely and calm environment.

Staff had received training for their role. We saw how staff had been encouraged to progress professionally and had the opportunity to develop their skills. One staff member said, "There's a lot of training here, it's a good company to progress with." We saw training was provided across a range of topics and some which were specific to people's health conditions, for example diabetes.

Is the service caring?

Our findings

People had established relationships with staff. One person said, "The staff are friendly and kind." One relative said, "The staff always consider what the person would want." Another family member said, "They have really supported the person with their speech and brought them out of themselves, staff really understand them." One staff member said, "When I walked through the door I was made to feel welcome. I got to know everyone and I love it here." Another staff member said, "It was lovely after I had been on leave for a week, the people were so pleased to see me and that shows we have a special relationship."

People's wishes were considered and supported. One person had expressed a wish to return to horse riding a pass time they used to enjoy. To enable this to happen the person needed to lose a substantial amount of weight. We saw this had been discussed with the person and their diet adjusted which was having positive results. The person told us, "I wish to ride again and know I need to lose weight for that to happen." We spoke with the family, they told us, "Its good theya re supporting them to achieve their goal. They always used to ride and enjoyed it." One staff member said, "Making the people happy makes me happy."

Dignity and privacy were upheld for people to ensure that their rights were respected. One family member said, "I have have any concerns, the staff are very respectful and treat people with genuine kindness." We saw staff gave people individual space when they expressed they wished this time. When this occurred staff stayed close by, but respected the persons space and responded to the level of contact they wished. Two new staff who has recently been promoted in their role were to become dignity champions. The deputy told us, "This role would involve some additional training and be used to develop the learning and understanding for other staff members."

Some people were using the services of an independent advocate and information was available regarding these services. Advocacy is about enabling people who have difficulty speaking out and support them to make their own, informed, independent choices about decisions that affect their lives. A social care professionals said, "I have found the management team advocate on behalf of people and will challenge inequalities as necessary. Staff work in partnership to resolve issues and seek out solutions."

Is the service responsive?

Our findings

When people moved to the home a comprehensive plan was drawn up which reflected all aspects of the persons care. This included history, information from people who knew them well and guidance from a range of professionals. People's diversity and sexuality was considered in the care records and identified people's personal preferences and how they wanted to be supported. Information was recorded about how people expressed their sexuality, their preferred clothes style and individual aspects of care needs. One staff member said, "We respect if people wish to be on their own and inform other staff so they are not disturbed. After a period of time we would ensure they were okay, but always knock on the door." The care records provided information about what the person liked, disliked and their preferences. There were references in the care records to aspects of people's care which had been discovered over time, for example the enjoyment of a style of music or specific objects.

People had received regular reviews about their care. One social care professional said, "If I request a meeting or any documentation this is always available for completed in a timely way. I find the staff knowledgeable and that they support people in the most effective way."

Staff received a daily handover when they commenced their shift. There was a communication book and all information relating to people's needs was documented. One staff member said, "It's all the information we need. Without handover you could miss something of importance."

People received the opportunity to access their interests and hobbies. A family member said, "There are lots of things going on and when I visit I love to hear what they have been doing or places or holidays they are planning." Each person was involved with activities that they enjoyed and staff were aware of these. Monthly activities had also been planned for the year so that there was an event to look forward to. Each week an external activities person attended the home to provide games and gentle physical activities. They had written in the compliments books, stating, 'Staff make my job easy, they join in and are enthusiastic. It's a brilliant place to visit every week.' The deputy manager told us, "We have planned weekends away, we have hired a log cabin and different people will stay there so they received some individual time and special treats like the Jacuzzi and afternoon tea with fizz or beer." They added, "It's nice to give them that experience and when you take people away you really get to know them."

There was a complaints policy available which was written and pictorial. We saw when a complaint was raised this was reviewed and addressed. We saw there had only been one complaint since our last inspection and this related to mail a family member had received. The process for sending mail has been reviewed and situation had not reoccurred.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this.

Is the service well-led?

Our findings

There was a registered manager at Churchview and Larklands. However they were on long term sick leave so the home was being supported and run by the deputy manager. 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.

Family members we spoke with felt the home was well managed, one said, "It's a really well run establishment. They never know when I am calling and they are always welcoming." They added, "I know my relative is happy here as they are always smiling, I could not be happier."

The manager and deputy knew people well and provided hands on care when required. In the PIR the provider had told us there was an open door approach. Staff confirmed this to be the case and people were also able to go into the office.

The manager understood their registration with us and had notified us of events which had occurred at the home. The last rating had been conspicuously displayed at the home and on the provider's website.

People, relatives and professionals had been given the opportunity to contribute to the development of the service through regular meetings and annual surveys. We saw all the returned surveys were positive. Some comments from these included, 'The care [Name] receives is very good and the staff are always attentive to their needs.' Another said, 'I am kept fully informed and always made welcome.'

Staff felt well supported. One staff member said, "We are a small unit and supportive of each other." Staff had received regular supervision to support them in their role. The deputy manager told us they meet regularly with other managers and the provider to develop the service they provided.

We saw that the managers completed spot checks on staff working out of hours. On one occasion staff were found to not be complying with company policy and we saw the appropriate action had been taken. Following this incident additional safety measures had been introduced to reduce the risk of the situation reoccurring.

The provider used a range of audits to reflect on the quality of the service and to drive improvements. We saw a health and safety audit reflected a frayed carpet. We saw this carpet had been replaced with laminate style flooring. The deputy told us, "We have replaced the carpet several times and it was decided this flooring would be a longer term safety solution. It is much better with this flooring." We saw other audits had been used to make changes. For example, two people were at risk of falls. They had obtained advice from the occupational therapist and specialist footwear had been provided. The falls for these people has now reduced. Another person had slipped whilst being supported in the bathroom. Their care package has now been increased to reflect two staff during this area of their personal care.

The provider worked in partnership with a range of services. This involved using community services and working with a range of health care professionals. The deputy manager told us they plan to develop more community links over the next year to enhance the experience for people.