

Teesside Healthcare Limited

# Churchview Nursing and Residential Home

## Inspection report

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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 well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Churchview nursing and residential home provides personal and nursing care for up to 47 people, some of whom are living with dementia. At the time of the inspection there were 35 people living in the home.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

The premises were not always safe. On the first day of inspection we found unlocked/unlockable doors, furniture in disrepair and areas of the home to be unclean or unfit for effective cleaning. The provider took immediate action to address the concerns which were significantly noticeable on the second day of inspection, which mitigated any risk and kept people safe. Improvements were being made to fire safety systems following an inspection from the Fire Service. Records about people's care were not always clear, with some containing conflicting information. We have made a recommendation about this.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The systems in place for checking on the quality and safety of the service were not always effective as they failed to identify shortfalls around infection control, the management of risk, care plans, consent and fire safety found during this inspection.

People were safeguarded from abuse. Risks to people's health, safety and wellbeing were assessed and managed. There were enough staff to meet people's needs and safe recruitment practices were followed. The provider learned from accidents and incidents to mitigate future risks. Medicines were safely administered and managed.

People's needs were assessed before they moved into the home. Staff were suitably trained and received regular supervisions. People were supported with their nutritional needs and to access a range of health care professionals.

The home did not have a registered manager at the time of inspection. The provider was in the process of recruiting a new manager. The home was being overseen by a manager from another of the provider's homes with the support of the clinical lead. The atmosphere in the home was calm and relaxed. Relative's told us, "I just think in terms of the staff, they make the place great, the staff are really lovely. it's really nice to see [family member] interact positively with them" and, "The general atmosphere is good and they (staff) are encouraging towards my [family member]. A system was in place to involve people, relatives and staff in the running of the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

The last rating for this service was requires improvement (published 11 December 2019).

#### Why we inspected

The inspection was prompted in part due to concerns received in relation to staffing, fire safety, the culture and the overall management of the home. As a result, we decided to undertake a focused inspection to review the key questions of safe and well-led only.

During the inspection we found areas of potential concern relating to consent and restrictive practices. We therefore decided to also inspect the key question effective.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

We have approached the provider and requested immediate assurances around their improvement plan. As a result of this an action plan has been produced detailing how they would address the shortfalls identified and work to complete this had begun.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Churchview Nursing and Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to consent and good governance at this inspection.

We have made a recommendation about care plans.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Churchview Nursing and 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team was made up of 2 inspectors and 2 Experts 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

Churchview Nursing and Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Churchview Nursing and Residential Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the

quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

#### 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. We reviewed feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 12 people and 10 relatives about their experience of the care provided. We spoke with 8 members of staff including the interim manager, the clinical lead, a cook, a senior care worker, 2 care workers, the activities co-ordinator and a laundry assistant.

We reviewed documentation, inspected the safety of the premises and carried out observations in communal areas. We reviewed a range of records including 4 people's care records, medicines records and quality audits. A variety of records relating to the management of the service, including policies and procedures were also reviewed.



## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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

Assessing risk, safety monitoring and management; Preventing and controlling infection

- The premises weren't always safe. There were several doors found to be unlocked/unlockable during day one of the inspection. These included access to the sluice rooms, equipment rooms, a stairwell, the kitchen and the activities room.
- One of the sluice rooms was cluttered and contained a broken vase with sharp edges that was accessible to anyone who entered. Some side tables in lounge areas were in poor condition with sharp edges that could cause injury.
- The Fire Service had visited the home on 16 November 2022 and identified shortfalls in fire safety records and some practices. The provider was working with the fire service in relation to this and had made some improvements at the time of the inspection.
- The décor of the home did always not promote effective infection control. Some areas of paintwork and furnishings were not intact and therefore difficult to keep clean.
- On the first day of inspection, some flooring, seating, walls and sinks were found to be unclean and the outside area was littered with disposed cigarettes.
- An IPC Nurse had visited the home on 3 November 2022 and identified shortfalls in IPC practices. These hadn't been addressed at the point of our inspection.

We found no evidence that people had been harmed. However, the failure to establish effective systems to assess, monitor and improve the quality and safety of the service was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider created an action plan detailing how they would address the shortfalls identified and were working to complete this.

- On the second day of inspection, we found all areas of the home to be clean and tidy. The manager had ordered some outdoor ashtrays to help keep the outside area tidy and enjoyable for people. The provider replaced all unsuitable furniture identified and installed keypads on unlocked doors which made significant



improvements.

- Staff followed government guidance relating to safe working practices of infection prevention and control, including the safe use of PPE.
- Visiting was taking place in line with current government guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded, monitored and analysed to reduce the risk of reoccurrence. For example, referral to the falls team.

Systems and processes to safeguard people from the risk of abuse

- Staff supported people to keep them safe and protect them from harm. Comments from people and relatives included, "The carers make me feel safe, all the things they do for me" and, "They (staff) are extremely good and responsible when it comes to safety with my [family member] and have implemented necessary changes when it has been necessary."
- Staff knew people well and were aware of how to report any safeguarding issues or concerns. One staff member said, "I've never had to report any abuse but If I saw something wrong, I would go straight to the seniors or nurse on duty."

Staffing and recruitment

- There were enough staff on duty to safely meet people's needs. On the days of inspection, call bells were answered quickly, and staff were visible on both floors, supporting people.
- People and relatives felt there were enough staff. Comments included, "If I ring the bell someone comes quite quickly, I think there are enough carers as there is always someone there" and, "I think the staff are very busy, but generally there is always someone."
- Staff were recruited in a safe way. The provider had an effective recruitment and selection policy and procedure in place which included all appropriate checks.

Using medicines safely

- Staff safely administered and managed people's medicines. A person told us, "I always get my medicines on time." When talking about a family member who receives 'time-critical' medicines, a relative said, "They (staff) are spot on with the timing of his medicines."
- Staff had received up to date medicines training. They were able to explain the process of safely administering medicines, the importance of time-critical medicines and 'when required' medicines.
- The treatment room was kept locked and medicines were stored safely and in line with manufacturer's instructions. Regular temperature checks were recorded and remained within temperature guidelines.



## 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 the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Restrictions were being imposed on people without evidence of capacity assessments or best interest decisions. For example, lap belts on wheelchairs.
- Some MCA documentation where limitations and restrictions were being imposed upon people, were unclear or included conflicting information that did not meet MCA requirements. For example, consent forms signed by people but also relatives or notes of permission obtained from advocates.
- Some capacity assessments reviewed were not 'decision specific' and did not meet MCA requirements.

This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider created an action plan detailing how they would address the shortfalls identified and were working to complete this.

- DoLS applications had been submitted to the local authority for review in line with legal requirements.
- Staff sought consent from people prior to providing support.

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

- People's needs were assessed before they received support. This meant the manager could make sure staff were able to effectively meet people's needs.
- People's choices and preferences were included in their assessments and associated care plans.
- Some care plans contained conflicting information such as people's capacity to make decisions or people's capabilities. The manager planned to review all care plans and revise them where any conflicting information is found.

We recommend the provider review all care plans to ensure they contain clear information.

Staff support: induction, training, skills and experience

- Staff completed regular training to make sure they had the correct skills and knowledge to appropriately support people. Most training was either up to date or underway. One staff member said, "We do a lot of training. If I felt I needed more training, I would just ask for it."
- Staff completed a comprehensive induction at the start of their employment. This included completion of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were supported in their roles through regular supervisions and appraisals.

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

- Staff supported people to maintain a balanced diet. A cook told us, "I come up on a morning and ask everyone what they want. If they don't want either option, then I'll ask them if they want an omelette or a jacket potato or something else. I'll make them whatever they want."
- Most people told us they enjoyed their meals and received plenty to eat and drink. One person said, "The food is OK, no problem with that, I eat everything. There is a menu and I can choose what I like. I am well-fed and well-looked after."
- A couple of people felt the quality of the meals were inconsistent. We raised this with the manager who was going to take this up with the kitchen staff.
- Care records detailed any specific dietary needs people had and what support they required from staff.

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

- People were supported to maintain their health. Staff assisted people to access support from health care professionals such as GPs, dentists, speech and language therapists and pharmacist when required.
- Care records documented engagement people had with health care professionals and recommendations were incorporated into care plans and followed.

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

- The home was being redecorated in parts. A new shower room was being installed at the time of the inspection.
- There was a quiet room used by people and their visiting relatives. The activities co-ordinator regularly changed the theme of the room at different times of the year. For example, they changed it from an 'Alice

and Wonderland' themed tearoom to a Christmas theme with a big festive backdrop that people and their families could stand in front of to take family photos.



## Our findings

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

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

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

- The systems in place for checking the quality and safety of the service were not always effective as they failed to identify the shortfalls in practices detailed in this report. Shortfalls were identified in relation to infection control, the management of risk, care plans, consent and fire safety.

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

- The service had been through a period of change and unsettlement with management.
- At the time of the inspection there wasn't a registered manager in post. The provider was in the process of recruiting a new manager and the home was being overseen by a registered manager from another of the provider's homes with support from the clinical lead.
- A system was in place to involve people, relatives and staff in the running of the home.
- People and relatives spoke positively about the service. Comments included "Everything is good, no improvements needed" and, "I think it's all very good. They (staff) are always checking on [family member]. They are all very willing and are all nice."

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

- The provider understood their legal responsibility to be open and honest when something goes wrong.

They submitted notifications to CQC for significant events that had occurred at the service, such as safeguarding concerns. However, we identified one significant event that CQC had not been notified of and the manager acted immediately to resolve this.

#### Working in partnership with others

- The manager and staff worked in partnership with other health professionals to achieve positive outcomes for people. People's care records showed involvement and guidance from other agencies such as GPs, speech and language therapists and pharmacists.

## 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 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	<p>The provider failed to meet the requirements of the Mental Capacity Act 2005 and associated code of practice. Restrictions were being imposed on people without evidence of capacity assessments or best interest decisions.</p> <p>Regulation 11(1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>Systems and processes in place to monitor the quality and safety of the service were not effective.</p> <p>Regulation 17(2)(a)</p>