Roseberry Care Centres GB Limited

Church View (Bishop Auckland)

Inspection report

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South Church
Bishop Auckland
County Durham
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Tel: 01388451565

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09 August 2017

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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 took place on 8 and 9 August 2017 and was unannounced. This meant the provider and staff did not know we would be visiting.

Church View (Bishop Auckland) is a purpose built, two storey care home in the village of South Church, close to Bishop Auckland. It provides residential care for up to 45 people over two floors. At the time of our inspection 41 people were using the service.

At the last inspection in June 2015 the service was rated Good. At this inspection we found the service remained Good.

The service had a registered 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.

People and their relatives told us the service kept people safe. Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. The premises and equipment were carefully monitored to ensure they were safe for people to use. Plans were in place to support people in emergency situations. People's medicines were managed safely. Processes were in place to safeguard people from abuse. Staffing levels were monitored to ensure there were enough staff working to keep people safe.

Staff received mandatory training in a number of areas to support people effectively and were supported with regular supervisions and appraisals. People's rights under the Mental Capacity Act 2005 were protected and promoted. People were supported to maintain a healthy diet and to access external professionals to maintain and promote their health.

People and their relatives praised staff at the service as kind and caring and spoke positively about the support they provided. Staff treated people with dignity and respect and supported people to maintain their independence, whilst always being on hand to ensure they were safe. Throughout the inspection we saw numerous examples of kind and caring support being delivered by all staff at the service. Procedures were in place to support people to access advocacy services and end of life care where needed.

People received personalised care that was responsive to their needs. People were supported to access activities they enjoyed. Procedures were in place to investigate and respond to complaints.

The manager had informed CQC of most significant events in a timely way by submitting the required notifications. Where this had not happened and was pointed out to the manager they ensured the notifications were made immediately.

Staff spoke positively about the culture and values of the service. Staff described the service as well-led and said they were supported by the manager. The manager had worked to create and maintain a number of links with wider local community. The manager and provider carried out a number of quality assurance checks to monitor and improve standards at the service. Feedback was sought from people, relatives and staff.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Church View (Bishop Auckland)

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 and 9 August 2017 and was unannounced. This meant the provider and staff did not know we would be visiting.

The inspection team consisted of an adult social care 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.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are reports about changes, events or incidents the provider is legally obliged to send us within required timescales.

The registered provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and the local Healthwatch to gain their views of the care provided by Church View (Bishop Auckland).

During the inspection we spoke with eight people who used the service. We spoke with six relatives of people using the service. We looked at four care plans, medicine administration records (MARs) and handover sheers. We spoke with nine members of staff, including the manager and care staff. We looked at

four staff files, which included recruitment records.

Good

Is the service safe?

Our findings

People and their relatives told us the service kept people safe. One person told us, "I can't fault it here." A relative we spoke with said, "I go home and don't need to worry about [named person]." Another relative told us, "I have no concerns about safety here. Staff take their time."

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. People were assessed for risks when they started using the service, and where one was identified plans were drawn up to help keep them safe. For example, one person had a health condition that affected their mobility. A risk assessment identified that specialist equipment could be used to help keep them safe as they moved around the building, so this was put in place. Another person was at risk of pressure sore damage. Their risk assessment identified measures to lessen the chances of this occurring, including specialist mattresses and chairs. Assessments were regularly reviewed to ensure they reflected people's current level of risk.

The premises and equipment were carefully monitored to ensure they were safe for people to use. Regular maintenance and safety checks were carried including of window restrictors, wheelchairs, hoists, water temperatures, and the nurse call system. Required test and maintenance certificates were in place in areas including gas and electrical safety, fire safety systems and weighing scales. Accidents and incidents were monitored to see if improvements could be made to keep people safe.

Plans were in place to support people in emergency situations. A fire risk assessment was in place and firefighting equipment and systems regularly reviewed to ensure they were effective. Fire drills took place regularly. Personal emergency evacuation plans (PEEPS) were in place to provide staff and emergency workers with the necessary information to evacuate people in emergency situations. The provider had a business contingency plan to help ensure a continuity of care to people in emergency situations that disrupted the service.

People's medicines were managed safely. Medicines were safely and securely stored, with clear processes in place for ordering, monitoring and disposing of them. Medicine administration records were reviewed were correctly completed without gaps. Staff received the training they needed to handle people's medicines. A relative we spoke with told us one person's health and wellbeing had improved because staff had helped ensure the person took their medicines when they were needed. The relative said, "I now don't see evidence of [person's health condition] as staff got the medicines right."

Processes were in place to safeguard people from abuse. Staff were knowledgeable about safeguarding issues and said they would not hesitate to report any concerns they had. One member of staff said, "I would report any concerns straightaway and all staff would whistleblow." Whistle blowing is when a member of staff tells someone they have concerns about the service they work for. Records confirmed that where issues had been raised appropriate action was taken.

Staffing levels were monitored to ensure there were enough staff working to keep people safe. People and

staff said there were always staff around to help people when required. Staff we spoke with said there were enough staff employed and absence through sickness and holiday were covered. The provider's recruitment processes minimised the risk of unsuitable staff being employed. Applicants were required to set out their employment history, references were sought and Disclosure and Barring Service (DBS) checks carried out. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and adults.

Good

Is the service effective?

Our findings

Staff received mandatory training in a number of areas to support people effectively. Mandatory training is the training and updates the provider thinks are necessary to support people safely. Mandatory training included fire safety, moving and handling, safeguarding, health and safety, behaviours that can challenge and dementia awareness. The manager recorded and planned training using a chart. This showed that staff training was either up-to-date or planned. Staff files contained training certificates to evidence completed training. Training was regularly refreshed to ensure it reflected current best practice.

Staff spoke positively about the training they received and could tell us in detail about training they had recently completed. One member of staff said, "We get plenty of training. I'm doing moving and handling at the moment, refresher training. We do some fire training twice a year as things change all of the time. We keep on top." Another member of staff told us, "Training is good. A lot is online at the moment but the manager is going to set it up here, too. I have been given extra training in areas I am interested in." Other staff told us they would be confident to request extra training.

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of meetings showed that staff were asked about their supported needs and assisted with any issues raised. One member of staff told us, "Supervisions and appraisals are useful and we can raise any support needs there."

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. 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. The application procedures for this in care homes and hospitals are 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 were being met. At the time of our inspection 19 people were subject to DoLS authorisations. Clear records of these were kept so the manager could make further applications if needed. People's care plans contained evidence of mental capacity assessments and best interest decisions made on people's behalf. Staff had a good working knowledge of the principles of the MCA.

People were supported to maintain a healthy diet. Details of people's nutritional support needs were set out in their care records, including dietary preferences. Kitchen staff were knowledgeable about people's specialist diets, such as diabetic, soft or pureed. People were regularly weighed to monitor their nutritional health. A choice of food was available at mealtimes and snacks and drinks offered throughout the day. People and their relatives spoke positively about the quality of food at the service. We asked one person if they had enjoyed lunch. They gave us a positive thumbs up sign and said, "Oh yes!"

People were supported to access external professionals to maintain and promote their health. Care records contained evidence of collaborative working with professionals such dieticians, GPs, occupational therapists, speech and language therapists, opticians and district nurses. This meant people had access to

healthcare professionals when needed.

Good

Is the service caring?

Our findings

People and their relatives praised staff at the service as kind and caring and spoke positively about the support they provided. One person told us, "The carers are lovely". Another person we spoke with said, "The care here is spot on. I would say some of the carers are my friends". A relative told us, "I'll tell you this, they are brilliant here." Another relative said, "'I have nothing but praise for the staff here". A third relative we spoke with said, "I am pleased [named person] came here. We couldn't have got better care anywhere else." Another relative said, "It's flawless care."

Staff treated people with dignity and respect. Throughout the inspection we saw staff referring to people by their preferred names, knocking on their doors and waiting for permission before entering and speaking with them quietly and discreetly about personal matters. Staff had friendly but professional relationships with people at the service. A relative we spoke with said staff completed paperwork in communal areas so they could spend time with people but always made sure they were sitting where confidential information could not be seen by people and closed files when they were finished.

People told us their relatives and friends were able to visit them whenever they wanted. Relatives told us they were always made to feel welcome and included by staff. One relative told us, "If we ever need anything staff are straight there and we can stay as long as we want." Another relative said, "The family can visit whenever we want."

Staff supported people to maintain their independence, whilst always being on hand to ensure they were safe. For example, during lunchtime we saw staff cutting up food into smaller pieces for people but then giving them the knife and fork so they could enjoy eating their meal themselves. We also saw staff encouraging people to move around the building as much as possible to maintain their mobility.

Throughout the inspection we saw numerous examples of kind and caring support being delivered by all staff at the service. For example, we saw a member of the housekeeping staff having a friendly conversation with a person in the dining room. When the conversation ended the person helped the member of staff push a laundry trolley down the corridor which meant they could continue their conversation as the person walked back to their room. In another example we saw one person who was living with a dementia become anxious about whether other people were in their room. A member of staff spent time comforting and reassuring the person, including walking to their room with them to look inside. This helped to reassure the person, who we later saw looking relaxed and contended. Later in the day we saw staff joking with people during a quiz, with everyone sharing a joke at the expense of a member of staff who had answered a question incorrectly.

At the time of our inspection four people were using an advocate. Advocates help to ensure that people's views and preferences are heard. Details of advocacy services were promoted in communal areas and the manager told us about the procedures in place to support people to access these.

At the time of our inspection no one was receiving end of life care. Care plans contained records of

conversations between people and staff about the care they would like should this be needed. This meant procedures were in place to support people to access end of life care.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. When we asked one person if they received the care they wanted they told us, "I am happy enough." When we asked a relative the same question about the person they were visiting they said, "I wouldn't leave her here if not!"

Before people started using the service their support needs were assessed in a number of areas, including eating and drinking, moving and handling, mobility, skin care, medicines, personal care, memory and communication. Where a support need was identified care plans were drawn up based on how people wanted to be supported. For example, one person who was living a dementia had a communication plan in place with guidance to staff on the topics they liked to talk about when they were distressed and how staff could respond to reassure them. Another person had a mobility care plan containing detailed guidance on the equipment they used to promote their mobility and how staff could support them with this. Care plans were regularly reviewed to ensure they reflected people's current support needs and preferences, and people and their relatives told us they were involved in these reviews. One relative said, "We are involved in planning and reviewing care."

Daily notes and handovers were used to ensure staff had the latest information on people's support needs. Throughout the inspection was saw staff updating each other on the support they had delivered and any changes in people's needs. One member of staff told us, "I think the care plans are really good. They have everything we need to know. We also have a handover every morning. We get told how people have been. We also get updated if we've had time off."

People were supported to access activities they enjoyed. Activities that had taken place recently included bingo, home baking, dance and armchair exercises and reminiscence sessions. We were shown items around the service that had been made by people during art and craft sessions. Entertainers visited the service regularly, and we were told that bagpipers were a favourite of the people living there. The service had a minibus, and this was used to take people out for trips to local amenities and attractions. The manager had arranged with the organisers of an upcoming live action history show for a free screening of the event at the service. During the inspection people took part in a quiz, which they clearly enjoyed.

Activities were promoted throughout the building and people were asked for suggestions of new activities at resident meetings and in feedback questionnaires. People had given positive feedback on activities at resident meetings. Relatives we spoke with said staff ensured there were activities available to suit everyone's preferences and abilities.

Procedures were in place to investigate and respond to complaints. There was a complaints policy in place that set out how issues could be raised, how they would be investigated and the timescale for responding. Where issues had been raised we saw records of investigations. People and their relatives told us they would be confident to raise any complaints they had.

Good

Is the service well-led?

Our findings

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The manager had informed CQC of most significant events in a timely way by submitting the required notifications. We did see that we had not always been notified when some people had been made subject to Deprivation of Liberty Safeguards (DoLS) authorisations, and asked the manager about this. The manager said they thought these notifications had been made, and sent them to CQC immediately when they realised they had not been. This meant we could check that appropriate action had been taken.

Staff spoke positively about the culture and values of the service. One member of staff told us, "The home is lovely. A lovely atmosphere. People get on well with staff, and are always laughing and joking." Another member of staff said, "A friendly place, like a big family."

Staff described the service as well-led and said they were supported by the manager. One member of staff told us, "The manager is doing a really good job. She does the best she can and had helped me a lot. Very supportive." Another member of staff said, "The manager has an open door and listens. She's approachable." We saw that the manager was a visible presence around the service who had regular conversations with people and relatives.

The manager had worked to create and maintain a number of links with wider local community. The service had links with a local school, and pupils from there had helped people interested in gardening to improve the service's gardens. This led to the service winning an award in the local 'Bishop Auckland in Bloom' competition and the manager said people were excited to enter again. The service was located next to a church, and the choir from there performed at the home twice a month. The vicar also regularly attended to perform Holy Communion.

The manager and provider carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Audits carried out included care plans, medicines, catering, infection control and falls. Where issues were identified records confirmed that remedial action was taken. For example, a medicines audit in July 2017 had identified that some staff were not recording in sufficient detail on medicine administration records when people had refused their medicines. The manager had a discussion about this with the staff involved which led to an improvement in recording practices.

Feedback was sought from people and their relatives through annual surveys and regular meetings. The most recent survey had been carried out in July 2016 and we saw from an analysis of the results that this had contained mostly positive feedback. Where issues had been raised these were discussed further at resident meetings. For example, some people had complained about the delays in processing laundry and steps had been taken to improve this. Feedback was also sought from staff at regular staff meetings. Record of these meetings showed staff were encouraged to raise any support needs or suggestions that had, as well

as discussing policies, procedures and best practice.