Care Quality Commission

Church View (Nursing Home) Limited

Church View (Nursing 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 caring?	Requires improvement
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

We carried out an unannounced inspection of Church View Nursing Home on 29 & 30 April 2015. Church View Nursing Home provides accommodation and personal care for up to 40 people, some of whom may be living with a dementia. The service provides nursing care. At the time of the inspection there were 33 people accommodated in the home.

Accommodation is provided on the ground floor. There is a separate self-contained unit for those people living with a dementia. Both units have their own lounge and dining area. There are gardens and a car park for visitors and staff. The home is situated in a quiet residential area in Accrington and close to local amenities.

There was a registered manager in day to day charge of the home. 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.

Summary of findings

During this inspection visit we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to ineffective quality assurance and auditing systems, failure to follow safe medicine procedures, failure to follow safe infection control procedures and failure to maintain a safe and suitable environment.

At the previous inspection on 30 April and 1 May 2014 we found the service was not meeting the regulation in relation to safe management of medicines. We asked the provider to take action to make improvements. During this inspection we found some improvements had been made but the registered provider was still not meeting the regulation. Whilst we found elements of safe practice we also found aspects of the ordering, administration and disposal of people's medicines could result in mishandling or error. You can see what action we told the registered provider to take at the back of the full version of the report.

Prior to our inspection visit there were concerns regarding ineffective infection control systems and we were told areas of the home were not clean. During our visit we found a number of areas that presented a risk of infection that had not been noted as part of the 'audit' systems. They included unclean areas, torn seating and offensive odours. Cleaning schedules were in place and most staff had received appropriate training in infection control but policies and procedures had not been updated to reflect good practice. You can see what action we told the provider to take at the back of the full version of the report.

Prior to the inspection visit we were told the environment was 'shabby' and 'poor'. During a tour of the home we found all areas had been redecorated but a number of areas were in need of attention to ensure the environment was safe, appropriate and comfortable for people to live in. The service did not have a development plan which meant it was difficult to determine how the home would be improved. People told us they were happy with their bedrooms and some had created a homely environment with personal effects such as furniture, photographs, pictures and ornaments. We noted the environment was not well designed for people living with dementia. For example areas were not easily recognisable and carpets were highly patterned and more could be done to provide stimulation for people walking around. We have made a recommendation about further staff training on the subject of dementia. You can see what action we told the provider to take at the back of the full version of the report.

The number of shortfalls we found indicated quality assurance and auditing processes had been ineffective. Due to current staffing vacancies the registered manager was covering additional nursing, deputy and administrative hours. Changes in the management structure had resulted in limited monitoring and support from the registered provider to ensure the registered manager was achieving the required standards in the day to day running of the home. Checks on systems and practices had been completed by the registered manager but matters needing attention had not always been recognised or addressed. This meant the registered providers had not identified risks to make sure the service ran smoothly. You can see what action we told the provider to take at the back of the full version of the report.

During our visit we observed staff responding to people in a kind and friendly manner and being respectful of people's choices. Staff were seen to knock on people's doors before entering and doors were closed when personal care was being delivered. We saw people were dressed smartly and appropriately in suitable clothing. However, over the two days of our inspection visit we also noted examples of people's dignity not being respected in respect of their clothing and personal hygiene. We discussed this with the registered manager at the time of the inspection. We made a recommendation that staff practice was closely monitored with regards to ensuring people were dressed and presented in a dignified manner in line with their preferences recorded in their care plan.

People told us they enjoyed the meals although they were not routinely offered a choice of meal at lunchtime. They told us, "I enjoy my meals; I always get enough to eat" and "We don't know what we are getting until it is served; we wait and see. It's usually very nice." The meals were served hot, looked appetising and the portions were ample. The atmosphere was relaxed and staff chatted amiably to people throughout the meal. Care records included information about people's dietary preferences and any risks associated with their nutritional needs and

Summary of findings

appropriate professional advice and support had been sought when needed. We made a recommendation that people were made aware they could always have a choice of meal.

Environmental risk assessments were in place and kept under review and individual risks had been assessed and recorded in people's care plan to help ensure their safety. We noted there had been a number of reported incidents between people living in the home. We found individual assessments were not always in place to help identify any triggers or guide staff how to safely respond. In addition most staff had not received training in this area. We made a recommendation about providing training and guidance to support staff to respond appropriately and safely to behaviours that challenge the service.

From our discussions with staff and from looking at two individual training records and the training matrix, we found staff had been provided with a range of training to give them the necessary skills and knowledge to help them look after people properly. Staff had access to a range of policies and procedures although some needed to be reviewed to reflect current safe guidance. We noted some gaps in the provision of supervision for staff. There was a plan however for regular one to one supervision of staff which would help identify any shortfalls in their practice and the need for additional training and support.

We found a safe and fair recruitment process had been followed for staff and appropriate checks had been completed before they began working for the service. However, there were no records to confirm agency nursing and care staff checks had been completed by the service. Checks would help determine whether they were suitable and qualified to work in the home. We were told all agency staff received an informal basic induction. However, we could not find any records to support this. We made a recommendation the service satisfied themselves that agency staff were suitable and qualified to work in the home and records of this and of their basic safety induction were maintained.

We found there were sufficient numbers of nursing, care and ancillary staff to meet people's needs although the service was reliant on agency and bank nursing staff during the day. The registered manager told us they were actively trying to recruit permanent staff. Staff spoken with considered there were sufficient staff and told us any shortfalls, due to sickness or leave, were covered by existing staff, bank staff or agency staff. People said, "Staff are lovely" and "Staff are very good. There are enough of them but they get a bit busy to talk to us."

During the inspection we observed people were comfortable around staff and did not show any signs of distress when staff approached them. In both units we observed staff interaction with people was kind and patient. People told us, "They do their best; I get well looked after" and "Staff are very good; I get the care I need". A visitor said they were happy with the care their relative received but would speak up if needed. Thank you cards included positive comments such as 'thank you for the lovely care and kindness'.

Staff had received appropriate safeguarding vulnerable adults training, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. Staff had received training about the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS). The MCA 2005 and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We noted appropriate DoLS applications had been made to ensure people were safe and their best interests were considered. We made a recommendation that any conditions made under DoLS were recorded clearly in the records.

People's healthcare needs were considered as part of ongoing reviews and records had been made of healthcare visits, including GPs, district nurses and the chiropodist. We found the service had good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

Each person had a personal care plan which included information about the care and support they needed, their likes, dislikes and preferences and routines. The care plans had been updated by staff and a visitor told us they were kept up to date and involved in decisions about care and support. However, people living in the home told us they were not aware of their care plan and had not been involved in the review of their care which could result in them not receiving the care they needed and wanted. We made a recommendation about the importance of involving people in ongoing reviews of care.

Summary of findings

People were supported to take part in a range of suitable activities, both inside and outside the home. On the first day of the inspection we heard laughter and friendly banter during a game of dominoes in the lounge and on the second day there was much chatter and conversations about the new curtains in the dementia unit lounge.

There was a complaints procedure in the hallway advising people how to make a complaint and how and when they would be responded to. People were encouraged to discuss any concerns during meetings and day to day discussions with staff and management and also as part of the annual survey. People told us they felt confident they could raise any concerns with the staff or managers. One person said, "I just let the manageress know if I have a problem and she will sort it out". A relative said, "I speak to the manager if I have any concerns and am listened to."

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

People's medicines were not always managed safely and checks on staff practice had not been undertaken to ensure they were competent.

We found a number of areas were in need of attention to ensure the environment was clean, safe, appropriate and comfortable for people to live in.

There were sufficient numbers of nursing, care and ancillary staff to meet people's needs. People told us they were happy with the approach taken by staff.

Is the service effective?

Requires improvement

The service was not consistently effective.

The service had policies in place to underpin an appropriate response to the MCA 2005 and DoLS but clear procedures were not yet in place to guide staff. Appropriate referrals had been made to help ensure people receive the care and treatment they need.

People were asked to give their consent to care and treatment by staff. Staff were aware of people's capacity to make choices and decisions about their lives although this was not always clearly recorded.

Staff received a range of appropriate training, support and induction to give them the necessary skills and knowledge to help them look after people properly.

People's dietary preferences and any risks associated with their nutritional needs had been assessed. People told us they enjoyed the meals and we observed them being given support and encouragement with their meals.

Is the service caring?

Requires improvement

The service was not consistently caring.

Staff were seen to knock on people's doors before entering and doors were closed when personal care was being delivered. However we noted examples of people's dignity not being respected.

People told us they were happy with the approach taken by staff and we observed staff responding to people in a kind and friendly manner and being respectful of people's choices.

Staff took time to listen and respond appropriately to people. People using the service told us they were able to make decisions and choices.

Summary of findings

Is the service responsive?

Requires improvement

The service was not consistently responsive.

Each person had a care plan that was personal to them which included information about the care and support they needed. People were not aware of their care plan and had not been involved in the review of their care.

People were supported to take part in a range of suitable activities, both inside and outside the home. People were able to keep in contact with families and friends.

People told us they had no complaints about the service but felt confident they could raise any concerns with the staff or managers.

Is the service well-led?

Requires improvement

The service was not consistently well led.

The number of shortfalls that we found indicated quality assurance and auditing processes had not been effective. Checks on systems and practices had been completed but matters needing attention had not been recognised or addressed.

There was limited monitoring and support from the registered provider to ensure the registered manager was achieving the organisations required standards in the day to day running of the home.

There were systems in place to seek people's views and opinions about the running of the home. People's views were taken into consideration and changes had been made as a result of this.

Church View (Nursing 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.

The unannounced inspection of Church View Nursing Home took place on 29 & 30 April 2015. The inspection was carried out by one adult social care inspector.

There was a registered manager in day to day charge of the home. 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.

Before the inspection we reviewed the information we held about the service such as notifications, complaint and safeguarding information. We looked at information that had been sent to us from two 'share your experience' forms. We also contacted the local authority contract monitoring team and looked at their most recent report.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with six people living in the home, one visitor and a visiting health professional. We also spoke with a member of the bank nursing staff and the laundry staff, two care staff and the registered manager. A registered manager from another home in the group was in attendance during our inspection and we briefly met with the owner. Following the inspection we spoke with the community link nurse who visited the home regularly and with the local authority infection control nurse.

We observed care and support being delivered by staff. We looked at a sample of records including three people's care plans and other associated documentation, two staff recruitment and induction records, training and supervision records, minutes from meetings, complaints and compliments records, three people's medication records, policies and procedures and audits. We also looked at the results from a recent survey that had been completed by people living in the home.

Requires improvement

Is the service safe?

Our findings

People living in the home, and a visitor, told us they did not have any concerns about the way they were cared for. One person living in the home said, "I am treated very nicely. The staff are lovely people." Another said, "I feel safe living here." During the inspection we did not observe anything to give us cause for concern about how people were treated. We observed people were comfortable around staff and seemed happy when staff approached them. In all areas of the home we observed staff interaction with people was kind and patient.

At the last inspection of 30 April and 1 May 2014, we found people's medicines were not managed safely. We asked the provider to make improvements in relation to management of 'as needed' and handwritten medicines. During this inspection visit we checked whether action had been taken.

During this inspection we found deficiencies in the way people's medicines were managed. We looked at the records and processes for the ordering, receipt, administration, disposal and storage of medicines. We looked at three people's medication administration records (MARs) in detail and a selection of others. Nursing staff who administered medicines had received appropriate training although checks on their practice had not been undertaken to ensure they were competent. We saw one assessment had been completed although this was out of date.

We found the policies and procedures were not reflective of current practice or with up to date guidance. This meant staff did not have clear guidance to refer to. We noted the prescriptions were not seen and checked by the home prior to dispensing and records of ordered medicines were not maintained. This was not in line with safe procedures and could result in errors and the risk of misuse. We found clear instructions to support staff with the administration of 'as needed' medicines. However, we found there were gaps in the recording. This meant it was not clear whether medicines had been given or not. Care records showed people had not always consented to their medication being managed by the service on admission. There were systems in place to dispose of people's medicines although records supporting safe disposal of people's medicines had not consistently been witnessed. This could result in mishandling.

There were records to support 'carried forward' amounts from the previous month which would help to monitor whether medicines were being given properly although boxed medicines were not dated on opening to help make sure they were appropriate to use. We noted external medicines such as creams and ointments were being applied by care staff but signed as given by nursing staff; this could result in people not receiving the correct treatment. Some people's medicines had been reviewed by their GP which would help ensure people were receiving the appropriate medicines. However this had been initiated by the GP practice as the home did not have a system to show regular reviews of people's medicines had been requested and undertaken. We saw checks on the medication system had not been undertaken on a regular basis. A recent check (April 2015) had not noted any of the shortfalls that we found.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the home currently operated a monitored dosage system (MDS) of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. Medication was stored securely in a designated room with appropriate storage for refrigerated items. There were clear instructions on the MARs, medicines were clearly labelled and codes had been used for non-administration of regular medicines.

Appropriate arrangements were in place for the management of controlled drugs. These are medicines which may be at risk of misuse and require extra monitoring. Controlled drugs were stored appropriately and recorded in a separate register. We checked one person's controlled drugs and found they corresponded accurately with the register. We observed the morning medicine rounds were completed in a timely way. One person told us they received their medicines at the appropriate time.

We looked at the arrangements for keeping the service clean and hygienic. Prior to and following the inspection people told us there were areas of the home with offensive odours. We did not look at all areas of the home however we found a number of areas that presented a risk of infection. They included worn, torn and grubby seating, damaged and cracked furniture, one bedroom which was

Is the service safe?

very dusty, offensive odours in various areas, the sluice radiators were rusted and pipes in various rooms were dusty and had not been covered. We also found communal toiletries in the bathroom. Waste bins, soap dispensers and paper towel dispensers had been provided although not all bins were pedal operated as recommended to prevent the risk of infection.

We found the policies and procedures for infection control in the home had not been updated to reflect guidance from the Department of Health; we discussed this with the registered manager. From our discussions and from looking at records we found most staff had received infection control training. The environmental health officer had recently identified shortfalls in food hygiene standards and had given the service a three star rating which required improvement. Action had been taken to respond to the recommendations made and a follow up visit had been requested by the registered manager. There were contractual arrangements for the safe disposal of clinical and sanitary waste.

Domestic and laundry staff were employed but there was no senior staff or housekeeper to monitor standards of work. Cleaning schedules had been completed although these had not been monitored in line with the homes' procedure. There were sufficient cleaning products available and equipment available such as disposable gloves and aprons. There was an infection control lead person. However we were told she had not received any additional infection control training and had not attended any local meetings to support her with this role. Records showed there were six monthly audit systems in place to help improve practice although the shortfalls that we found had not been noted during the audit process. We shared our concerns with the local authority infection control lead nurse.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to the inspection visit we were told the environment was 'shabby' and 'poor'. During a tour of the home we found all areas had been redecorated but there were a number of areas that were in need of attention to ensure the environment was safe, appropriate and comfortable for people to live in. These included badly scuffed bedroom doors, damage to bedroom furniture, peeling wallpaper, damaged plaster and curtains not secured properly to rails in bedrooms, dining areas and a lounge. We found one curtain in the dementia lounge secured with inappropriate straps; new curtains were provided on the second day of our visit although we were concerned this situation would have continued without our intervention. Items were stored on top of wardrobes which presented a risk to people as the furniture was not secured and could be pulled over.

There was a person responsible for general day to day maintenance and repairs. We were told the registered manager and the maintenance person did not have a budget to improve and maintain the environment and without a development plan it was difficult to determine how the home would be improved. Recent audits were not reflective of what we found and we were concerned about the lack of attention to the environment. We discussed our concerns with the registered manager. Following the inspection we were told an audit of each room had been completed and findings shared with the registered provider. We were also told the registered provider had agreed to replacement flooring and seating.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed equipment was safe and had been checked and serviced regularly. Training had been provided for all staff to ensure they had the skills to use equipment safely and keep people safe. We saw evidence training had also been given to staff to deal with emergencies such as fire evacuation. All visitors to the home were required to sign in and out which would help keep people secure and safe.

We looked at the recruitment and induction records of two members of staff. We found a safe and fair recruitment process had been followed and checks had been completed before staff began working for the service. These included the receipt of a full employment history, an identification check, written references from previous employers and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. However, the reference form did not clearly indicate who had provided the information; the registered manager assured us the form would be reviewed to resolve this matter.

Requires improvement

Is the service safe?

Prior to the inspection visit we were told there were, at times, insufficient staff to meet people's needs. We looked at the staffing rota and compared staffing numbers with the current reduced occupancy levels. We found there were sufficient numbers of nursing, care and ancillary staff to meet people's needs. Staff spoken with considered there were sufficient staff and told us any shortfalls, due to sickness or leave, were covered by existing staff, bank staff or regular agency staff. The registered manager was using a staffing tool to help determine whether staffing levels were appropriate to meet people's changing needs. There was evidence this had been used to increase staff on the morning and evening shifts.

During the inspection we observed people's requests for assistance were responded to in a timely way and staff were available in all areas of the home. We observed staff taking time to talk to people and to listen to their requests. People told us they were happy with the staff team and told us there were enough staff to support them when they needed. People said, "Staff are lovely", "Staff are very nice", "Staff pop in to check if I am alright" and "Staff are very good. There are enough of them but they get a bit busy to talk to us." One member of staff said, "We have a good team; we don't have a lot of changes."

Agency and bank nursing staff were being used to cover a high number of shifts. The service had seven nurses; there were two permanent staff and three bank staff employed by the service and two nurses who were supplied by an agency. From the rota we noted regular agency staff were used who knew the service and were able to provide some consistency. However, we could not find records to support the service had satisfied themselves that agency nursing and care staff were suitable and qualified to work in the home and that a record was maintained to demonstrate this and their basic safety induction.

We looked at how the service managed risk. Environmental risk assessments were in place and kept under review and individual risks had been assessed and recorded in people's care plan. Records showed risks were kept under review to help ensure people's safety. From our records we noted there had been a number of incidents between people living in the home. We discussed how staff would respond when people behaved in a way that challenged the service as we found individual assessments and strategies were not always in place to help identify any triggers or guide staff how to safely respond. The registered manager told us staff had not received training and support in this area. Training and guidance would help keep staff and others safe from harm.

There were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adults procedures are designed to provide staff with guidance to help protect vulnerable people from abuse and the risk of abuse. We noted the contact information of local agencies was displayed on the office notice board but was not included with the whistleblowing procedures. The registered manager assured us the information would be made easily available for staff. Staff told us they had received appropriate safeguarding vulnerable adults training, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. Records confirmed this. From the information we hold about the service we noted a number of safeguarding concerns had been reported. There was evidence the management team was clear about their responsibilities for reporting incidents and safeguarding concerns and working with other agencies. We checked the way the service helped people to manage their money. We looked at one person's records and found them to be accurate.

We recommend that the service seeks advice and guidance from a reputable source about supporting people who exhibit behaviours that challenge the service.

We recommend the service satisfies themselves that agency nursing and care staff are suitable and qualified to work in the home and that a record is maintained to demonstrate this and their basic safety induction.

Requires improvement

Is the service effective?

Our findings

We looked at how people were protected from poor nutrition and supported with eating and drinking. People told us they enjoyed the meals. They told us, "The meals are good; there is no choice at lunchtime but I like most things", "I enjoy my meals; I always get enough to eat", "I enjoy my meals but if I didn't I suppose I would leave it" and "We don't know what we are getting until it is served; we wait and see. It's usually very nice." The menus indicated breakfast and evening meal choices but no choices were available at lunchtime. We were told alternatives would be offered if a person did not like the meal. However, three people who we spoke with were not aware they could request an alternative and a diary containing a record of meals served showed alternatives to the menu were not regularly offered. The registered manager agreed to review the menu to ensure people were aware that a choice of meal was available at all times.

During our visit we observed breakfast and lunch being served. There was a dining area on each unit. The dining tables were appropriately set and condiments and drinks were made available. People were able to dine in their rooms if they preferred and equipment was provided to maintain dignity and independence. The meals looked appetising and hot and the portions were ample. The atmosphere was relaxed and staff chatted amiably to people throughout the meal. We saw people being sensitively supported and encouraged to eat their meals.

Care records included information about people's dietary preferences and any risks associated with their nutritional needs. This information had been shared with kitchen staff. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed. We observed people being offered drinks throughout the day although we noted snacks and fresh fruit were not routinely offered. There were no records to support people had been provided with a supper although two people told us they could have something if they asked.

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at individual training records and the training matrix, we found staff had access to a range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Regular training included safeguarding vulnerable adults, moving and handling, fire safety, infection control, first aid, food safety, health and safety and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Some staff had achieved a recognised qualification in care and we were told all other staff were working towards achieving this. Staff told us they received the training and support they needed. From our discussions with staff and looking at records we found there was an in depth induction programme for new staff. This would help to make sure they were confident, safe and competent to work at the home.

Staff had access to a range of policies and procedures although some had not been reviewed to reflect current safe guidance. These included medicines management, infection control, restraint and recruitment. This meant staff did not always have current guidance to refer to. The registered manager gave assurances this would be acted upon.

Staff told us they were supported by the registered manager although records showed there were gaps in the provision of formal supervision sessions. Not all staff had received one to one support which meant shortfalls in their practice and the need for any additional training and support may not be identified. The registered manager was aware of the gaps in the provision of supervision sessions for staff and the plan was under review.

Staff told us handover meetings and a communication diary helped keep them up to date about people's changing needs and the support they needed. Records showed key information was shared between staff and staff spoken with had a good understanding of people's needs.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions were protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). The service had policies and procedures in place to underpin an appropriate response to the MCA 2005 and DoLS.

Requires improvement

Is the service effective?

The registered manager expressed a good understanding of the processes relating to MCA and DoLS. Staff had received training in this subject. At the time of the inspection two people using the service were subject to a DoLS authorisation and other applications had been made which would help to ensure people were safe and their best interests were considered. However, information about recommended conditions was not always clearly recorded in the care plans; the registered manager assured us she would review this.

During our visit we observed people being asked to give their consent to care and treatment by staff. Staff spoken with were aware of people's capacity to make choices and decisions about their lives. This was not always clearly recorded in the care plans; the registered manager gave assurances this would be reviewed. This would help make sure people received the help and support they needed.

We looked at how people were supported with their health. People's healthcare needs were considered as part of ongoing reviews. Records had been made of healthcare visits, including GPs, district nurses and the chiropodist. We found the service had good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. Healthcare professionals told us, "They are very good here; things are improving. They notify us of any changes and do what we ask of them", "When we have to raise issues they follow our recommendations" and "People tell me they are happy living here."

Church View Nursing Home is a purpose built home with accommodation facilities on the ground floor and training rooms available on the first floor. The gardens were safe, secure and well maintained with adequate garden furniture. People told us they were happy with their bedrooms and some had created a homely environment with personal effects such as furniture, photographs, pictures and ornaments. All bedrooms were single occupancy with bathrooms and toilets located within easy access or commodes provided where necessary. However there were a number of toilets without light shades and bathrooms were being used to store equipment, some of which was not being used.

We noted the environment was not well designed for people living with dementia. For example, bathrooms, toilets, bedrooms and communal areas were not easily recognisable for people, and carpets were highly patterned and inappropriate for people with a dementia. Areas of interest had been provided on the dementia unit corridors such as sensory alcoves, reading areas and washing line areas although more could be done to provide stimulation for people walking around. Aids and adaptations had been provided to help maintain people's safety, independence and comfort.

We recommend that the service seeks advice and guidance about offering a choice of nutritious meals at each mealtime and recording people's choices.

We recommend the service finds out more about training for staff, based on current best practice, in relation to the specialist needs of people living with dementia.

Requires improvement

Is the service caring?

Our findings

People who we spoke with told us they were happy with the approach taken by staff. Comments included, “They do their best; I get well looked after”, “Everything is fine; I’m well cared for” and “Staff are very good; I get the care I need”. A visitor said they were happy with the care their relative received but would speak up if needed. Thank you cards included positive comments such as ‘thank you for the lovely care and kindness’.

During our visit we observed staff responding to people in a kind and friendly manner and being respectful of people's choices. Staff took time to listen and respond appropriately to people. We noted calls for assistance were responded to promptly and staff communicated well with people.

Three people using the service told us they were able to make decisions and choices. One person said, “I can do what I choose; I get out and about”. Another person said, “I can stay in my room if I like; staff ask me what I want to do”. There was information about advocacy services displayed on the notice board. This service could be used when people wanted support and advice from someone other than staff, friends or family members.

The service had policies in place in relation to privacy and dignity. Staff induction covered principles of care such as privacy, dignity, independence, choice and rights. There was a keyworker system in place which meant particular members of staff were linked to people and they took some responsibility to provide support. One member of staff said, “I mediate between service users and their relatives.” Staff we spoke with had a good understanding of people’s needs.

We observed examples of staff being respectful of people’s privacy. Staff were seen to knock on people’s doors before entering and doors were closed when personal care was being delivered. We saw most people were dressed smartly and appropriately in suitable clothing. However, over the two days of our inspection visit we also noted a lack of sensitivity in respect of supporting some people to maintain their appearance and personal hygiene. We discussed this with the registered manager at the time of the inspection who gave assurances she would monitor this.

We recommend the service seeks advice on how people’s dignity can be respected in line with their preferences recorded in their care plan.

Requires improvement

Is the service responsive?

Our findings

People who used the service and their relatives were encouraged to discuss any concerns during meetings and day to day discussions with staff and management and also as part of the annual survey. People told us they had no complaints about the service but felt confident they could raise any concerns with the staff or managers. One person said, "I just let the manageress know if I have a problem and she will sort it out". A relative said, "I speak to the manager if I have any concerns and am listened to."

There was a complaints procedure in the hallway advising people how to make a complaint and how and when they would be responded to. The information was incorrect in relation to the name of the registered manager and did not include the contact information of the local ombudsman. The registered manager assured us this would be reviewed. There had been five concerns and complaints made directly to the service since September 2014; records showed the service had responded in line with procedures. In the past 12 months we had received three complaints about the service in relation to care, environment and staffing.

We looked at pre admission assessments and noted before a person moved into the home an experienced member of staff had carried out a detailed assessment of their needs. Information had been gathered from a variety of sources such as social workers, health professionals, and family and also from the individual. The assessment covered all aspects of the person's needs, including personal care, mobility, daily routines and relationships. People were able to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed people to experience the service and make a choice about whether they wished to live in the home.

Each person had a care plan that was personal to them which included information about the care and support they needed. Information included likes, dislikes and preferences, routines, how people communicated, risks to their well-being and their ability to make safe decisions about their care and support. Processes were in place to monitor and respond to changes in people's health and well-being.

The care plans had been updated by staff regularly and in line with any changing needs. A visitor told us they were kept up to date and involved in decisions about care and support. However, people living in the home told us they were not aware of their care plan and had not been involved in the review of their care. It was not clear from the records whether people's preferences in respect of receiving personal care from male or female staff had been sought although we noted this had been discussed at a recent meeting with people living in the home. Assessments indicated when people were unable to use the staff call system although it was not clear from the records how regular the checks would be completed by staff to ensure their safety. The registered manager gave assurances this would be clearly recorded in each person's care plan.

From looking at records and from observations and discussions with staff and people using the service, we found people were supported to take part in a range of suitable activities, both inside and outside the home. An activities organiser was employed. Each person had a record that indicated their daily routines and any activities they enjoyed. Activities outside the home included shopping trips, excursions, meals out and church services. Internal activities included supporting staff with cleaning, washing up, dominoes, church services, pamper sessions, one to one sessions, reading, arts and crafts and movie afternoons.

On the first day of the inspection we heard laughter and friendly banter during a game of dominoes in the lounge and much chatter and conversations about the new curtains in the dementia unit lounge. One person told us they were being taken out to the local church to meet with friends and to have lunch. The service had established links with local schools and churches and some people were supported to access the community on a one to one basis. People were able to keep in contact with families and friends. Visiting arrangements were flexible. One person said, "My relative visits a few times a week; they seem to get on with staff alright."

We recommend the service seeks advice and guidance from a reputable source, about formally involving people in decisions and choices about their ongoing care, treatment and support.

Requires improvement

Is the service well-led?

Our findings

There was a registered manager in day to day charge of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager was supported by a manager from another local service owned by the same service provider. The registered manager had been in post since September 2014 and previously worked as deputy manager at the service. People made positive comments about the registered manager. Staff described the registered manager as 'approachable' and 'easy to talk to'. A visiting health professional told us, "The manager is very good." People living in the home said, "The manager is very nice" and "The manager is friendly and always has a smile for me." One member of staff said, "Things are improving."

However, we were concerned that the registered manager was providing administrative and nursing cover and in the absence of a deputy manager was also providing cover for this post. There was also a heavy reliance on the use of agency nurses. This meant the registered manager was not provided with the support she needed to manage the home effectively. This was supported by our findings during the inspection. The registered manager told us the registered provider was actively trying to recruit a deputy manager and nursing staff to support her.

The number of shortfalls that we found during this inspection indicated quality assurance and auditing processes had not been effective. Changes in the management structure had resulted in limited monitoring and support from the registered provider to ensure the registered manager was achieving the organisations required standards in the day to day running of the home. We were told the registered provider visited the service each week but there were no records of the visits, of any meetings held with the management team or of any monitoring that had taken place.

Checks on systems and practices had been completed by the registered manager as part of the contractual arrangements with commissioning agencies but matters needing attention had not been recognised or addressed. We found matters needing attention in relation to the environment, staffing, medicines management and infection control. This meant the registered providers had not identified risks and introduced strategies, to minimise risks to make sure the service runs smoothly. We would expect such matters to be identified and addressed without our intervention.

The provider did not have suitable arrangements in place for assessing and monitoring the quality of the service and then acting on their findings.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There were systems in place to seek people's views and opinions about the running of the home. The registered manager told us she operated an 'open door policy' to promote ongoing communication and discussion. People had been asked to complete customer satisfaction surveys to help to monitor their satisfaction with the service provided. The results had been analysed and made available and further action had been taken to respond to any lower scores or negative comments. We noted there were no systems to obtain the views of visiting health and social care professionals. The registered manager assured us this would be considered.

Meetings had been held for people living in the home and their families. People's views were taken into consideration and there was evidence changes had been made as a result of this. Examples included changes to meals, equipment and outings and activities.

Records indicated staff meetings had not been held on a regular basis although staff told us they were able to raise their views at meetings and in day to day discussions with the registered manager. They told us they were listened to but they felt the registered manager had limited decision making in some areas as the registered provider would need to approve changes such as to the environment and staffing.

Information we hold about the service indicated the registered manager had notified the commission of any notifiable incidents in the home in line with the current regulations. Accidents and incidents which occurred in the home were recorded, analysed to identify any patterns or areas requiring improvement and shared with the appropriate commissioners.

Requires improvement

Is the service well-led?

The registered provider had achieved the Investors In People award in 2013. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management. A review date had not yet been set.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services, and others, were not protected against the risks associated with poor infection control. Regulation 12 (2)(h).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment People who use services, and others, were not protected against the risks associated with unsafe and unsuitable premises. Regulation 15 (1) (a)(c)(e).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance People who use services, and others, were not protected against the risks associated with ineffective processes to assess, monitor and improve the service. Regulation 17 (1)(2)(a)(b)

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services were not protected against the risks associated with unsafe management of medicines. Regulation 12 (1)(2)(g). This was a continued breach from the last inspection of 30 April and 1 May 2014.

The enforcement action we took:
We sent the provider a warning notice and have asked them to achieve compliance by 30 June 2015