

Oaklea Care Limited

Churchview Care Services (Taunton)

Inspection report

Buck House, First Floor Offices
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Chard
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13 April 2023

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Churchview Care Services (Taunton) is a domiciliary care and supported living service providing personal care to people living in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection the service supported 15 people with the regulated activity personal care.

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

Right Support

People were not always supported to have maximum choice and control of their lives; the policies and systems in the service to support this were not effective. The provider did not always demonstrate best practice when assessing people's mental capacity or supporting decision-making. This meant people's legal rights were not fully protected.

Staff were observed communicating with people in ways that met their needs and supported people to make choices.

Staff enabled people to access specialist health support in the community.

Right Care

People were supported by staff who knew them well and understood their needs. However, care plans and risk assessments were not always comprehensive and up to date. Some risks to people had not been sufficiently assessed and documented in their care records.

People received their medicines from trained staff. However, individual protocols for medicines which were prescribed to be given 'as required' were not always in place, and the provider's medication policy was not always being followed. This placed people at risk.

Risks in relation to managing people's finances were not always managed safely. The provider had raised a safeguarding concern and were investigating concerns at the time of the inspection. During the inspection

we identified further concerns, and raised a further safeguarding concern with the local authority safeguarding team regarding this. However, it was found not to meet the local authority threshold.

Staff received training in safeguarding vulnerable adults and knew how to recognise and report any indicators of abuse. Staff spoken with said they would be confident to report any concerns about possible abuse or poor practice.

Safe recruitment practices were followed, and suitable induction and ongoing training was in place for staff. Relatives raised concerns regarding staffing levels. The manager provided assurances that people did receive the right amount of support and that current assessed staffing levels were safe.

People felt safe with the staff who supported them. We observed good interactions between people using the service and staff. Some relatives raised concerns regarding the safety of the support their loved ones received.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Throughout the inspection we observed kind, relaxed, compassionate and caring interactions between people and staff. Relatives told us, "I think the staff work really hard" and "The staff are really good and caring."

Right Culture

Improvements were needed to make sure there were effective systems to monitor the quality of the service and plan improvements.

The ethos of the service was to provide person-centred care and promote people's independence. Throughout the inspection we observed that staff were respectful of people and took time to offer support and reassurance when needed. One relative told us and there is always a happy atmosphere within the service where their loved one lives.

People told us they were pleased with the support that staff provided to them, although relatives raised some concerns about the service their loved ones received. During the inspection we raised a safeguarding concern with the local authority safeguarding team regarding this.

The management team were open and transparent throughout our inspection. They acted on queries and our feedback throughout the inspection.

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

Rating at last inspection and update

The last rating for this service was good (published 29 May 2019.)

Why we inspected

This inspection was prompted by a review of the information we held about this service and information we received from the provider about how people were supported to manage their personal finance. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Churchview Care Services (Taunton) on our website at www.cqc.org.uk.

Enforcement

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. We have identified breaches of regulations in relation to safeguarding, risk management, consent and quality monitoring and planning improvements.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 Care Services (Taunton)

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.

Inspection team

Two Inspectors and an Expert by Experience carried out the inspection: 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

This service provides care and support to people living in 4 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service is also a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 a registered manager in post who managed another of the provider's

services. There was also a new manager that had been in post for 2 months (referred to as 'manager' within this report), who is in the process of applying to register and will replace the current registered manager.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

Inspection activity started on 4 April and ended on 18 April 2023. We visited the location's office on 6 April 2023, and visited people within their homes on 6 and 13 April 2023.

We met with 7 people who used the service. Some people were unable to verbally express their views to us, but we were able to observe their interactions with staff. We spoke with the management team and 5 members of staff.

We looked at a variety of records relating to people's personal care and support and the running of the service. These included, 5 care and support plans, 2 staff recruitment files, a sample of medication administration records and a sample of personal financial records.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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.

Using medicines safely

- People's medicines were not always administered safely.
- We found protocols were not always in place to guide staff when to administer people's 'when required' medicines. This meant people were at risk of not receiving their medication safely and when needed.
- A 'when required' medication for one person had been administered frequently. This contradicted the prescriber's instructions, placing the person at potential risk of harm.
- The service had a medication policy in place, but this was not always followed. People's medicine administration records (MAR) were not always completed in accordance with national guidance and the provider's policy. MAR were handwritten and were found not double signed to ensure correct before use as detailed within the providers policy. This meant medicines may not be given appropriately.
- Medicines omissions were not always addressed. There was a process for auditing MAR charts. We found a gap on one person's MAR chart. This omission was not reviewed appropriately to identify if the person had not had their medicines, if it was an issue with staff recording, or both. We discussed this issue the with the manager who said they would investigate.

The provider failed to ensure medicines were managed safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider shared plans to implement an electronic MARs system to reduce risk within the coming months.
- At the time of the inspection people's medicines were stored communally and not in people's individual bedrooms. The management team had started work on a more person-centred approach by installing medication cabinets in people's own rooms, these were visible at the time of inspection. We were told that at the next delivery cycle the new storage system would be implemented.
- People who required assistance with medicines received support from staff who had received specific training and had their competency assessed.

Systems and processes to safeguard people from the risk of abuse

- The provider did not have effective systems and processes in place to safeguard people from the risk of financial abuse.
- The provider supported some people with finances and oversaw their bank accounts. Improvements were needed to ensure clear records were available to identify the reasons for transactions. During the inspection we raised a safeguarding concern with the local authority safeguarding team regarding this. However, it was

found not to meet the local authority threshold.

- Guidance within one person's support file stated that bank statements were received monthly "which staff check with me" [meaning checked with the person]. There was no evidence this check was completed, and we were told by the service manager this was not currently happening.
- Monitoring and auditing by the new manager had identified issues with how staff supported people with their personal finances. For example, some people were buying staff their meals when supported for a meal in the community, and to also transport them within their cars. Neither of these had been agreed through appropriate processes. These issues were being investigated and addressed at the time of the inspection. This included holding a staff meeting to make sure all staff were aware of the issues identified. At the time of the inspection investigations into the concerns identified were ongoing.

The provider failed to ensure people were protected from abuse and neglect. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The provider was involved in financial transactions that should be the responsibility of the landlord, such as charging individuals for utilities. We were told that the provider will contact the landlords of the properties and ensure they take over this responsibility.
- During the inspection, 1 relative raised concerns about the practice of 2 members of staff. We raised the concerns with the Local Authority Safeguarding team and also discussed all of the concerns with the manager who said they would investigate.
- Staff had completed safeguarding training and staff spoken with were able to recognise signs of abuse.
- People spoken with felt safe and happy about the care they received.

Staffing and recruitment

- People were supported by staff who had been safely recruited. The provider made sure appropriate checks were carried out and references were received before new staff began work.
- The provider had experienced some difficulties recruiting new staff. However, agency staff were used to make sure adequate numbers of staff were available to support people. The manager told us agency staff were matched to meet the person's needs, and their skills and personalities were matched closely with people supported. Staff recruitment was ongoing.
- The manager told us there had been no missed care visits by staff. We were assured by the manager that any visits cancelled by people using the service were followed up and alternative times offered.
- Staff spoken with told us they felt supported, although relatives raised concerns regarding staff morale and stress. We asked the manager to investigate the concerns raised. The manager told us staff have access to multiple avenues of support and provided assurances that no staff members have raised undue stress as a concern.
- Relatives gave mixed feedback about staffing levels. Comments included, "A lot of staff have left, there is a high turnover of senior staff and management", "There is one staff between the two bungalows...I'm not sure how residents ask for help if its urgent and staff are in the other bungalow", "They do less now. They used to have a vehicle and go out on trips to Minehead and other places. Nice days out. Not enough staff. [Relative] used to have holidays but doesn't now." This was discussed with the manager who provided assurances that people did receive the right amount of support and that current assessed staffing levels were safe.

Assessing risk, safety monitoring and management

- Risk was not always managed safely, and staff were not always provided with guidance or direction on how to recognise and reduce risks.
- We received mixed feedback from relatives about the safety of the service. Comments included, "We don't

think [relative] is safe. It can't continue like it is" and "I think it is so dangerous there I can't go away. I just feel something is going to happen. I don't trust anyone. Staff are under pressure, and they don't tell me everything. I try not to ask them anything because I know they find it all difficult." Other relatives told us, "It's very good there", "I think [relative's] safe because we see all the staff when we collect [relative]. There is security on the doors, and they went out of their way during Covid to keep them all protected" and "I think [relative] is safe because [relative's] happy and would speak up if something bad happened."

- The quality of care records viewed across the services were variable. Some care plans and risk assessments were detailed and accurate, others lacked guidance and information to ensure care was delivered safely.
- The manager told us care plans and risk assessments were being reviewed and, following the inspection, the manager sent us updated care plans and risk assessments. These included more detailed information and guidance for staff. The manager told us the updated care plans would be available within services as guidance for staff the following week.

Preventing and controlling infection

- People were protected from the risk of infection.
- The provider had an infection prevention and control policy in place and staff had received training in infection control.
- Personal protective equipment (PPE) such as gloves, masks and aprons were provided. During the inspection staff were observed to be using PPE appropriately.

Learning lessons when things go wrong

- There was a process for reporting and recording accidents and incidents. This including learning from the accident or incident to prevent from happening again.
- Staff spoken with knew the process to report any accidents or incidents.



Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- The service was not working within the principles of the MCA. People's mental capacity was not always assessed in line with the MCA and the provider's own policies.
- Where people's capacity was in doubt, decision specific capacity assessments were not always available at the time of the inspection. The manager provided assurances that these had been completed and would be available within services as guidance for staff the following week.
- The service had a 'Personal Money of Individuals We Support' policy in place. The policy was not always followed and there was not always evidence people's capacity to manage their money had been assessed as detailed within the policy.
- The manager and service manager told us staff were not fully aware if people had a legally appointed person to manage their financial affairs. Official records for people who had legally appointed persons to manage their affairs were not available. This meant the service could not be certain they were always upholding people's legal rights or acting in people's best interests.
- Records contained contradictory information. For example, one person's risk assessment stated that the local authority managed their finances, although another document and staff spoken with stated it was the person's parents. An updated care plan was received following the inspection which stated the persons parents had been legally appointed to manage the person's finances.

- Another person's care plan contained a partially completed mental capacity assessment and best interest decision for finances. This document stated the person lacked capacity, but was not signed or dated and did not detail who was involved in the assessment and decision making process. The assessment also stated this person's relative managed their finances, but it was not clear if they had been consulted. During the inspection we were told by the service manager that the person's relative had not been legally appointed to do this.
- This person's care plan also contained contradictory information as they had recently signed a 'consent to care form', although there was a partially completed mental capacity assessment which stated that they lacked capacity to consent to care.

The provider failed to ensure processes were in place to ensure consent to care and treatment was sought in line with law and guidance. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service worked alongside relevant local authorities to discuss applications to the Court of Protection to deprive someone of their liberty.
- Staff had received training in the MCA and Deprivation of Liberty Safeguards (DoLs).

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

- People's needs were assessed, and care plans developed to provide guidance for staff on how to support people. However, care plans required further work to ensure they contained clear information to enable staff to meet people's needs.
- Staff did not always have sufficient guidance to ensure people's needs were met in a consistent and safe way.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed an induction programme which included undertaking the Care Certificate. The Care Certificate is a nationally recognised set of standards and skills for staff working in care.
- Staff had ongoing training to make sure they had the skills and knowledge to safely support people. Staff training records showed staff undertook training in a wide variety of subjects including health and safety and training more specific to people's individual needs.
- Relatives told us, "I think the staff work really hard. I don't know about the training but I've always seen them to be caring and respectful" and "They [staff] always seem proficient and professional when we are there."

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

- Staff supported people to maintain a diet of their choosing; support was dependent on the person's requirements, whether this be support with eating and drinking or preparing meals.
- People's care plans contained a section on 'nutrition and hydration'. This ensured staff had the information available to support them appropriately.
- We observed people being supported by staff with meal preparation when needed; people were encouraged to be as independent as possible.

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

- People had access to healthcare professionals according to their individual needs.
- Care plans provided contact details for professionals involved in people's care and the support people

required to make and attend appointments.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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

- The provider had systems in place to monitor the quality and safety of the service. However, we were not assured the current governance arrangements and oversight of the service were robust or effective in identifying the improvements needed, and ensuring these are completed in a timely way.
- We reviewed the audits completed by the service manager at one of the services and identified these were not always accurate. Medicines audits detailed protocols were in place to guide staff when to administer 'when required' medicines, and finance audits detailed mental capacity assessments were in place. During the inspection these were not always in place and available to guide staff.
- Some areas for improvement had been identified and an action plan was in place to make these improvements. However, this plan did not always include clear timescales for improvement to ensure effective monitoring of progress. For example, a 'Review of handling of monies at all properties' was added to the action plan on 14 November 2022. The 'Target date for Completion' box is not completed, the 'Progression % completion' box states it is 100% and the 'Weekly updates' box states it is still being investigated.
- The action plan was also not always accurate. For example, it stated that support file audits were complete, and these files had been returned to people. During the inspection we found this task was still ongoing.

The provider failed to ensure the quality and safety of the service was assessed, monitored and improved effectively. This placed people at risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives comments relating to communication varied. Not all relatives felt the service's communication arrangements were effective and did not feel involved in their loved one's care. Comments included, "Our biggest concern is there is no communication. We ask for meetings to discuss issues and the management say please contact us and we will do better at communication with you. But it just does not happen", "There is just no progress with our concerns and worries and no communication. When we have a meeting, they do not take notes and follow up. We do keep notes and type them up so we know what has been said. We just want them all to be safe and cared for and we can go and just enjoy our visits", "We had a meeting in February with [provider] no minutes. Nothing gets done. I am blocked every time I try and speak to anyone"

and "I don't trust anyone. Staff are under pressure, and they don't tell me everything. I try not to ask them anything because I know they find it all difficult." We discussed the concerns with the manager who explained the measures they are taking to alleviate relatives concerns.

- Relatives were positive about the new manager who had recently started in post. A relative told us, "[Provider] used to have a good name, but it has slipped. It was all privately owned but all changed to supported living – a big difference to residential care. But [new manager] seems to be okay so hopefully she will push it forward."
- People had been asked to provide feedback about the service through house meetings, keyworker meetings, surveys, and feedback.
- Staff spoke positively about working at the service and felt supported and listened to which supported a positive and improvement-driven culture. One staff member told us they had raised issues and received support from management. A relative also told us "The new manager is really approachable and I can talk to her. That really helps."
- The service worked alongside healthcare professionals to ensure people maintained good health outcomes, as well as other professionals including social workers and advocates to ensure the service was able to meet people's needs. One relative told us, "They make sure she sees the doctor when she needs to. She sees the dentist and they take her to have her eyes checked. Staff tell me she has an appointment, and they are taking her. I don't have to worry about it."

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

- During the inspection, numerous concerns were raised by relatives in relation to the service their loved ones received as detailed throughout this report. We asked the provider to investigate these concerns, with assurances received. The provider had already commenced investigations into some of the concerns received, and had worked with families to help them understand the supported living model. The provider had made requests to the local authority for support with those explanations.
- The team showed their commitment to providing person centred, high-quality care. People were observed receiving individualised support from staff who were kind, caring and patient.
- During the inspection, people spoke positively about being supported by the service. Comments included, "It's very nice" and "I get on with [staff]". Another person communicated staff were 'good'.
- The manager was alert to the culture within the service and had spent time with staff discussing their behaviours and values. One staff member told us, "Big changes are happening, changes that are for the better."
- Although we received a number of negative comments from relatives, we also received positive feedback about the service from them. Comments included, "I'm glad [relative's] there, it's lovely to see [relative] there. No worries at all with [relative]. They are really good, I can't fault them, I don't think I ever have", "I can't think of anything they could improve on. It's all good. [Relative] would tell us if there was something wrong, and we would pick up on how [relative] was", "[Relative] loves living there and that's the main thing."

Continuous learning and improving care; 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 had a service improvement plan in place which identified areas requiring further input to make changes and improve the quality of the service being provided. A weekly meeting was held with the provider to discuss the service improvement plan, and how to move forward and improve the service.
- The manager was committed to making the necessary changes to meet regulations and deliver good care. Where issues were identified during the inspection the manager responded to these concerns.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider failed to ensure processes were in place to ensure consent to care and treatment was sought in line with law and guidance.</p> <p>This was a breach of Regulation 11 Need for consent of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure medicines were managed safely.</p> <p>This was a breach of Regulation 12(2) (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider failed to ensure people were protected from abuse and neglect.</p> <p>This was a breach of Regulation 13(1) (Safeguarding service users from abuse and improper treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure that systems and processes were operated effectively to ensure the quality and safety of the service was assessed, monitored and improved effectively.</p> <p>This was a breach of Regulation 17(2) Good governance of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>