

K S Mann

Churchill House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 30 August 2016 and was unannounced.

We previously inspected Churchill House on 30 July 2015 and found breaches of legal requirements in relation to protecting people against abuse, the risks associated with assessments, planning and delivery of care and treatment, effective mechanisms for people to make complaints and maintaining up to date, accurate records.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook this inspection to look comprehensively at the whole service again and check that they had followed their action plan, confirming that they now met legal requirements.

The service is registered to provide personal care and accommodation for up to 12 adults with mental health needs. On the day of our inspection there were 10 people living in the service. The accommodation is a conversion of two adjoining houses merging into one large house. The service did not have a registered manager in place at the time of our inspection.

A registered manager is a person who has registered with the CQC 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.

We have asked the provider to clarify what action they will be taking to ensure there is a registered manager in future because we were concerned that there had not been a registered manager in the service for over twelve months.

At this inspection we found there were improvements to record keeping, risk assessments and procedures relating to safeguarding people from abuse and complaints. The service was meeting these legal requirements. Care staff understood their responsibilities to protect the people in their care. They were knowledgeable about how to protect people from abuse and from other risks to their health and welfare.

The service provided care and support to people to enable them to become more independent. We found that people were cared for by sufficient numbers of qualified and skilled staff. Staff also received one to one supervision and received regular training. People were supported to consent to care and treatment. The service operated in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's needs were assessed. Care and support was planned and delivered in line with their individual care needs. The care plans contained a good level of information setting out how each person should be supported to ensure their needs were met. The care plans included risk assessments as some people had

restrictions placed upon them by the Ministry of Justice. People were supported to take their medicines on time and medicine records were up to date.

People were given choices about what they wanted to eat and drink and they were supported to access healthcare professionals. People's finances were managed and audited regularly by staff so that people's money was kept safely and securely.

Staff had good relationships with people living at the service and we observed positive and caring interactions. Staff respected people's wishes and their privacy. They were supported to express their views. People pursued their own individual activities and interests, with the support of staff. The environment was safe and clear of any health and safety hazards.

There was a structure in place for the management of the service. People, relatives and visitors could identify who the area manager and proprietor were. People felt comfortable sharing their views and speaking with the managers if they had any concerns. The management team demonstrated a good understanding of their role and responsibilities. Staff and people told us the management team were supportive, approachable and friendly. There were systems to routinely monitor the safety and quality of the service provided.

People's records were kept up to date and reflected their current health needs including any advice given by other healthcare professionals. People were supported by staff who had attended relevant training. This enabled staff to keep up to date with good practice and deliver safe care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People felt safe and staff understood how to identify and report abuse.

The service had whistleblowing procedures in place. Staff were recruited appropriately.

There were sufficient numbers of staff to meet people's needs.

The service had a system to check medicine and finance recording.

Is the service effective?

Good ●

The service was effective. Staff were supported in their roles and received regular supervision and training.

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005. The Deprivation of Liberty Safeguards (DoLS) was understood by the area manager and staff.

People were supported to eat and drink healthy and nutritious meals that met their dietary needs.

Is the service caring?

Good ●

The service was caring. People were happy living at the service and staff treated people with respect and dignity. Relatives were satisfied with the level of care and with the quality of the staff.

Care and support was centred on people's individual needs and wishes. Staff were aware of people's interests and preferences and how to meet these.

People were supported to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People's individual choices and preferences were discussed with them. People's health, care and support needs were assessed and were reflected in their care records.

People had a programme of activities in accordance with their needs and preferences.

There was a complaints procedure in place. People using the service were encouraged to express their views and complaints were investigated appropriately.

Is the service well-led?

The service was not always well led. The service had not had a registered manager in place for over twelve months and had not notified the CQC of any applications.

Staff and people found the area manager to be approachable and supportive.

Quality assurance and monitoring systems were in place and included seeking people's views.

Requires Improvement 

Churchill House

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. We undertook an unannounced comprehensive inspection of Churchill House on 30 August 2016. We also checked that improvements to meet legal requirements had been made by the provider following our comprehensive inspection on 30 July 2015.

The inspection team comprised of one adult social care inspector. Prior to the inspection, we reviewed safeguarding alerts and monitoring information from the local authority. We looked at any complaints we received and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We were supported at our inspection by the proprietor of the service, also known as a responsible individual, an area manager, who was a nominated individual and a senior manager.

During the inspection we spoke with three people at the home and with three relatives by telephone. We spoke with an area manager, a responsible individual, a senior manager and three care assistants. We observed care during the day, including medicine rounds.

We looked at six care records and five staff supervision and training records. We also looked at a range of quality assurance audits, medicines records, accidents & incident records, training information, safeguarding information as well as policies and procedures for the service.

Is the service safe?

Our findings

People and relatives told us the service was safe and they were comfortable living there. One person said, "Yes it is safe here, it is alright." Another person told us, "It's fine, I like it, I feel ok here." A relative we spoke with said, "My [family member] is happy there. The home is always clean and tidy."

At our inspection on 30 July 2015, we found that the service did not meet the required standards of safety relating to risk assessments. We found that risk assessments did not give adequate guidance to staff about how to support someone when faced with a known risk and not all staff were aware of the correct procedure of reporting suspected abuse.

During this inspection, we saw that the service had appropriate guidance and practices in place to ensure that people were safeguarded from the risk of abuse. Staff were able to explain what constituted abuse and the action they would take to raise any concerns with the registered manager. One new member of staff told us, "I would inform my manager and we would notify the safeguarding team." Another staff member said, "I would report it immediately and follow our procedures and training." We saw records that safeguarding training had been delivered to staff. The registered manager and staff knew how to report safeguarding concerns appropriately so that the local authority and the CQC were able to monitor safeguarding issues. Our records showed that the provider had told us about any serious injuries or safeguarding referrals and had taken appropriate action to ensure that people were safe.

The service had a whistleblowing procedure and staff were aware of their rights and responsibilities with regard to whistleblowing. Staff were able to describe the process they would follow and understood how to report concerns about the practice of the service. One staff member said, "If I think there are things wrong in the service I would report."

At our previous inspection on 30 July 2015, we found that people were not protected against the risks associated with assessments, planning and delivery of care and treatment. During this inspection we found that care and support was planned and delivered in a way that ensured people were safe. We found that risks were minimised and continuously monitored. The care plans had up to date risk assessments which identified any risk associated with people's care as some people could present behaviour that put themselves and other people at risk. There was guidance for staff so that they were able to manage risks. For example, we saw that risk assessments were carried out for each person and covered areas such as mobility, cooking, hygiene and behaviours that could put people or themselves at risk. One person's risk assessment stated that they had a "tendency to shout. Staff to talk calmly and explain why they are asking them to do what is needed." Another person's risk assessment advised staff to be mindful of the person's mental health needs and that they should "talk them through episodes if they feel persecuted." Staff were aware of how to keep people safe and ensured they followed the guidance in the risk assessments to de-escalate risks. One staff member said, "The care plans have got detailed information and I am able to adjust to each resident and their specific needs." This meant that the service was monitoring risks and had procedures in place to ensure that people were kept safe.

Care plans were supported with a Care Programme Approach (CPA) document which was an assessment of people's mental health and forensic background, where applicable. We looked at incident and accident reports which demonstrated how staff dealt with any incidents where a person put themselves and other people at risk. We noted that staff were positive when responding to people and that they were able to balance people's rights whilst also explaining any risks. This was important for the service because some people, at times, exhibited behaviours that posed a risk of harm to themselves, property or other people.

The provider ensured people lived in a safe environment. The service was clean, tidy and clear of any obstructions which would breach health and safety regulations. There were storage facilities COSHH (Control of Substances Hazardous to Health) materials and there were appropriate fire risk assessments and regulations. We also saw that fridge and freezer temperature checks were carried out to ensure that food was kept fresh. We saw that a regular programme of health safety checks was carried out. For example, there were current records of gas and electric safety tests and certificates. A nurse call system was also in operation in the event of an emergency. People could press a call button from their rooms should they need assistance. The area manager told us that it was used very infrequently but it was necessary for some people living in the service.

There were effective recruitment processes in place. We looked at staff recruitment files and saw evidence of the necessary checks, such as references and Disclosure and Barring Service certification (DBS), to ensure that staff were suitable to work with people who used the service. The Disclosure and Barring Service helps employers make safer recruitment decisions and prevent unsuitable people from working with people who used the service. This demonstrated that there was a system in place to ensure that staff were only employed if they were qualified and safe to work with people who used in the service. We saw that staff were present in the morning and afternoon. The service had waking night staff. Records we reviewed showed there were enough staff on duty to meet people's needs safely and in a timely manner.

The staff supported people with their finances. The service held money on behalf of all the people securely in a locked container and kept an audit trail of how much was being spent. We saw that monies were counted during the day in order to match them with records of each person's balance to confirm that the amounts were correct. Records and receipts were kept when the staff spent monies on behalf of people.

The service had arrangements to store medicines safely. There was a Controlled Drugs (CD) policy in place. CDs are prescription medicines that are controlled under Misuse of Drugs legislation. At the time of our inspection, there were no CDs on the premises. Guidelines were in place which provided information to staff about when it was appropriate to administer medicines that were prescribed on an 'as required' (PRN) basis. We saw that medicines were stored in a secure cabinet in the dining room in clearly labelled packs. The area manager told us, "The residents come to the dining room for their medicine about four times a day and we check that it has been provided, including those who require depot injections or need insulin." Records of when medicines were received, opened and taken were recorded on Medicine Administration Record (MAR) sheets for each person. They were checked for accuracy as part of the manager's quality and safety checks. We also saw monitoring records that showed injections were administered by the person's Community Psychiatric Nurse (CPN). Unused or out of date medicines were returned to the pharmacy that supplied the service with people's medicines.

Is the service effective?

Our findings

People told us that the staff were helpful, carried out their roles well and were knowledgeable about their needs. One person said, "The staff are good and friendly." A relative told us, "My [family member] gets first class care. They have improved significantly since first moving to Churchill House."

At our previous inspection in July 2015, we found shortfalls in the staff support systems because supervisions or appraisals were not documented. Supervision sessions are one to one meetings with line managers where staff are able to review their practice and performance. Annual appraisals monitor staff's overall performance and is used to identify any areas for development to support staff to fulfil their roles and responsibilities. People were not being supported by staff whose performance was being suitably recorded with evidence based targets and objectives.

During this inspection, staff told us they felt supported by the management team. We saw evidence that supervisions took place. The supervision files contained discussions with staff about time keeping, team work, communication, using their initiative, report writing, medicines and their role as key workers. In addition, areas for improvement and any training needs were discussed. We saw that these documents were presented to and reviewed by staff, who signed them. Performance appraisals with the registered manager, which covered the previous year, had taken place. We saw that targets and objectives were set for the next twelve months. This meant that staff were supported to improve their performance and achieve set goals.

Staff received opportunities to develop their skills and to provide effective care and support. A training schedule was used to show the training staff had received. Staff were also provided with refresher training of important topics. We noted that all staff were trained in core areas that were relevant to their roles, such as safeguarding adults, the Mental Capacity Act 2005, health and safety, equality and diversity, first aid, infection control and food hygiene. Where needed staff were enrolled on the Care Certificate, which was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that social care workers must complete and adhere to in their daily working life. The standards are achieved through assessment and training so that staff can gain the skills, they need to work safely with people. We saw that one staff had completed their Care Certificate modules and other staff were in progress of completion.

Staff received opportunities to improve their knowledge and refresh or develop their skills. We viewed the training schedule and saw that induction training was completed by all staff and internal refresher training was provided. We spoke with a new member of staff who worked in the home as a care assistant and they told us, "My induction was very helpful. I was able to shadow and get to know the residents. It prepared me and I learned so many things." Another member of staff said, "I learned quickly and I am really enjoying working here."

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA). One staff member said, "The MCA is about people being able to make a certain level of decisions for themselves." The 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 Act 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. 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).

Churchill House was compliant and met these requirements and staff were knowledgeable of the service's policies. The area manager informed us that two people were subject to DoLS and we saw that there was appropriate documentation from the local authority confirming that this was the case. This assured us that people would only be deprived of their liberty where it was lawful. We also saw appropriate documentation from the Ministry of Justice confirming that one person was subject to certain lawful restrictions.

People were provided with a nutritious and balanced diet and they were happy with the food that they ate. We saw during the inspection, an order of groceries was delivered to the service which meant that there was a sufficient supply of food and drink. People we spoke with told us that they liked the food and that they were able to choose what they wanted to eat. One person said, "The food is nice and tastes good."

Staff monitored people's health and care needs, and consulted with professionals involved in their care to support them to maintain good health. Care plans showed that people had access to health care professionals when needed, for example, their CPN or doctor. The area manager and staff confirmed that people attended appointments with support from staff and there was evidence of correspondence from health care professionals filed in people's records. This ensured that people's health and support were being monitored and staff kept updated.

Is the service caring?

Our findings

People felt that the staff were caring and treated them with dignity and respect. One person told us, "This is a very caring place for my family member." Another person said, "The staff are nice and they listen." A relative told us, "I think they are caring, they look out for everyone and make sure they are alright."

We found that people who used the service and their relatives knew the staff, the area manager and the responsible individual, who was the proprietor of the service. They appeared comfortable around all the staff employed in the home. Staff were observed treating people with kindness, were respectful, caring, considerate and patient when providing support to them. Staff knew the people well and had a good understanding of their personal preferences and backgrounds. They were friendly towards people and gave people their time and attention. For example, we noted that staff would spend time in the garden, sitting and speaking with people while playing board games and providing them with refreshments. This helped to create a relaxed and homely environment for people to live in.

Staff had a good understanding of how to promote people's privacy and dignity. They told us they encouraged people to do as much as possible for themselves to promote their independence. People told us their privacy was respected by all staff and told us how staff respected their personal space. People who preferred privacy and did not wish to interact or communicate with staff or visitors had their wishes respected. People that did wish to communicate engaged in friendly conversations with staff. One person told us, "I can have time to myself if I need it."

Staff described how they ensured that people's privacy and dignity was maintained. One staff member told us, "We ensure that we balance our roles as staff by supporting residents and being their friend. We offer support, guidance and emotional support. I enjoy working with them and I miss them when I am away." We observed that the service had an ethos of supporting people to rehabilitate so that they would be able to become more independent in their day to day lives, go out into the community and develop their interests.

We saw people had the ability to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. People were able to carry out personal daily tasks and errands and they were supported to be independent. For example, people helped to prepare food, tidied their rooms and tended to their own personal care needs, such as their laundry and shopping as much as possible.

Care staff knew people well and had received training in equality and diversity. This meant that staff treated people equally, no matter their gender, race or disability. They were respectful of and had a good understanding of all people's care needs, personal preferences, their religious beliefs and cultural backgrounds. For example, people were provided with specific types of food that met their cultural or dietary requirements, when requested.

Is the service responsive?

Our findings

People and their relatives told us the service responded to their needs. One person told us, "We have things to do indoors and we go out when we need." Another person said, "The staff listen to what I have to say and the managers know me." A relative said, "They have always been responsive to my requests for information and the manager and staff contacted me regularly giving me feedback about [my relative]." Another relative told us, "The service always contacts me if anything changes or anything happens."

During our last inspection, we found that people were not supported to raise complaints. Not all concerns were responded to appropriately and they were not investigated. This meant that people's complaints were not always listened to and acted upon. During this inspection, we saw that a guide contained information for people about how to make a complaint. We looked at an updated complaints policy and saw there was a clear procedure for staff to follow should a concern be raised, including who they should contact. We saw that the service had received complaints since our last inspection and they had taken action to investigate and feedback the outcome to people and relatives. Relatives told us they were satisfied with the response. This showed that the home took complaints seriously and used them to make changes and improvements. Compliments were also received from family members and we noted that specific requests from people were acknowledged and acted upon. For example one person requested that they wanted to attend a music venue once a month and we saw that staff supported them with this request. One person said, "I would tell my support worker if I wanted to complain." A relative told us, "Yes I know how to complain and would speak to the manager but I have never felt the need. They are very good." Staff knew how to respond to complaints and understood the complaints procedure.

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. People had their own detailed and descriptive plan of care. The care plans were written in a personalised way, which included their health care needs, any nutritional requirements, likes, dislikes, what activities they liked to do and what was important to them. The information covered aspects of people's needs and clear guidance for staff on how to meet their needs. At our previous inspection, we found that people's care plans were not always reviewed regularly and people's documentation, such as their assessments, were incomplete. At this inspection, we saw that improvements had been made and care plans were being reviewed and updated at least every six months or when the need arose. The service responded to people's daily needs and preferences. We looked in care plans and saw that individual needs were responded to. For example, we saw that people were supported with their personal care needs, such as having a clean set of clothes and eating healthily. There was a system for people to do their laundry for themselves with assistance from staff and people were able to choose their meals, which were prepared by staff.

Staff were able to handover any significant information at the end of each day shift. Staff completed daily logs for each person, which noted how they were getting on with their day to day lives. Key working with each person in the service was also done by staff in planned sessions and was used as part of care plan reviews to monitor how well a person was progressing. We saw records that people were able to express their views in these sessions on how they would like to be supported. This helped staff to monitor people's

wellbeing and respond to any concerns.

Within the service, we saw that there was a games room and two lounges with a television for leisure time. The garden was also used for staff and people to relax, socialise and play board games or sports, such as table tennis. We saw that people were actively engaged and enjoyed each other's company. People also had opportunities to be involved in hobbies and interests of their choice. Staff told us people were offered a range of social and health activities. We saw that people were supported to engage in activities outside of the service, such as going to the gym, the theatre, music venues, visiting places of worship, going to coffee mornings, using public transport and going on day trips to the seaside. We saw photos of people enjoying a day out at a seaside resort with staff and found that this enabled people to feel a part of the community.

We saw that the service had previously supported people to move on to more independent living and a senior manager told us, "Our duty is to support people for rehabilitation and support people to move on. We have a partnership with another service for people with less needs. People move from Churchill House to there."

Is the service well-led?

Our findings

The service had did not have a registered manager in place. The service was run by a proprietor and an area manager. At our previous inspection in July 2015, we also found that there was no registered manager in place and a new manager had been in post for eight months. We found that the then new manager was unable to answer all our questions and appeared to have insufficient knowledge of certain policies and procedures. The manager was uncertain of where documents were located and was unable to produce all documents requested at the inspection. Staff were also unable to access documents that we requested. This meant that they were not always able to carry out their roles effectively which had a detrimental impact on the service as not all documentation was up to date.

During this inspection, we found that improvements had been made to the governance of the service and documents were now more accessible and up to date. Managers and staff were knowledgeable about where documents were located and there was more effective communication between managers and staff.

Upon commencing our inspection, we were introduced to a senior manager of the service, who was the same manager we had met at our previous inspection in July 2015. We were later introduced to an area manager and we asked if there was a registered manager. The area manager told us that they were responsible for the running of the service as a nominated individual and that they would seek registration to be manager. Documentation on display in the service still showed the details of the previous registered manager who had left their post over a year earlier. The area manager said, "We have had changes but I have decided to apply as I have a lot of experience. I know the service as it is a family run care home." Although we saw that the service was being managed, we were not assured that there was clarity about the position of the registered manager and were concerned that an active registered manager had not been in place for well over twelve months. The area manager had not submitted or notified the CQC of their application to register and we did not see what action was being taken to identify other suitable candidates. We will be looking into this with the registered provider and taking any further action if necessary.

Relatives, staff and people who used the home told us that the management team were responsible for a nice care home. People benefitted from an open culture within the service and one person told us, "The staff are very nice, they look after us." We spoke with a relative who said, "The current manager put in place monthly contact and information regarding finances so that I could budget my [family member's] money. The manager gives me information promptly when I request it." Another relative said, "The managers are easy to talk to and the house is always clean and tidy."

Staff were able to raise any issues or put forward ideas with the management team and felt they were listened to. One staff member told us, "We work as a team. It is very supportive and we get lots of training to help us in our work. The staff and the managers are very helpful. We can speak to the manager if we have problems." Staff worked well together which created a calm atmosphere and in turn was reflected in people's care. Staff enjoyed working at the service and felt confident in meeting the challenges of their day to day work. Staff confirmed that they found the area manager to be helpful and supportive. One staff member said, "The managers are very supportive and I have had meetings with the owner as well."

The area manager confirmed that they discussed important topics with staff and records confirmed that the service had regular staff meetings. One staff member said, "We have staff meetings quite regularly. We talk about the service users and any issues." Agenda items at staff meetings included the welfare of each person living in the service, communication between staff, housekeeping and general discussions about safety.

We saw that there were meetings for people who lived at the service and the agenda included activities, domestic matters, food, complaints, health and welfare. Meetings were an effective way for the area manager to respond to feedback. For example, people were interested in exercise and we noted that staff encouraged people to exercise using the cycling machine inside the service when there was bad weather and go for walks when the weather was better. We noted that the meetings were well attended and saw that people signed an attendance register.

We looked at records including staff rotas, minutes for meetings, medicines records, training information, safeguarding information and policies and procedures for the service. Checks were undertaken by the responsible individual to ensure that the service was running as it should be. We saw that quality assurance and auditing systems were in place, which included seeking the views of people and their relatives. We saw people were asked their views and this was recorded. For example, the service issued a questionnaire survey to people annually. Topics included on the survey covered complaints, information, people's rooms, activities and care plans. Relatives and visitors were also provided with a questionnaire. We saw the results of both the surveys were positive and a summary version of the feedback was available. Feedback was used to improve the service. For example, the service started to hold weekly meetings to discuss menus and "get overall agreement of all the options available" following comments from people about the types of food prepared by staff.

We found that people's records were filed in locked cabinets, which showed that the service recognised the importance of people's personal details being kept securely to preserve confidentiality.