

Care UK Community Partnerships Ltd Church View (Murton)

Inspection report

Church Lane
Murton
Co. Durham
SR7 9PG
Tel: 0191 5268877
Website: www.careuk.com

Date of inspection visit: 1 and 5 October 2015
Date of publication: 17/11/2015

Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

This inspection took place on 1 and 5 October 2015 and was unannounced. This meant the staff and provider did not know we would be visiting.

Church View (Murton) provides care and accommodation for up to 42 older people and people with a dementia type illness. On the day of our inspection there were 37 people using the service.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (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.

Church View (Murton) was last inspected by CQC on 9 September 2013 and was compliant.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Summary of findings

Thorough investigations had been carried out in response to safeguarding incidents or allegations.

People were protected against the risks associated with the unsafe use and management of medicines.

Staff training was up to date and staff received regular supervisions and appraisals, which meant that staff were properly supported to provide care to people who used the service.

The home was clean, spacious and suitable for the people who used the service.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the support manager and looked at records. We found the provider was following the requirements in the DoLS.

People who used the service, and family members, were complimentary about the standard of care at Church View (Murton).

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they moved into Church View (Murton) and care plans were written in a person centred way.

We saw that the home had a full programme of activities in place for people who used the service.

The provider had a complaints policy and procedure in place and complaints were fully investigated.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

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?

The service was safe.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service and the provider had an effective recruitment and selection procedure in place.

Thorough investigations had been carried out in response to safeguarding incidents or allegations.

People were protected against the risks associated with the unsafe use and management of medicines.

Good



Is the service effective?

The service was effective.

Staff training was up to date and staff received regular supervisions and appraisals.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring.

Staff treated people with dignity and respect.

People were supported to be independent and care for themselves where possible.

People were well presented and staff talked with people in a polite and respectful manner.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed before they moved into Church View (Murton).

Care records were regularly reviewed and evaluated.

The home had a full programme of activities in place for people who used the service.

The provider had a complaints policy and complaints were fully investigated.

Good



Is the service well-led?

The service was well led.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us the registered manager was approachable and they felt supported in their role.

Good



Church View (Murton)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 and 5 October 2015 and was unannounced. This meant the staff and provider did not know we would be visiting. One Adult Social Care inspector and a specialist advisor in nursing took part in this inspection.

Before we visited the home we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and

complaints. No concerns had been raised. We also spoke with professionals involved in caring for people who used the service, including commissioners and district nurses. No concerns were raised by any of these professionals.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with five people who used the service, two family members and two social workers. As the registered manager was on annual leave, we spoke with the support manager. We also spoke with the deputy manager, administrator, one senior care staff and one care staff.

We looked at the personal care or treatment records of four people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff.

Is the service safe?

Our findings

Family members we spoke with told us they thought their relatives were safe at Church View (Murton). They told us, “Yes, I think he’s safe” and “No concerns”.

We looked at the recruitment records for three members of staff and saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, marriage certificates and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. We saw there were discrepancies on one person’s application form as the dates of employment did not match the dates on the person’s reference. We discussed this with the support manager, who told us the registered manager was carrying out an investigation into it. This meant that the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing levels with the support manager, who told us staffing levels were calculated using a dependency tool which calculated the number of staff required based on the dependency needs of people using the service. Staffing levels at the time of our inspection were two senior staff members and five care staff on day shift and two senior staff members and two care staff on night shift. The support manager told us that vacancies and absences were covered by the flexibility of the permanent staff at the home and also by the home’s own bank staff. The support manager told us that agency staff were only used to help support a person who required one to one care from 4pm to 8pm, which was when the person was at the highest risk of falls. We looked at the rotas and saw staffing levels matched the dependency score each day. We observed sufficient numbers of staff on duty and call bells were answered promptly.

We saw risk assessments were in place for manual handling, violence and aggression, hot surfaces, risk of

people absconding, scalding risks, hoisting and slips, trips and falls. All of these identified the task to be carried out, the persons at risk, hazards and control measures to be put in place to manage the risk.

The home is a two storey building set in its own grounds. We saw that entry to the premises was via a locked door and all visitors were required to sign in. The home was clean, spacious and suitable for the people who used the service.

The ground floor of the home comprised of a residential unit and on the first floor was a unit for people with a dementia type illness. The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home. We saw window restrictors, which looked to be in good condition, were fitted in the rooms we looked in. Bedrooms were personalised and contained people’s own furniture, ornaments and photographs. Communal bathrooms and toilets were clean and modern and contained wall mounted dispensers.

We saw hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. Portable Appliance Testing (PAT), gas servicing, electrical installation, fire safety, window restrictor checks and lifting equipment servicing records were all up to date.

The service had an emergency plan and Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

We looked at safeguarding records and saw copies of reports of safeguarding incidents and concerns. These included the nature of the incident, action taken and who was contacted. We also saw copies of local authority safeguarding adults strategy forms and CQC notifications. Staff had received training in safeguarding of vulnerable adults and were aware of their responsibilities.

We looked at the ‘accidents and incidents file’ and saw accidents and incidents were recorded in individual accident reports and analysed on a monthly basis. Each accident and incident report included the name of the person, the location of the accident, time and date, cause,

Is the service safe?

injuries, action taken and whether an investigation was carried out. We saw there had been 16 accidents in August 2015. Analysis had been carried out and didn't identify any trends.

We looked at the storage and administration of medicines at the home and found medicines were appropriately stored and recorded however we found some controlled drugs that belonged to people who were now deceased. Controlled drugs are medicines which may be at risk of misuse. We discussed this with the support manager who told us the people were recently deceased and it was the provider's policy to keep the medicines at the home for seven days or sometimes longer in case of a coroner investigation.

We found one person was in receipt of covert medicines. Covert medicines is the administration of any medical treatment in disguised form, for example, disguised in food or drink so the person does not know they are taking

medicines. This person's medicines were crushed and added to fluids as the person did not have capacity to make this decision themselves. We saw a mental capacity assessment and best interest decision had been written for this person.

We observed medicines rounds on both floors of the home and found both rounds were completed with care and attention to detail. This involved good interaction with people who used the service, for example, the member of staff administering the medicines was reassuring and patient with people, had good humour and with no sense of urgency or anxiety provoking. We observed the medicines trolley was securely locked at all times when the member of staff had to leave it unattended.

This meant people were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Our findings

People who lived at Church View (Murton) received effective care and support from well trained and well supported staff. People told us, “Nothing’s a bother”, “Oh yes, well looked after” and “The care is good”.

We looked at the staff training matrix and saw mandatory training included care planning and documentation, manual handling, dementia, safeguarding, dignity in care, challenging behaviour, mental capacity, health and safety, food hygiene and infection control. We looked at staff files and saw certificates for the mandatory training.

We saw the ‘supervision planner 2015’ and saw that each member of staff received a supervision four times per year. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. We saw copies of supervisions in staff files and saw subjects discussed included dysphagia, hydration and nutrition, pressure care and training. Each member of staff also received an annual appraisal. All of the documentation was signed and dated by the member of staff and supervisor. This meant staff were fully supported in their role and were up to date with their training.

The home operated a protected mealtime policy to prevent distractions at mealtimes. A choice of food was available at each mealtime and a tea trolley was also available at various times throughout the day. We also saw drinks trays were available on both floors.

We saw a copy of the menu on the wall outside the dining room which stated, “If you wish to have a lie in and have your breakfast later, please inform a member of staff who will arrange this for you.”

We saw a dietary information board was in the kitchen, which listed people with allergies and specific dietary needs, for example, diabetes, fortified diets and pureed food. The information for each person also included an arrow which showed whether the person’s weight was up, down or level. We saw one person was recorded as being on a fortified, high calorie diet and fluids. We checked this person’s care records and saw an eating and drinking care plan, which described that the person was “at risk of malnutrition and has a low body mass index (BMI) and should have a fortified diet and fluid intake.” It also stated

that the person should have a “good fluid intake of at least 1.5 litres per 24 hour period.” However, we could not find any record to show the person’s fluid intake was being monitored. We discussed this with the deputy manager and support manager who agreed that food and fluid intake monitoring charts should be put in place.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the support manager and saw copies of DoLS request for authorisation forms in care records. The service had informed CQC via the PIR that 17 DoLS applications had been submitted but these had not yet been authorised. This meant the provider was following the requirements in the DoLS.

We saw mental capacity assessments were in place and included daily needs, medicines, personal hygiene and leaving the home unescorted.

Care records we looked at included Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms which means if a person’s heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). These were up to date and showed the person who used the service had been involved in the decision making process and consent had been provided.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of appointments and visits from external specialists including GP visits, eye infirmity appointments and dentist records. We saw one person had been suffering from urinary tract infections and had been referred to the local hospital urology department.

We looked at the design of the dementia unit and saw that people’s bedroom doors had their names and door knockers on the doors. We saw pictures and tactile objects were on the walls of the corridor and included flowers, butterflies, plants and a small replica telephone box. Corridors were clear from obstructions and well lit, which helped to aid people’s orientation around the home.

Is the service caring?

Our findings

People who used the service, and visitors, were complimentary about the standard of care at Church View (Murton). Visitors told us, “I am happy that he is well cared for here”, “We are happy and see that he is well cared for” and “It’s always nice and clean and the staff friendly and helpful”.

Staff told us, “We like to have a laugh with them. They keep you entertained” and “The best thing about the job is giving good care, this gives me satisfaction”.

People we saw were clean and appropriately dressed. We saw staff talking with people in a polite and respectful manner and were attentive to people’s needs. For example, we observed two members of staff using a hoist to move a person from a chair. During the movement, the staff talked to the person in a calm manner, explained everything that was happening and provided encouragement.

We observed positive interactions between staff and people who used the service throughout our inspection visit. We saw staff bending over to talk to people and saw people returning smiles to staff. Staff we spoke with were knowledgeable about people’s care needs and likes and dislikes. This was particularly evidenced at lunch time when we saw staff knew what food people liked and whether they needed any assistance. We saw staff providing assistance if required but we also saw staff supported people to be independent and people were encouraged to care for themselves where possible.

We saw that staff had received dignity in care training. This included treating each person as an individual, enabling people to maintain independence, listening to and supporting people and respecting people’s right to privacy.

We observed one of the domestic staff knock on a person’s bedroom door and wait for an answer before entering. On leaving the person’s room, the domestic staff asked whether the person wanted the door closing or leaving open.

We asked people and family members whether staff respected the dignity and privacy of people who used the service. They told us, “Definitely”, “I have no problems with that” and “They always close the door. I can’t fault them”. This meant that staff treated people with dignity and respect.

We looked at care records and saw that care plans were in place and included active living, administration of medicines, breathing, DoLS, eating and drinking, elimination, end of life, financial affairs, mobility, personal hygiene, prevention of pressure ulcers and sleeping. The care plans described the person’s current situation, the expected outcome and actions to be carried out.

We saw communication and visit records in the care records which recorded conversations with people who used the service and their family members.

We saw that an ‘end of life surgery’ was available for people and family members to access, where people could discuss their end of life wishes, including funeral plans. This was also open for staff to access for advice and to discuss training needs.

Is the service responsive?

Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated.

Care records were maintained on an electronic system however the deputy manager told us these were printed and updated regularly. We looked at both the electronic and paper based care records during our visit.

We saw pre-admission assessments were carried out before people began using the service. We saw each care record included a 'this is me' leaflet, which included details of the person's home, family, things that were important to them, important events from their past, hobbies and interests, preferred name and eating and drinking preferences. We saw that this had been written in consultation with the person who used the service and their family members.

Care plans we saw were person centred and we saw assessments in place for CAPE, which is an assessment tool designed to assess quality of life and physical and cognitive dependency levels in the elderly, BARTHEL, which is used to measure activities of daily living, Waterlow pressure ulcer risk assessment tool, falls risk assessments and malnutrition universal screening tool (MUST). These assessments were up to date and regularly reviewed.

The registered manager carried out monthly audits of care records, which included a minimum of 10% or six care records per audit. We saw these audits looked at care plans, mental capacity and consent and accidents and incidents. Action plans were in place for any identified issues, for example, "body map not completed on admission", "likes/dislikes to be recorded" and "further risk assessments needed".

Family members we spoke with told us they were kept up to date with information regarding their relatives. We saw copies of 'communication with relatives following accidents or illness' forms. These included the name of the person who used the service, the nominated contact and contact details.

We saw hospital passports were in place for people who used the service. These were in place in case people required hospital appointments and admissions and provided important information about the person's health, medicines, diet, contacts and support required.

The home employed two activities co-ordinators and activities regularly took place in the home. We saw the activities notice board included details of activities carried out, which included coffee mornings, trips, arts and crafts, movie afternoons, hair and nails treatments, entertainers and hymn mornings. We also saw photographs around the building of people carrying out activities at the home.

We saw the provider's complaints procedure was posted on walls throughout the building and advised people on how to make a complaint, how the complaint would be managed and who else to contact if required. We looked at complaints records and saw copies of complaints made and responses provided to complainants from the registered manager. These included letters acknowledging the complaint and letters advising complainants of the outcome of their complaint. All the complaints we saw had been dealt with appropriately.

People and their family members told us they didn't have any complaints but knew who to contact if they did. This meant the provider had an effective complaints procedure in place.

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

The service had a positive culture that was person-centred, open and inclusive. Staff we spoke with felt supported by the manager and told us they were comfortable raising any concerns. One staff member told us, “The best thing about the job is the staff team and the good organised system of care delivery”.

The home had good community links. Many of the people who lived at Church View (Murton) were from the local area and there were many regular visitors to the home.

We saw staff were regularly consulted and kept up to date with information about the home and the provider. Staff meetings were held regularly. We saw the minutes of the most recent meeting on 23 September 2015 and the agenda included new admissions, food and fluid charts, consent, medicines, manual handling and health and safety. We saw the results of the 2015 staff ‘over to you’ survey. The top three highest scoring questions were staff felt proud of the work they do, staff knew what was expected of them and staff knew how to raise a concern, all scoring over 95%.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. We saw the registered manager carried out a ‘monthly manager’s report’ and we looked at the most recent report from September 2015. This was a report of pressure ulcers, medicines, choking, deaths, infection and hospital

admissions. The registered manager also carried out a monthly mattress audit, monthly medicines audit and quarterly infection prevention and control audit. All of these were up to date.

The provider carried out a ‘quality outcome review’. We saw the last one had been completed in July 2015 and the support manager told us the frequency of the reviews depended on the risk. Church View (Murton) was classed as low risk so these reviews were every three months. The review was based on the CQC five outcome areas and included action plans for any identified issues. We also saw a record of a visit by the provider’s clinical development manager. The support manager told us this was a further support mechanism which provided clinical support and deputy manager forums. The visit included a walk around the home, check of care plans, charts, medicines, infection control and nutrition.

We saw a copy of the ‘2015 service improvement plan’, which included a list of actions required at the home. For example, ‘Care plan training for all staff responsible for writing and evaluating care plans’ and ‘Supervisions to be carried out a minimum of four per year’.

We saw a sign in the ground floor lounge advertising a relative and residents’ meeting on 28 September 2015. We saw an annual customer satisfaction survey took place and the latest survey was due to be sent out shortly. The support manager also told us the provider contacted four family members per location per month and each question was given a score out of ten. Anything recorded as a three or lower was escalated as a complaint for the registered manager to action.

This meant that the provider gathered information about the quality of their service from a variety of sources.