

MACC Care Limited

Church Rose Nursing Home

Inspection report

8 Payton Road
Handsworth
Birmingham
West Midlands
B21 0HP

Tel: 01215546413

Website: www.maccare.com

Date of inspection visit:

01 November 2023

02 November 2023

07 November 2023

Date of publication:

08 December 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Church Rose is a care home, providing personal and nursing care to up to 48 people, in a purpose built building. The service provides support to older and younger adults, people living with dementia and learning disabilities. At the time of our inspection there were 44 people using the service.

People's experience of the service and what we found:

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support

Risks to people were well managed which meant risk of harm to people had been considered. There was evidence to demonstrate people had been supported with things which were important to them such as maintaining contact with family and their hobbies, and staff knew people well. Medicines were well managed.

Repairs and general maintenance were dealt with promptly, which decreased risks to people.

People lived in a purpose built building with a safe outside space which we saw people enjoy. The home was situated in a residential area with facilities close by which people could access. There were adequate numbers of staff to support people.

Right care

People's care plans and risk assessments reflected their current needs and what was important to them. Staff received appropriate training to meet people's needs. People were supported and encouraged, promoting their independence.

There was a stable team of staff who knew people's needs and were kind and caring.

Right Culture

The registered manager and other staff members told us how the manager had worked hard to ensure the culture within the service was open and inclusive.

People were not consistently supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The provider had systems in place to monitor the quality and safety within the service. However, these needed some improvement as they had not highlighted some of the issues we found. For example, concerns about the implementation of authorised conditions for people with Deprivation of Liberty Safeguards (DoLS) and infection control practices. Where the provider's systems had highlighted concerns, at times there was a delay in completing the required actions.

The provider acted during the inspection to rectify the concerns in relation to authorised DoLS not being actioned.

We observed some infection control concerns such as, lack of evidence that equipment such as hoists had consistently been cleaned after use, staff wearing jewellery and long acrylic nails and clothing items which hung down, tables laid for meals where staff sat for handover, toilet rolls on top of toilet cisterns, un-used continence pads hanging on the dirty linen trollies, aprons hung over handrails. These issues were addressed by the management team at the time of the inspection.

People were supported to maintain links with loved ones. People had access to a variety of in-house activities to engage in, although some people told us these activities were not of interest to them. Although staff knew people well and how to meet their needs, this was not always supported by the daily records completed by staff members following the activity they had been involved in. The information around people's interests in care plans and risk assessments were detailed.

People and relatives knew how to raise concerns and most felt confident any issues would be addressed. However, two relatives told us they had raised concerns, which the registered manager said they would address but felt they had waited a long time before this has been actioned. The registered manager addressed these concerns when brought to their attention.

People were supported by staff who were trained and knowledgeable about how to identify and minimise risks regarding their safety and wellbeing.

Most staff felt supported in their role and described the management team as approachable, caring, and responsive. Some staff however, told us they felt they were not listened to.

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

Rating at last inspection

The last rating for this service was Good (Published 15 May 2018). At this inspection we found the service required improvement.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Please see the action we have told the provider to take at the end of this 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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Church Rose Nursing Home

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

The inspection team consisted of 2 inspectors and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Church Rose is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Church Rose is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

Notice of inspection

The inspection was unannounced.

What we did before the 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.

During the inspection

Inspection activity started on 01 November 2023 and ended on 09 November 2023. We visited the service on 01 November 2023, which was unannounced and returned on 02 November 2023, as agreed in advance with the operations manager. However, at the start of the inspection the registered manager was on holiday, so we visited for a third day on 07 November 2023 to give them the opportunity to show inspectors what they had implemented and improved. This was agreed with by the senior management team. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 12 people who used the service and 18 relatives about their experience of the care provided.

We spoke with 16 staff members which included the registered manager, nominated individual, deputy manager, compliance and quality manager, operations manager, director of operations, nurses (days and nights), senior healthcare assistants (days and nights), healthcare assistants (days and nights), home administrator, head chef and cook, housekeeping team and the activity co-ordinator. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also gained feedback from two health professionals who support people living in the service.

We reviewed a range of documents and records for 12 people, this included care plans, risk assessments, daily notes, and medicine records. We looked at 4 staff recruitment files and training records. We also looked at records, systems and processes related to the management and quality assurance of the service.

After the inspection

We continued to review information which the registered manager and provider shared with us.



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.

Preventing and controlling infection

- People were not always protected from the risk of infection as staff were not consistently following safe infection prevention and control practices.
- We found systems and process were not robust for identifying and actioning safe infection prevention and control practices (IPC).
- Infection control records, did not evidence that equipment such as hoists had consistently been cleaned after use. Items of equipment we looked at were not dirty, however the lack of documentation had been identified by the provider's audits in August 2023, and had not been actioned on day 1 of the inspection. This was addressed by the senior management team and on days 2 and 3 we found staff were recording the cleaning of all equipment after use.
- Some staff wore jewellery and had long acrylic nails. This was a potential cause of cross infection. On day 2 of the inspection, we observed some staff continued to wear jewellery. For staff members who wore additional attire, we observed this had the potential for cross infection. This was brought to the management teams' attention and on day 2 we observed staff had adjusted the item of clothing which no longer posed a risk.
- Tables were laid for meals where staff sat for handover. This meant there was a risk plates and cutlery could be touched or moved prior to people using them. The registered manager told us she would review this practice. We continued throughout the inspection to see toilet rolls on top of toilet cisterns instead of on holders and aprons hung over handrails. These issues were addressed by the management team at the time of the inspection.
- Records demonstrated and staff told us they had received IPC training and could tell us safe practices.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- People and their relatives told us they felt safe. One relative told us, "I think it is the biggest thing making sure you feel you can leave them and not worry. I visit 2-3 times a week I know they are safe." A person told us, "They have been good to me. They are very friendly and make you feel that you want to be here."
- The provider had ensured staff members had received training in safe processes to support people and meet their known needs.
- Records demonstrated the registered manager monitored safeguarding incidents which were analysed for trends, and they reported any safeguarding concerns to the local authority and CQC.
- Records confirmed and staff told us they had received training in relation to safeguarding people from abuse. Staff were able to tell us what action they would take should they have any safeguarding concerns.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- People had appropriate care plans in place to correspond with their known risks. For example, for one person who smoked they had a care plan and risk assessment in place. We also found for another person who liked to go out by themselves this was included in their care plan and risk assessed.
- Staff members we spoke with clearly knew people well. This included people's individual risks, assessed needs, and wishes. This meant people received appropriate care and support.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff, and they operated safe recruitment processes.
- We received mixed feedback on the level of staffing within the service from staff. However, most of the staff members we spoke with, felt that staffing levels were adequate for them to support people in a person centred way. Some staff told us they felt due to staffing levels they had to rush the support they provided and did not have time to spend chatting with people. However, all staff said people received the support they needed.
- The registered manager regularly reviewed the required staffing levels based on people's needs and occupancy.
- During our observations we found people were supported in a timely way and staff had the opportunity to spend time with people.
- Rotas we reviewed demonstrated the provider's assessed staffing levels were met unless they were unable to cover due to short notice sickness.
- We looked at 4 staff files and found the provider was adhering to safe recruitment practices. New staff received a Disclosure and Barring Service (DBS) check and suitable references were obtained prior to commencing employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to receive their medicines safely.
- We looked at Medication Administration Records (MARs) for people who had controlled medicines prescribed. We found the information to guide staff on the safe administration of these were clear. The number of medicines in stock were correct, for those we checked.
- For people who had 'as required' medicines prescribed we saw that there were clear protocols in place so that staff knew when to use these appropriately. We found such medicines had been used safely, as prescribed and all medicine balances we checked were correct.
- One health professional told us how they had worked closely with the registered manager and nursing team to improve the systems, processes, and safe administration of medicines. They said, "It is a really great set up with Church Rose and works seamlessly now."
- We saw records to demonstrate members of the care team were applying people's cream, as prescribed to reduce the risk of deterioration of their skin.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Systems were in place to record accidents and incidents and the registered manager analysed these to identify trends and themes, to mitigate future risks.
- Incidents which occurred or where complaints were received, were discussed in team meetings to help reduce the risks of similar incidents occurring.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was not always working in line with the Mental Capacity Act.
- We found for 3 people who had authorised DoLS with identified conditions, the provider had failed to ensure they were recorded consistently and in a timely way to guide staff.
 - The provider was not able to consistently evidence that they had carried out the actions as the managing authority, as detailed within the conditions for 2 people. This meant these people were placed at risk of not receiving their legally assessed care and support. However, we did not find any evidence that people had been harmed due to this lack of actions, as staff knew people well.
 - The registered manager told us they had delegated this task but had failed to have oversight. This meant ensuring such information was included in care plans and the conditions had been actioned and monitored. We saw the registered manager had previously actioned such documents in a timely way. They advised us the previous system would be re-instated with immediate effect.

At this inspection we found the provider had failed to robustly action conditions imposed within peoples DoLS and include these in their care plans and risk assessments, as per their legal requirement as the managing authority. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- For people who were assessed as being unable to make their own choices and decisions for themselves, the provider had explored or obtained evidence people making decisions on their behalf had the necessary authority to do so.
- There was evidence for 1 person who required their medicines to be administered covertly, their best interests had been discussed and appropriate actions taken to ensure this was the least restrictive option.

Care plans and risk assessments reflected this practice.

- People and relatives consistently told us staff sought consent before providing care and support. One person told us, "I can make my own choices including when I go to bed." Another person told us, "They [carers] always ask me if I would like to go to the lounge. Sometimes I do and sometimes I don't."
- Staff we spoke with were able to explain how they gained consent before supporting people with their care. They also knew where to find information about people who had a DoLS authorisation in place and what this meant for that person. Staff acted in people's best interests when they could not make these decisions for themselves.

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

People were supported to eat and drink enough to maintain a balanced diet.

- The mealtime experience on day 1 upstairs was not organised and this led to 1 person not receiving their lunch. This was immediately brought to the attention of the staff by the inspector and was rectified. On our return visits this had been improved and the registered manager had introduced a new system to reduce the risk of further incidents.
- We observed that all people were given lidded plastic beakers to drink from, even for those people able to use a standard cup. Senior management told us they had identified this and planned to review this practice and records demonstrated this was being actioned. However, this did not demonstrate a person-centred approach. People we spoke with about this said although they could use a standard cup, 'they didn't mind' being given the plastic ones.
- People's dietary needs were considered and assessed, and information was shared with the catering team and care staff. Staff we spoke with knew how to support people with specific nutritional needs and had this information readily available. The menu included cultural options to meet the diverse needs of people living at Church Rose.
- Overall people were complimentary about the meals provided and alternative options were available if required. For people who required puree meals, these were very well presented and looked appetising.
- Care records indicated people were provided with adequate food and drink as required. Where people had been identified at risk of malnutrition, due to weight loss, additional measures had been implemented such as adding high calorie items like butter and cream to meals to help increase calories for people with smaller appetites.
- Where weight loss had continued, appropriate referrals to the GP or dietician had been made.

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

People's needs were assessed, and care and support was delivered in line with current standards to achieve effective outcomes.

- People's needs were assessed and overall, people received care to meet their assessed needs.
- People and relatives told us they had been involved in care reviews. One person told us, "I am satisfied with the care I get here. They [staff] involve me and ask me questions about my care." A relative told us, "There is a care plan in place, and it has been reviewed. We were involved. Their [Name] religious and cultural needs are incorporated in the care plan. We are always told of any changes."
- Care plans and risk assessments were updated each month and reviewed, to ensure they reflected any changes to the support people required. This was except for the lack of DoLS outcomes and conditions being added to 3 people's care plans.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support. Staff members told us they had received appropriate training and could tell us how they supported people with their known health conditions.

- We received feedback from people and relatives we spoke with, who were satisfied with the level of skill demonstrated by the staff. One person told us, "I feel safe when they [care staff] are supporting me in the hoist."
- Competency assessments were carried out to ensure staff were applying their skills and knowledge in the right way or if there were any areas for development needed.
- Staff told us when they first started working at the service, they received an induction. The training was in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us and records demonstrated they received supervision and attended meetings. Staff told us they felt supported by the registered manager.

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

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support, and treatment. People were supported to live healthier lives, access healthcare services and support.
- People were supported to access healthcare services and referrals to additional support services such as Occupation Therapy (OT), Speech and Language Therapy (SaLT), dietician and physiotherapist had been made.
- The health professional we spoke with told us they were confident that staff members were supporting people as per their guidance and had no concerns about the service. They told us, "We hold weekly meetings where they [staff] raise most concerns, these are none urgent queries on weekly basis. Anyone becoming unwell outside of this, they [staff] raise with the duty doctor on the day. It works really well here."
- Staff told us they knew what to do if they had concerns about a person's health or if there was a medical emergency. We observed staff following correct protocols when a person became unwell and promptly calling the emergency services.

Adapting service, design, decoration to meet people's needs

- People's individual needs were met by the adaption, design, and decoration of the premises.
- The service is a purpose built care home, but storage areas were minimal. This meant hoists and other equipment were stored in bathrooms. The registered manager told us of the plans to de-commission one of the bathrooms and turn this into a storeroom, to help resolve this problem.
- We observed many people living at Church Rose were living with dementia. Staff knew people well and there were detailed life histories for staff to refer to, to help prompt meaningful conversations.
- The registered manager told us they recognised the environment for those living with dementia required some additional development to enhance the lives of people living with dementia. They had tried to implement memory boxes but found for some this had caused distress. These have since been removed.
- People and relatives all told us they found the furnishings and decoration of the service to be suitable.
- The provider has recently employed a dementia specialist who was currently working to develop training and development of staff and review the environment.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were well supported, and privacy, dignity and independence were respected and promoted.
- Risk assessments and care plans in place provided clear guidance for care staff to follow. This included information for people who required specific equipment to monitor their health conditions and to help promote independence.
- People and relatives told us staff treated them well, were kind and caring and respected them as individuals.
- We observed kind and caring interactions between people and staff. One person told us, "They [staff] come in and have a chat with me. We have banter, they are never nasty to me. They know me and I know them." A relative told us, "They [care staff] are very caring and accommodating. Nothing is too much trouble."
- People were clearly comfortable and relaxed around staff members and were confident to make requests, which were responded to. Throughout the day we saw people engaging in communication, smiling, and laughing. A relative told us, "We are always made to feel welcome and offered drinks when we are visiting. They [staff] are very good."
- Relatives we spoke with told us they felt people were supported to help promote their independence. We saw evidence of positive risk taking to enable people to remain as independent as possible.
- On relative told us how they had been supported to hold a private family gathering at the home as their loved one could not go out to a restaurant. They told us, "We got the family together including [name] grandchildren and great grandchildren as the majority of birthday's are in July. They [staff] set up a room here with decorations. We supplied the food, and they did drinks, and it was really nice to have us all together for [name]."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and make decisions about their care.
- There was evidence to demonstrate people's views were considered. Quality assurance questionnaires had been sent to people and their relatives. These had been analysed and had been shared via 'You said, we did' which was displayed on the notice board.
- People and their loved ones were actively involved in care reviews, during which they had the opportunity to share their views.
- People's care records demonstrated people were given a choice in their day to day decisions.

- Resident and relative meetings were held regularly, and people and relatives spoke positively about these. One relative told us, "Relatives meetings are positive. We discuss things that maybe affect everyone, but not talking about individuals. Everything that has been suggested has been acted on."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences.
- Most people and relatives told us they had been involved in a care review and had the opportunity to discuss their loved one's care and were able to contribute to their care and support plans. A relative told us, "They [staff] work with us to review the care plan together. I choose not to do it every month as it is big document. Any change in circumstances we work together, they always ring us. We got new slippers as they identified this is a factor for a recent fall."
- The registered manager has a system in place (resident of the day) to ensure the care reviews take place each month. Each day of the month, the focus is on a specific resident. This includes reviewing their care needs and encouraging activities they would like to take part in.
- We observed people being offered choice throughout the inspection.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information standard People's communication needs were understood and supported.
- Two people told us how at times staff spoke in their own language to communicate. They told us they tell them not to do this. The registered manager evidenced she had been made aware of this and had addressed it with the staff members involved.
- One relative told us they had spoken the registered manager about their loved one not being supported with their hearing aids. The registered manager had arranged additional training for the staff members to ensure they were confident in doing this and followed the persons care plan. This was completed during the inspection.
- The provider supports people who speak many different languages. They had a diverse staff team who could communicate with most people in their first language. Where this was not possible, we saw evidence of picture cards which could be used. We also observed 1 staff member learning some key words to be able to communicate effectively with 1 person.
- For people who had difficulty communicating their care plan advised staff to communicate with simple words and sentences. We observed staff following this guidance.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships, follow their interests, and take part in activities that were relevant to them.
- We observed activities and varied social events which had taken place. This included a wedding, cultural events including celebrations, multi faith worship including enabling people to watch services of their choice remotely, exercise sessions, visiting entertainers, quizzes, BBQs, and other celebrations to name a few.
- Some people told us they did not take part in activities as the ones which took place were not in line with their interests. This was their personal choice. The activity team regularly held residents' meetings to explore peoples' preferences.
- We observed for people who stayed in their rooms their records did not robustly evidence that these people had regular access to activities or social interactions. Their care records only detailed regular support with personal care, meals and watching TV. However, 1 person told us, "I stay in my room, that is my choice. Someone [staff] come to my room and talks to me."
- During the inspection we observed a range of activities taking place in communal areas such as bingo, quizzes, an entertainer, and a visit from a catholic priest. One person told us, "There are activities nearly every day such as quizzes and sing along. Sometimes they take us out for a walk. If I am in bed for some reason, someone will come and talk to me or help with a jigsaw."
- There was an activity schedule which is reviewed regularly and discussed during resident's meetings.
- Many people were very positive about the larger social events which took place, to which relatives were invited to attend.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened and responded to and used to improve the quality of care.
- People and relatives told us they knew how to raise a complaint if needed and they would speak to the registered manager or staff members. We saw how to raise complaints was shared with people via the notice boards.
- People and relatives, we spoke with felt any concerns they raised were dealt with and responded to. They felt confident the registered manager would act on concerns. However, 1 relative told us they felt they had to keep reminding staff about little things they had previously raised with them, but they felt confident the registered manager would action their concerns.
- We saw there was a robust system in place and complaints had been recorded. There was evidence complaints had been responded to and actioned appropriately.
- Complaints were shared with the staff members to help reduce the risk of similar complaints occurring.

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death.
- We saw people had been consulted when moving into the service in relation to their advanced care plan needs and wishes. This meant when people required end of life care, all the important wishes and needs of people were already known.
- Care plans to reflect these wishes were in place for staff to refer to at the appropriate time.
- We saw evidence for 1 person who had a specific wish during their end of life journey, they were supported to achieve this wish.

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's systems did not always effectively monitor the quality of care provided to drive improvements.
- The governance system had not been operated effectively and had failed to identify the concerns we found during the inspection.
- Actions had not been taken by the provider to ensure all systems and processes were operated robustly and effectively. For example, we found the systems for recording, actioning, and reporting on authorised DoLS had not been robust. This had the potential to place people at risk and did not meet the managing authority's legal requirement.
- Audits were not always effective. Although audits had taken place, they had failed to drive improvement in a timely way. For example, the shortfalls regarding lack of recording around cleaning of equipment and on-going IPC concerns.
- These issues had not been identified by the systems in place and audits still required some improvement. The providers electronic care planning system did not generate reports to aid the management in having easy oversight of the records being made. The senior management team told us a review of whether this was the best system for them to use was underway.

We found no evidence that people had been harmed however, systems in place to monitor and improve the quality of the service were not always effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Systems in place for the oversight of deprivation of liberty safeguards (DoLS) applications and their outcome, had not been maintained and were ineffective. The system in place to record the date an outcome was received had not been completed and its outcome and CQC had not been notified of the outcome, as legally required to do so. We are currently in the process of reviewing information to establish if the provider has breached the regulation failure to notify.
- The provider responded immediately during and after the inspection. They confirmed all the actions in relation to DoLS and IPC were now completed, and suitable checks of the environment and equipment were in place.
- Although staff knew people well and how to meet their needs, this was not always supported by the records. The provider's systems did not identify these shortfalls in staff members' daily records.
- For example; for one person who required support and encouragement to access communal areas, their

records did not reflect this support had taken place. Staff members and the registered manager assured us such support had taken place. For other people we found staff were not consistently recording bath temperatures. Although taps have thermostatic controls, evidencing that water temperature were checked prior to bathing, were not consistently recorded. This had the potential to cause harm and had not been identified during the audits of care records.

- The management of medicines was robust, clear, and safe practices were followed. The guidance for staff to follow was clear and detailed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive and open culture and people, and staff were involved in the running of the service. There was evidence the provider fully understood and considered people's protected characteristics.
- The registered manager has made many changes since taking on the role to improve the person centred approach for people. The registered manager told us this has at times, been challenging. However, most staff we spoke with appear to be on the journey with the registered manager and were passionate about improving the standard of care and support.
- Whilst there were still improvements required, which were recognised by the registered manager and senior management team, people and relatives were overall very happy with the care and support they received.
- People and relatives knew how to raise concerns and most felt confident any issues would be addressed. Staff felt supported in their role and described the management team as approachable, kind, and responsive.
- People were made aware of local advocacy services. An advocate is an independent person who is delegated to help them express their views and wishes, act in their best interests and stand up for their rights. External speakers were invited into the service to provide information to people living at the service and their loved ones, about health conditions.
- People were supported to maintain links with loved ones and had access to a variety of in-house activities to engage in.

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 understood their responsibilities under the duty of candour.
- The registered manager was aware of their responsibilities including those under the duty of candour. Statutory notifications [notices registered providers must send to notify CQC about certain changes, events and incidents that affect their service or the people who use it] had been submitted to the CQC promptly. This is except for the most recent authorised DoLS notifications.
- The registered manager recognised that further improvements were needed and demonstrated a willingness to listen and improve by making some changes and acting on areas of concern we identified.
- Staff understood their roles and were clear about when and how to raise concerns.
- There was a robust procedure for dealing with complaints and serious incidents. We saw evidence when things went wrong these were discussed with the staff team to allow reflection and lessons learnt to help reduce the risk of recurring themes.

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- The providers carried out audits of the registered manager's audits and the environment. Their audit identified any actions which were required and generated an action plan. This audit and action plan were

reviewed during the next visit to ensure all actions had been completed. These actions had not always been completed in a timely way.

- There was a complaints and compliments system in place which was used to analyse trends and themes. We saw compliments and complaints were shared with the staff team for improvement purposes.
- The registered manager told us they keep themselves up to date with current guidance and attend the providers managers meetings, where lessons learnt, and areas of good practice were shared.
- Staff were actively encouraged to continue with their personal and professional development via internal training and that provided by external training bodies.
- The registered manager spoke passionately about how important it was to her to continue to drive improvement, ensuring the people living at Church Rose received the best possible care, support, and outcomes.

Working in partnership with others

The provider worked in partnership with others.

- The registered manager and care staff sought guidance and advice, working with external agencies to provide good care. For example, the service had sought advice from healthcare professionals which promoted positive outcomes for people.
- The health care professional we spoke with told us the registered manager and care team worked with them and implemented change where needed.

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
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had failed to robustly action conditions imposed within peoples DoLS and include these in these in their care plans and risk assessments, as per their legal requirement as the managing authority. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to monitor and improve the quality of the service were not always effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.