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Church View

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This was an unannounced inspection carried out on 18 and 22 August 2016. The first day of the inspection was unannounced. We carried out this inspection at this time as the home was in special measures and had been rated inadequate and we needed to check that improvements had been made to the quality and safety of the service.

Church View is registered to provide accommodation and care with nursing for up to 50 people. At the time of this inspection there were 44 people living at the home.

Accommodation is provided over three floors. Bedrooms are located on each floor and are all single rooms with a washbasin provided. Bathrooms and toilets are available throughout the home. A very large communal room with a conservatory is located on the ground floor. This provides areas for dining, sitting and watching TV. The conservatory opens off this room which provides additional space. A small room on the ground floor provides a more private lounge for people to use. Car parking is available within the grounds and there is a small enclosed garden at the front of the home.

Church View is owned and operated by a partnership, Mark Jonathan Gilbert and Luke William Gilbert.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection the registered manager was on planned leave for a period of approximately 12 months. An interim manager had been appointed by the providers.

At our last comprehensive inspection of the home in March 2016 we found a number of breaches of regulations. As a result we served a warning notice on the home for failing to provide safe care and treatment. Requirements were also given to the home for failing to ensure people were treated with dignity and respect, obtain consent for treatment from people, safeguard people from abuse, support staff and provide good governance for the service. We found that improvements had been made in all of these areas but further improvements were needed to meet all parts of these regulations. However, in response to the improvements that had been made we took the home out of special measures.

At our last inspection we found that medicines were not always properly and safely managed. At this inspection we saw that improvements had been made, but further improvements were needed. We found that storage issues in the medication room made it difficult to locate medication easily. We found that eye drops were stored incorrectly and not dated on opening. Medication recording was at times confusing. These issues had been partly corrected by the second day of our inspection. A new system for medication administration had been introduced within the home which meant people received their medication in a more timely manner.

At our last inspection we found that there were insufficient staff to meet people's needs effectively. At this inspection we found that improvements had been made to staffing arrangements. However we also found that the way in which staff were deployed needed to be reviewed. We found that people were now receiving the care they needed in a timely manner, however staff and people living at the home felt that there were insufficient staff available and that staff felt stressed as a result of their workload.

At our last inspection we found that adequate systems were not in place to recognise incidences of harm and abuse. At this inspection we found that improvements had been made to systems for recognising and reporting abuse or potential abuse. We found that staff knew how to recognise and report potential abuse and had done so. We also saw that the management team took action to deal with any safeguarding allegations that arose.

At our last inspection we found that parts of the premises and equipment were not safe for people to use. At this inspection we found that the premises and equipment were safe for people living at the home. A new call bell system and door closures had been fitted and regularly tested to ensure they worked safely.

At our last inspection we observed that mealtimes were chaotic, meals appeared unappetising and people waited a long time to be served. At this inspection we found that some improvements had been made but further improvements were needed to people's lunchtime experience. New meals had been introduced and people said they always received a choice of meal and plenty to eat and drink. However mealtimes remained chaotic and did not appear to be an enjoyable experience for people living at the home.

At our last inspection we found that people did not always received safe care and treatment. This was because equipment they needed to maintain their health was not always used correctly and care plan information regarding the support they needed to stay safe and healthy had not always been followed. At this inspection we found that improvements had been made. People had the equipment that they needed and regular checks had been undertaken to ensure it worked correctly. Care plans contained clear guidance to support people with their health and we saw that this was followed.

At our last inspection we found that the provider did not meet the requirements of the Mental Capacity Act 2005 (MCA). During this inspection we found that this had improved and people were supported to make decisions and were not deprived of their liberty without lawful processes being followed.

At our last inspection we found that people were not always treated with dignity and respect and that their privacy was not always respected. This was because some people's personal space was used for storage and confidential records were not secured. At this inspection improvements had been made. Dedicated storage areas were used so that people only had their own belongings in their room. Confidential information was securely locked away and people told us that staff listened to them.

At our last inspection we found that risks to the health and safety of service users had not always been assessed and action had not been taken to mitigate them. This was because we had found significant gaps in the information recorded in care records. At this inspection we found that this had improved. People's needs had been assessed and care plans contained up to date guidance for staff to follow to meet the person's health and care needs.

At our last inspection we found that systems and processes were ineffective at assessing, monitoring and improving the quality and safety of the service people received and records were not maintained securely. At this inspection we found improvements had been made had been made to the overall management of the home. We also found that systems for monitoring and improving the quality of the service had improved but

that further improvement was needed.

People liked and trusted the management team and staff found them supportive. A number of quality assurance systems and audits had been introduced to the home. Any areas identified as needing improvement had been acted upon. However the systems were not yet fully effective at identifying some of the areas for further improvement we identified during this inspection. This included medication management, staff deployment and record keeping.

The large lounge / dining room / conservatory was at times very noisy and therefore appeared un-relaxed with a number of people having to raise their voices to be heard.

Staff knew people well and we saw a number of warm interactions between staff and people living at the home. People told us that they liked and trusted the staff team.

People knew how to raise a complaint and felt confident to do so. Complaints had been listened to and action taken to investigate and deal with the concern.

Robust recruitment procedures were followed to check staff were suitable to work with people who may be vulnerable.

Staff received the training they need to carry out their role effectively and a system was in place to provide supervision for all staff. Staff felt supported by the management team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff deployment was not always effective. As a result staff felt stressed with their workload.

Medication was not always safely managed.

Potential safeguarding incidents were recognised and reported appropriately. The premises were safe for people living at the home.

Robust recruitment processes were followed.

Is the service effective?

Requires Improvement

The service was not always effective.

The support people received at mealtimes was chaotic and did not provide them with a pleasant experience. People received a nutritious diet.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. Proper policies and procedures had been followed to ensure people's legal rights were protected.

Staff received the support and supervision they needed to carry out their role effectively.

Is the service caring?

Good

The service was caring.

People liked and trusted the staff team and said they were responsive to requests for support.

Staff knew people well and spent time interacting with them as well as providing the support they needed.

Systems were being put into place to improve communication

with people living at the home.

People received practical and emotional support when they needed end of life care.

Is the service responsive?

Good

The service was responsive.

People's care needs were assessed and clear guidelines were in place for staff to follow in meeting people's needs.

People felt comfortable raising a complaint or concern. These were listened to and acted upon.

Is the service well-led?

Requires Improvement

The service was not always well led.

Systems and processes for assessing the quality of the service had been introduced and any actions identified had been addressed. However these required further development to ensure they consistently improved the quality of the service.

Staff felt supported by the management team and improvements made in the home could be clearly identified.

Church View

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 carried out this inspection at this time as the home were in special measures and had been rated inadequate and we needed to check that improvements had been made to the quality and safety of the service. We also needed to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 18 and 22 August 2016. The first day the inspection was carried out by two Adult Social Care (ASC) Inspectors. The second day of the inspection was carried out by one ASC inspector.

Prior to our visit we looked at any information we had received about the home including contact from people using the service or their relatives, agencies including social services and any information sent to us by the manager or provider since our last inspection in March 2016.

We spoke individually with ten of the people living at Church View and met with several others. We also spoke with ten of their relatives, three visiting health professionals and a visiting training provider. In addition we spoke with 13 members of staff who held various roles within the home. This included the provider and interim manager.

We looked around the premises and spent time observing the care and support provided to people throughout the day.

We looked at records including five care plans and a sample of medication records. We also looked at recruitment records for four members of staff and training records for all staff. In addition we looked at records relating to the safety and quality of the service provided.

Requires Improvement

Is the service safe?

Our findings

We asked people if they felt safe living at Church View and they told us that they did. People told us they felt comfortable reporting any concerns they had to staff and felt they would be listened to. The majority of relatives we spoke with told us they thought their relative was safe living at Church View. One relative commented they would be concerned if their relative could move around freely as there were not always staff available in the lounge to support people.

At our inspection of the home in March 2016 we found that medicines were not properly and safely managed. At this inspection we saw that improvements had been made but further improvements were needed.

Medication was stored in a locked room and on the first day of the inspection we found this room cluttered with no clear system in place. For example medication that was to be destroyed but had to be stored for seven days was stored in different places. Within the medication trolley medication for people new to the home was not always easy to find. On the second day of our inspection we saw that action had been taken to rectify these issues. The room had been tidied, items that did not need to be in the medication room had been removed, dedicated storage had been found for items awaiting their return date and tubs purchased to store boxed medication for people within the drug trolley. This meant that anybody unfamiliar with the home would find it easier and therefore safer to administer medication and understand the system in use.

We found on the first day of our inspection that eye drops were not always dated when opened, this ensures they are not used beyond the recommended timeframe. We also found that some eye drops requiring refrigeration were not stored in the fridge . This had been rectified on the second day of our inspection.

Medication administration records (MARs) were confusing. For example the MAR gave a list of codes to use to record when people refused their medication or if it was out of stock. However staff were using different codes to record this information. This meant there was not a clear audit trail. Similarly we queried why one person appeared to have had less medication than their MAR indicated. A member of staff was able to provide an explanation for this but it was not clear from the home's records.

This is a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because medications were not safely and properly managed.
At this inspection we saw that people received their medication in a timely manner. People told us that they had received their medication on time and when they had requested pain relief this had always been provided to them quickly. The home had changed to using a different system for pre-packaged medications from the pharmacy. Staff told us that they found this safer and that it decreased the amount of time it took to carry out a medication round, thereby helping to ensure people received their medication in a timely manner.

At our inspection of the home in March 2016 we found that there were insufficient staff to meet people's needs effectively. At this inspection we found that improvements had been made to staffing arrangements.

However we also found that the way in which staff were deployed needed to be reviewed.
We looked at a sample of recent staff rotas which showed that there were eight care staff and two nurses on duty in the morning, two nurses and seven care staff in an afternoon and evening. Some days there was a 'twilight' shift between 6pm and 10 or 11pm but this appeared to be only three days a week. These numbers were maintained on most days with some use of agency staff.

The provider used a 'dependency tool' to work out how many staff should be working in the home based on the number of people living there and their support needs. This recorded that the home was staffed on the high end of staffing levels.

However the majority of people we spoke with told us that they did not think there were sufficient staff. One person living there said, "I don't think there's enough they have a lot to do." Relatives told us that on occasion they had been in the lounge and had to find staff to draw their attention to people requiring support.Visiting professionals told us that at times they had found there were insufficient staff at the home. An external trainer told us sometimes it had been difficult for staff to attend training as they are too busy, they said that over the past couple of weeks this had improved. A visiting health professional commented that sometimes it had taken a long time for the doorbell to be answered and it could be hard to find a member of staff.

The majority of staff we spoke with said they did not feel there were sufficient staff on duty. Their comments included, "It's hard work, we need more staff," and "We are under tremendous stress." Staff said they often worked through their breaks doing paperwork and they found the way staff were allocated did not work as many of the people they supported required the help of two members of staff.

We spoke to the interim manager who explained that agency staff were used when needed and that new staff had been recruited. The provider told us staff recruitment was an on-going process with a dedicated member of staff within the organisation responsible for recruitment. Staff acknowledged that since the arrival of the interim manager staffing had improved in that they were maintaining the staffing levels they should have most days but added that they still felt very busy.

A senior manager for the organisation told us that they intended to carry out a further study of staffing levels and staff deployment within the home to find a solution to concerns regarding staffing levels.

During our inspection we observed that staff were busy however nobody we spoke with told us that they had to wait long for support when they needed it. We saw that people received the care they needed and that it was delivered in a timely manner.

At our last inspection of the home in March 2016 we found that adequate systems were not in place to recognise incidences of harm and abuse. At this inspection we found that improvements had been made to systems for recognising and reporting abuse or potential abuse.

Policies and procedures were in place to guide staff on how to recognise and report potential incidents of abuse and our discussions with staff confirmed that they understood their role in safeguarding people living at the home. Records showed that concerns had been referred to the relevant authorities. When requested to do so, senior staff had carried out an investigation and reported their findings to the local safeguarding authority.

A policy was in place to provide guidance for staff on how to whistleblow if they had any concerns. Whistleblowing protects staff who report something they think is wrong in the work place that is in the

public interest. Staff were aware of this policy and told us they would feel comfortable raising concerns with senior staff and that they knew how to do so.

At our inspection of the home in March 2016 we found that parts of the premises and equipment were not safe for people to use. Action was taken during that inspection to replace the call bell system and automatic fire door closures. At this inspection we found that the premises and equipment were safe for people living at the home. We tested a number of call bells and automatic fire door closures and found they worked correctly. All areas of the home were tidy and clean and we did not see any clutter obscuring fire escape routes or corridors. Hazards were safely locked away and rooms containing potential hazards were clearly marked.

Up to date maintenance certificates were in place for electrical circuits, gas, the lift, fire safety equipment and moving and handling equipment. Records confirmed that regular checks were carried out on the building and equipment, including the fire system and water temperatures. A maintenance book was used to record any issues and confirm they had been addressed.

Individual fire evacuation plans were in place for everyone living at the home. A copy of these was located in the person's bedroom with an overall folder in the foyer along with an up to date fire risk assessment. There was also an emergency evacuation plan for the home, which contained some useful information, but needed to be reviewed as it did not give clear and concise enough instructions to be used in an emergency situation. For example it stated 'An emergency call would be placed to home manager, regional manager, home owners and the staff at Brooklands', which suggests that a member of staff would be required to make five phone calls including 999 thereby taking their time away from dealing with the actual emergency.

Detailed records were kept of accidents and incidents that occurred. These had been analysed monthly to look for any trends that occurred that could be addressed to minimise future risks.
Staff were aware of the location of first aid boxes and fire points and knew the action they should take in the event of a medical emergency or unexpected fire alarm sounding.

We looked at recruitment records for four members of staff who held different roles at the home. These showed that before being offered the job they had undergone a formal interview. Following this, the provider had obtained and verified references and carried out a Disclosure and Barring Service check before the member of staff commenced working at the home. These recruitment practices helped to check the person was suitable to work with people who may be vulnerable.

Requires Improvement

Is the service effective?

Our findings

At our inspection of the home in March 2016 we observed that the mealtimes were chaotic, meals appeared unappetising and people waited a long time to be served. At this inspection we found that some improvements had been made but further improvements were needed to people's lunchtime experience.

People living at the home were ambivalent about the quality of the meal they received. Their comments included, "They are good," "all right," and "It varies, we get a choice."

People who were being looked after in bed had a 'food intake' chart in their bedroom. These were rather complicated charts and had not always been filled in well. This meant a complete picture of people's intake could not always be obtained.

We observed the lunchtime meal on the first day of the inspection and saw that this was quite chaotic. At 11:55am six people were sitting at dining tables. We noticed that at 1:40pm these people were still sitting by the dining tables, and lunch was still on-going. One of the people living there commented, "It's a carry on."

Senior staff explained that people who needed extra support at mealtimes were served first however this meant that other people were sitting down for their meal and then waiting. They explained they intended to trial offering people who ate more independently their meal at the first sitting and people who required more support the second sitting.

We noticed that some staff wore blue plastic gloves while they were supporting people to have their meal and we considered this inappropriate.

The day's menu was displayed on a whiteboard in the dining room but the writing was small and indistinct and would be difficult for many people to read. There were also some pictures on the board but these were too far away from people and were not serving any useful purpose.

This was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as systems in the home failed to monitor and improve the quality of the service people received.

The home used outside caterers who supplied ready-made meals that were cooked in the home. This enabled them to provide meals that met any religious or cultural needs as well any diets people required for their health. People told us that they were always offered a choice of meals and an alternative if they did not like the meal offered. We observed that people had access to drinks in their rooms and that staff regularly offered people drinks throughout the day.

At our inspection of the home in March 2016 we found that people had not always received safe care and treatment. This was because equipment they needed to maintain their health was not always used correctly and care plan information regarding the support they needed to stay safe and healthy had not always been

followed. At this inspection we found that improvements had been made.

People living at the home told us that they received the support they needed with their health care. Their comments included, "They call the doctor if you aren't well," and "They stay with you until the doctor comes. They give you tablets." A relative told us that as their relative had become increasingly unwell staff had "reassured and explained on every point," what was happening.

We spoke to two visiting health professionals who told us that staff had followed their advice in meeting people's health care needs. One told us, "I am satisfied people are getting the care they need," and another said, "They do what you ask."

People who were being looked after in bed had a 'positional change' chart in their bedroom. There was no instruction on the top of the charts to tell staff how often the person should be repositioned. We looked at a number of these charts and found they were generally completed well and showed that the person received care every two hours. Further instructions on the charts to ensure the person was being re-positioned according to their individual needs and ensuring the charts are always completed would provide a clearer audit of the care and support people received.

Care plans contained information about the person's health care needs along with guidance for staff on how they should be met. Information was also recorded on contact the person had with any health professionals and the advice that had been given.

At our last inspection of the home in March 2016 we found that staff had not received appropriate support to carry out their role effectively. This was because a lack of team meetings combined with a lack of individual supervision meant staff had not been given the opportunity to discuss their concerns, development or job roles either individually or in a group. At this inspection we found that improvements had been made.

Staff had different opinions on the support they had received. Some staff told us that they had attended staff meetings relevant to their role and said they felt comfortable speaking out at meetings. A member of staff said "We get offered all the help we need." Other staff told us they had not attended a meeting in a while, or said they did not feel comfortable speaking out at meetings. However all of the staff we spoke with told us that they felt the interim manager and senior managers within the organisation were approachable and that they could speak to them. Records showed that staff meetings had been held in May 2016 for night staff, with a general staff meeting having taken place in July 2016.

We looked at records for staff supervision and saw that dates had been set for all members of staff. Individual supervisions sessions had taken place in May 2016 and continued with dates planned for those staff who had not received supervision.

Staff told us that they thought they had received the training they needed to carry out their role. Their comments included, "Spot on, we have been doing quite a bit," and "We do most of the training." Staff said that their access to training had improved in recent weeks with one explaining the interim manager "has been really making sure we can go to our training".

We spoke to an external trainer who the provider had linked with to provide apprenticeships for staff. Eleven staff were currently undertaking these apprenticeships in care and we spoke to three staff who told us they were happy they were being supported to undertake these.

Records showed that staff had undertaken a number of training sessions including safeguarding adults,

health and safety, fire and food hygiene. We also saw confirmation emails that further training had been booked in relevant areas including, first aid, nutrition, the Mental Capacity Act and Deprivation of Liberty Safeguards.

During our inspection of the home in March 2016 we found that people were being deprived of their liberty without the lawful application of the Mental Capacity Act 2005 (MCA). At this inspection we checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. We found that they were.

The Mental Capacity Act 2005 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 and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Records confirmed that where people lacked the capacity to agree to living at the care home then an application for a DoLS had been made to the relevant authorities. On admission the person's capacity had been assessed to establish whether they may benefit from the protection of a DoLS.

On some of the forms we looked at, it was not clear what decisions the person's capacity was being assessed for. We discussed this with the provider. We saw good examples of recording how the person's capacity had been assessed to ensure it was carried out by the right people at the right time for the person being assessed.

The home had been redecorated within the past twelve months and appeared fresh and clean. Equipment to support people with their mobility was available and bathrooms and corridors were adapted and wide enough for people using a wheelchair.

The home had a very large dining / living room leading to a conservatory. The majority of people living at the home used this space during the day. We found that it was very noisy both at mealtimes and throughout our inspection. Due to the level of noise people had to raise their voices to be heard contributing to the noise levels increasing. Staff told us this was not uncommon and explained it became quieter during the evening. We discussed this with the providers who said they would actively look into ways to address this.

Good

Is the service caring?

Our findings

People living at Church View told us that they liked the staff who supported them and found them caring. Their comments included, "Smashing they do anything you want," and "They look after us, do what they can." One person said, "I am quite happy here. They are very, very nice."

Relatives told us that they thought the care had improved in recent months. They said, "They very much care. Anything I ask they know. They are kind and caring," and "They go out of their way. So well looked after." One person whose relative had been cared for by the home told us, "Staff are fantastic. The care has been second to none." She also told us her relative had described staff as, "tender and caring."

Comments we received from visiting health and social care professionals included, "There has been an improvement, staff now are really good," "Happy with the care from the staff." and "Very good, great attitude towards the service users. Their practice is very, very good."

At our inspection of the home in March 2016 we found that people were not always treated with dignity and respect and that their privacy was not always respected. This was because some people's personal space was used for storage and confidential records were not secured. At this inspection we found improvements had been made. We saw that dedicated storage areas were used so that people only had their own belongings in their room. Confidential information was securely locked away and people told us that staff listened to them. One person told us, "Staff are patient and kind, they listen."

Everyone living at Church View had a communication book in their bedroom. These could be used by them or their relatives to communicate with staff. We saw that people used the books as they preferred. For example one book contained a request from staff for relatives to purchase toiletries; another contained a series of questions from relatives about the person's health. We saw that these had been answered in depth.

Throughout our inspection we saw a lot of warm interactions between staff and people living at the home. When we asked staff about people's needs they knew them well and were able to tell us about the person's life and the things they enjoyed as well as their care needs. Staff spoke warmly about people and it was evident they had taken the time to get to know people and their individual communication methods and the things that they liked to talk about.

Information about how to support people who were receiving end of life care was recorded within their care plans and we saw that staff liaised with other health professionals to provide the support the person needed. We spoke to one person whose relative had been supported at the home to receive end of life care. They described the care provided as "excellent."

Good

Is the service responsive?

Our findings

People living at the home told us that staff were responsive to their needs. They said this included responding quickly when they had used the call bell. Their comments included "Oh yes, especially if you press the emergency," and "I am happy with my care. Staff are above average." A relative commented, "It has improved (relative) usually has their buzzer now."

During our inspection of the home in March 2016 we found that risks to the health and safety of service users had not always been assessed and action had not been taken to mitigate them. This was because we found significant gaps in the information recorded in care records. At this inspection we found that this had improved.

Individual care plans were in place for all of the people living at Church View. In all of the care plans we looked at we saw a series of assessments had been completed to establish the support the person required. This included assessments of their needs regarding moving and handling, pressure risk, falls and nutrition. In addition assessments of people's capacity to make decisions had been carried out. Where the person required support with their health or personal care clear guidelines were in place for staff to follow. Information was also recorded about the person's choices and preferences. Care plans had been reviewed regularly to ensure the information was up to date and reflected any change in people's care needs.

We spoke to relatives of one person who had not long moved into Church View. They explained that prior to their relative being offered a place at the home they had the opportunity to look around. They also explained that a nurse from the home had visited their relative in hospital to carry out an assessment of their needs. We looked at care plans for two people who had recently moved into the home and saw that prior to their admission an assessment of their needs had been carried out. This helped to ensure that staff could plan how to meet the person's needs and choices.

The activities organiser was on holiday during our inspection and we did not see any organised activities taking place. However we saw plenty of social interactions taking place between staff and people who lived at the home.

Everyone we spoke with told us that they knew how to raise a complaint or concern about the home and would feel confident to do so. A relative told us that they had recently raised a concern with the provider who had sorted it out "immediately."

Information about how to make a complaint was displayed in the entrance area. This informed people that they could contact the home manager, deputy manager or home owners and that they were 'contactable by phone at any time'. Their contact details were displayed separately from this information on the first day of our inspection making them more difficult to find, however on the second day of our inspection they were easier to locate.

One complaint had been logged in June 2016 and one in July 2016. Records showed that these had been

responded to quickly and appropriately.

Requires Improvement

Is the service well-led?

Our findings

At our inspection of the home in March 2016 we found that systems and processes were ineffective at assessing, monitoring and improving the quality and safety of the service people received and records were not maintained securely. We were concerned that there was a lack of overall leadership and management at the home, and that quality assurance systems in place had failed to identify and take action on some of the serious concerns we found during the inspection. At this inspection we found improvements had been made to the overall management of the home. We also found that systems for monitoring and improving the quality of the service had improved but that further improvement was needed.

A series of audit tools had been introduced to the home. These included audits of infection control health and safety, care records, medication and accidents. Audits were carried out on a rolling programme and identified whether the home manager or a senior manager from the organisation would undertake them. Areas where improvements were required had been clearly identified and an action plan put into place. These were then rated as to how serious they were and records showed that they were followed up until completed.

We found that these systems were not yet fully effective at identifying and improving the quality of the service people received. For example although medication management had improved we found areas in which further improvements were needed. Similarly improvements had been made to the quality of meals but the mealtime experience remained chaotic and required further development to make it a more enjoyable experience for people.

People were receiving the care they needed in a timely manner however many of the people living and working at the home still felt there were insufficient staff to meet people's needs. We considered that this required further work on looking at how staff were deployed within the home.

Care records had improved however records of people's daily care such as their nutritional intake and positional changes were not always fully completed.

A senior manager from the organisation explained that they had started to implement a number of ways to obtain the views of people living at the home and their relatives. This included individual communication books, questionnaires and meetings. We saw that questionnaires had been given to people and the results had been looked at, although an overall analysis had not yet been carried out. Senior managers explained that this was a work in progress and they would continue to look at ways to obtain the views of people using the service.

These are continuing breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because systems and processes were not always effective at assessing monitoring and improving the quality of the service people had received.

We found that records and confidential information was securely stored. We also found that serious

concerns we had found in March 2016 had been addressed and systems put into place to carry out regular checks of the safety and quality of the service provided.

The registered manager for Church View was on agreed leave for a period of up to 12 months. An interim manager was based at the home for the duration of the registered manager's leave. She was experienced in the management of care services and was supported by a deputy manager who was a registered nurse and had the role of clinical lead within the home. Staff we spoke with were positive about the interim manager and the support she had provided to them. Their comments included, "She listens and takes it on board," "She's brilliant; I would speak to her she understands," and "Lovely, always around there to solve your problems." Staff were also positive about the support they had received from the senior management team within the organisation. They told us, "They are approachable you can go up to them," and "We have supportive senior managers and owners."

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment medications were not safely and properly managed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not always effective at assessing monitoring and improving the quality of the service people had received.