Care UK Community Partnerships Ltd

Church View (Murton)

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 11 December 2017. The inspection was unannounced.

Church View was last inspected by CQC on 1 and 5 October 2015 and was rated 'Good' overall and in all areas. At this inspection we found the service remained Good overall and in all areas.

Church View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Church View provides personal care for up to 42 older people and people living with dementia type illnesses. At the time of our inspection there were 34 people living at the home. Church View is located in a small village called Murton in County Durham. Situated to local shops and community facilities.

The service had a registered manager in post. 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.

The atmosphere of the service was homely, warm and welcoming. People who used the service were relaxed in their own home environment.

People were supported to have choice and control from being supported by person centred approaches. Person centred care is when the person is central to their support and their preferences are respected.

People were always respected by staff and treated with kindness. We saw staff being respectful and considerate.

People's support plans were person centred. They included details of peoples care needs and a 'one page profile' that described their individual support needs. These were regularly reviewed.

People were supported to make a 'life book' that detailed their background, interests and personal history.

People were supported to play an active role within their local community by making regular use of local resources including the local community centre, churches and regular partnership working with the local primary school.

Support plans contained risk assessments that were individualised. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. This supported people do the things they wanted to live their lives fully.

The support plans we viewed also showed us that people's health was monitored and referrals were made to other health support professionals where necessary, for example; the falls team or community nurse.

Staff understood safeguarding issues and procedures were in place to minimise the risk of abuse occurring. Where concerns had been raised we saw they had been referred to the relevant safeguarding department for investigation. Robust recruitment processes were in place.

Staff understood the importance of equality and human rights and protecting peoples' rights.

Information was provided in accessible formats and access to advocacy services was available.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in place supported this practice.

Where people lacked the mental capacity to make decisions about aspects of their care, staff were guided by the principles of the Mental Capacity Act (MCA) to make decisions in the person's best interest. For those people that did not always have capacity, mental capacity assessments and best interest decisions had been completed for them. Records of best interest decisions showed involvement from people's family and staff.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs.

People were supported to maintain their independence on a daily basis.

Support staff told us they felt supported to carry out their role and to develop further and that the registered manager led by example. They were supportive and always approachable.

When we looked at the staff training records, they showed us staff were supported and able to maintain and develop their skills through training. Development opportunities were available. People were supported by enough staff to meet their needs and were also supported individually with one to one support.

Medicines were stored, managed and administered safely. We looked at how records were kept and spoke with the registered manager about how senior staff were trained to administer medicines and how this was monitored.

We found an effective quality assurance survey took place regularly and we looked at the results. The service delivered had been regularly reviewed through a range of internal audits.

We found people who used the service and their representatives were regularly asked for their views about the support and service they received.
The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? This service remains Good.	**Good**
Is the service effective? This service remains Good.	**Good**
Is the service caring? This service remains Good.	**Good**
Is the service responsive? This service remains Good.	**Good**
Is the service well-led? This service remains Good.	**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 11 December 2017 and was unannounced. This meant the provider was not expecting us. The inspection team consisted of one adult social care inspector and an expert 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.

At the inspection we spoke with 13 people who used the service, eight relatives, the registered manager, four care staff, two activity co-ordinators, two kitchen staff and a visiting healthcare professional.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at this and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are reports about changes, events or incidents the provider is legally obliged to send CQC within required timescales.

Prior to the inspection we contacted the local authority, who commission the service and the local Healthwatch who is the local consumer champion for health and social support services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection we observed how staff interacted with people who used the service and with each other. We spent time observing the care delivered at the service to see whether people had positive experiences. This included looking at the support that was given by the staff, and observing practices and interactions between staff and people who used the service.

We also reviewed records including, three staff recruitment files, six medicine records, safety certificates, four support plans and records, three staff training records and other records relating to the management of

the service such as audits, surveys, minutes of meetings and policies.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe living at Church View. One person told us, "I feel as safe as can be. No worries at all." another told us, "Yes I feel safe. I get waited on hand and foot. It's lovely".

We also spoke with peoples' relatives and asked them if they thought the service was safe and everyone we spoke with felt that the service was. One relative told us, "[The person] is safe here. The staff are good to them." and another told us, "Yes, [the person] is safe here".

People who used the service had support plans in place that included individualised risk assessments to enable them to take risks in a safe way as part of everyday living. These included; taking medicines, personal care and protecting people from risks such as, falls or choking.

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse. One member of staff told us, "We are trained to look and I would look for signs of bruising or a change in mood and then report it."

We saw there were enough staff on duty to support people. Rotas confirmed that there was a consistent staff team and a low turnover of staff. When we spoke with people they were satisfied there was enough staff available to support them. One person told us, "Yes there's enough staff. Do they look after me…God, aye." and another told us, "Yes there are enough staff. I never have to wait for anything".

We looked at three staff files and saw the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment and periodically thereafter. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions. We also saw proof of identity was obtained from each member of staff, including copies of passports and birth certificates.

Systems were in place to ensure that the medicines had been ordered, stored, administered, disposed of and audited appropriately, in-line with guidance issued by the National Institute for Health and Clinical Excellence (NICE).

People's medicines records contained their photograph and allergy information. Medicines administration records were completed when medicines were administered to people and we found they had been completed correctly. Staff had received training and their ability to administer medicines was assessed regularly. We observed staff administering medicines appropriately.

There were systems in place for continually monitoring the safety of the home. These included recorded checks in relation to the fire alarm system, hot water system and appliances.

The service had contingency plans in place that were being updated at the time of our inspection. They were there to give staff guidance of what to do in emergency situations such as a power cut or extreme weather conditions.

Any accidents and incidents were monitored during audits by the registered manager to ensure any trends were identified. Accidents and incidents were reflected at team meetings to discuss how to avoid them happening again and we saw this in the minutes of the meeting. This team approach helped to ensure that any emerging patterns of accidents and incidents could be identified and action taken to reduce any identified risks and prevent reoccurrence wherever possible.

People told us they felt satisfied with the cleanliness of the home and their bedrooms. Staff were trained in infection control. They had access to personal protective equipment for carrying out personal care and we observed them using it when administering medicines and when supporting people at meal times.

Good

Is the service effective?

Our findings

Throughout this inspection we found there were enough skilled and experienced staff to meet people's needs. People we spoke with were positive about the staff, their skills and their training, they told us, "Some staff are more knowledgeable than others. But yes, they seem well enough trained." another told us, "Yes, staff are well trained. They know what they are doing for me." and a third told us, "Staff are always training for something".

People were supported by trained staff and we saw a list of the range of training opportunities taken up by the staff team which related to people's needs. Each staff member had their own training list that the registered manager monitored. Courses included; Dementia awareness and Diabetes awareness, these were in addition to mandatory courses; equality and diversity, first aid, health and safety, dignity, infection control, moving and handling, and respect and safeguarding.

Supervisions and appraisal took place with staff regularly to enable them to review their practice. From looking in the supervision files we could see the format gave staff the opportunity to raise any concerns and discuss personal development.

For any new employee, their induction period was spent completing an induction programme and shadowing more experienced members of staff to get to know the people who used the service before working with them.

The service worked in partnership with r healthcare professionals and people were supported to access these services and we spoke with a healthcare professional who regularly visited the service and they told us, "This is a lovely home. The staff are very good. They know when to make referrals to other teams such as Speech and Language Therapy or the falls team if needed. The attitude of the staff is of a very high standard. I have no concerns."

People were supported to make choices and this was observed during the inspection when watching staff interact with people. We saw people choose what they wanted to eat for their lunch. The staff showed people the food options so they could make a choice first from the picture menu and then from the food when it arrived, by showing both options on a plate. One person we spoke with told us, "I didn't care for what was on today but I had a lovely sandwich instead."

Peoples nutrition and hydration needs were met, people who were at risk of becoming underweight or people who needed foods fortifying with extra calories were supported as were other special diets including; diabetics or food allergies and people who needed food to be soft or purred. We spoke with kitchen staff and asked them if they catered for people's cultural needs as well as preferences and they told us, "We have a varied range of people with different tastes so we change things all the time to suit, we always revisit the menu, so people don't get sick of it. We don't have any cultural needs at the moment but we do have younger people now and they bring new ideas to the menu for example curry and pasta".

People who used the service who were living with dementia were able to navigate around the building making use of the adapted environment. We observed that the first floor was specifically adapted and designed to meet people's needs. The walls were brightly coloured as well as handrails which stood out visually. People's bedroom doors were individually painted and had the person's name on and some had photos to aid identification. We observed people enjoying the different seating areas and focal points. This all provided visual and tactile interest for people living with dementia.

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 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Clear records of people who were subject to DoLS were kept, which contained evidence of the involvement of external professionals and people's families. This meant people's rights to make particular decisions had been upheld.

Consent to care and treatment records were signed by people where they were able.

Good

Is the service caring?

Our findings

People were supported by caring staff and during our inspection we observed kind and considerate interactions between staff and the people who used the service. People who used the service shared their positive experience of the care they received and told us, "The staff look after me alright." another told us, "Staff look after me very well indeed. I used to be a carer myself years ago. It's very good here".

People were supported to record their background and personal history in a book that was kept in their room entitled 'My Life Story'. This was written with the person, their family and the staff to build a picture of the person. These included: all about me, my family tree, my friends, my wishes, wants and aspirations, when I was young, my working life, places I've been to, my hobbies and interests, memorable dates and special events.

People's privacy and dignity was respected by staff who were discreet and knocked on people's doors before entering. We observed this when medicines were being administered. Personal interactions took place privately to respect people's dignity and maintain their confidentiality. One person told us, "Staff help me have a wash every morning. They do respect my dignity."

The visiting professional we spoke with gave us positive feedback regarding the care and support offered by staff at the service. They told us, "I don't have any issues with dignity. If I ever need to examine anyone the care staff would ensure that the person was in their room."

Independence was promoted and we observed staff offering support to people and encouraging them to be independent, for example during activities and at meal times. Also one person we spoke with told us, "I have a walking frame to help me. I would not be able to walk without it. Staff encourage me to use it."

People were supported to follow their chosen religion one person told us, "I am religious and used to go to the local church before I came here. I sometimes go to the service on a Thursday that is held here." The registered manager told us, "The salvation Army visit us once a week for a service and we have people who are catholic who take mass privately in their room". This meant that people's rights to continue to be active in their chosen religion were respected.

When we asked the registered manager about how they supported people to meet their cultural and religious needs they told us, "We aren't supporting anyone at the moment with cultural needs but have recently supported a person whose first language wasn't English and we used picture cards to help them make choices as their English deteriorated at different times." And "All the staff team are trained in equality and diversity and dignity in care and we have policies in place and if someone new comes in we will meet their needs for example if they had cultural diet needs".

People who wanted or required advocacy support were supported by staff where necessary to access. The registered manager told us. "We have people who have an advocate at the moment to support them with decisions where they don't have capacity."

Good

Is the service responsive?

Our findings

People's care plans were developed with the person and reflected their personalities, likes, dislikes and choices. These gave an insight into people's care needs and included a one page profile with for quick reference. Care plans covered areas of daily care including; diet, communication, mobility, medicines, health and personal care. People and their relatives were involved in reviewing these plans and one relative told us, "Yes we are involved, every couple of months we meet up and discuss it, there is one due soon." Another relative told us, "We are always contacted about the care and the care plan".

People took part in meaningful activities that were valued. These included; seated exercises, baking, arts and crafts, prayers and hymns, flower arranging and a 'daily to do list' which involved setting tables, folding clothes, washing tables and dusting. During our inspection we observed people enjoying dementia friendly activities including 'twiddle mitts' these offer a tactile glove for people to twiddle with to reduce anxiety. People were also enjoying folding baby clothes and putting them into small baskets and pegging clothes on a washing line.

Staff we spoke with confirmed their understanding of person centred care and told us, "It's about what people want and their choices, like at meal times, instead of just putting something to eat in front of them." And "Asking people what they want to do today? Not just treating everyone the same and remembering not everyone wants to engage".

We asked staff about how they respected peoples different cultures and diversity and protect them from discrimination. They were able to give examples of different cultures within the staff team and how the people they support need to be treated equally. One member of staff told us; "If I thought someone was being treated differently for whatever reason I would report it. For example, someone being left out all the time."

Handover records showed that people's daily care was communicated when staff changed over at the beginning and end of each shift. We saw these covered areas including how the person had slept, their activities that day and any visits received by external professionals. Information about people's health, moods, behaviour and appetites were shared. This showed us staff were aware of the current health and wellbeing needs of people.

People's preferences were adhered to and staff knew how to respond if a person didn't like something about the service. One relative gave us a detailed account of how their family member was becoming upset about her room and they didn't want to sleep there. Working together with the person and their relatives they established that the patterns in her room were making her agitated due to her condition. The relative told us, "This was soon recognised by staff, who changed her curtains and bedding from highly patterned fabrics to plain fabrics to reduce the risk of distressing hallucinations."

People and their relatives we spoke with assured us knew how to complain if they needed to. One person told us, "If I needed to say something I'd say it." One relative told us, "If I wasn't happy about something I

would talk to staff first. I could then go to the deputy or the manager if it wasn't resolved".

People were supported to gain access to appropriate information in a format of their choice. The registered manager gave us various examples and we saw a range of information during our inspection that was on display for people. The daily menus were made up of photographs of food as was the activity agenda and notice board. An easy read version of the complaints procedure was also on display for people to see.

People were supported to make advanced end of life care plans in preparation if they wished and we saw that these where detailed, appropriate and contained personal preferences and wishes including religious wishes. No one was in the receipt of end of life care at the time of our inspection, however we spoke with the visiting professional who told us of their experiences and they told us, "End of life care is dealt with really well here. As a team (medical and care staff) we work really well together."

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in post. We asked for views on the management of the service from people and their relatives and received positive feedback. One person told us, "The manager is okay" and "The staff and manager in the home are good." One relative told us, "It's well led. It feels like they do a good job".

Staff we spoke with staff who said they felt supported by the manager and they told us, "The manager treats us all as equals." and another told us, "I have been really supported, the manager is approachable and provides us all with the training we need".

The registered manager held regular staff meetings for the staff team to come together to discuss relevant information, policy updates and to share experiences regarding the people who used the service. We saw the minutes of these meetings and could see how the people who used the service were discussed and their progress and care plans and staff told us they valued these meetings.

The registered manager explained to us how the staff supported people to maintain links with the local community and make use of local amenities regularly, for example using the local shops and community centre and when we spoke with staff they confirmed this and told us; "We go to the centre down the road for events all the time". The registered manger told us about how they worked together with the local community centre and even loaned tables for events and regally attended each other's events and used facilities.

Church View had a good working relationship with the local primary school who visited during our inspection to bring the people a Christmas present and card and sang merry Christmas and everyone enjoyed this.

The registered manager ran a programme of regular audits throughout the service. We saw there were clear lines of accountability within the service and external management arrangements with the provider. We saw evidence to show quality monitoring visits were also carried out by the provider and these visits included reviewing staffing, health and safety and the building/environment. They also carried out quality assurance checks and had an action plan in place to address issues raised from their own findings and from the provider.

People and their relatives were asked for their views on the service and we saw results were on display. There was also a 'wishing tree' in the reception area where people could make wishes and these would be acted upon. One of the outcomes of collecting people's views was the 'life story' books that were in place for people another was to have more activities for people and another activities co-ordinator was employed.

The registered manager showed how they adhered to company policy, risk assessments and general issues such as trips and falls, incidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm, were carried out. This was used to avoid any further

incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare and safety.

During the inspection we saw the most recent quality assurance survey results that were positive. This was an annual survey that was completed by, relatives and stakeholders of the service.

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and areas of good practice and advice. All records were kept secure, up to date and in good order and were maintained and used in accordance with the Data Protection Act.

People were supported by staff who worked together on the same principles and values that included; privacy and dignity, promoting independence and access to health services.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.