

Oaklea Care Limited

Churchview Care Services (Taunton)

Inspection report

Buck House, First Floor Offices
Holyrood Street
Chard
TA20 1PH

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11 October 2023

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Churchview Care Services (Taunton) is a domiciliary care and supported living service providing personal care to people with learning disabilities and autistic people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of inspection, the service supported 13 people with the regulated activity personal care.

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

Staff enabled people to access specialist health support in the community, however staff did not always follow professional guidance. People received their medicines from trained staff, the recording of people's medicines needed to be improved.

Right Care

Risks to people were not always fully managed and mitigated. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Right Culture

Improvements were needed to make sure there were effective systems to monitor the quality of the service. Staff turnover had been high, which meant people were supported by agency staff. Regular agency staff were booked to ensure they were familiar with people and their needs. The ethos of the service was to provide person-centred care and promote people's independence. People told us they were happy, and they liked the staff supporting them. The management team and provider were open and transparent throughout our inspection. They acted on queries and our feedback throughout the inspection.

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

Rating at last inspection and update: The last rating for this service was Requires Improvement (08 June 2023).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made in relation to medicines management and safeguarding. The provider remained in breach of regulation relating to governance, and we identified additional concerns relating to risk management.

Why we inspected

We received concerns in relation to staff not following professional guidance. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Churchview Care Services (Taunton) on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in regulations relating to risk management and good governance.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Churchview Care Services (Taunton)

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 was carried out by 3 inspectors. Two inspectors visited people in their homes and the office, and 1 inspector made calls to people's relatives. A regulatory officer made telephone calls to staff.

Service and service type

This service provides care and support to people living in 4 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The service is also a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 were 2 registered managers in post, 1 was not working at the time of the inspection, the other who was present, also managed another of the provider's services.

Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 10 October 2023 and ended on 24 October 2023. We visited the location's office/service on 11 October 2023.

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. We received feedback from the local authority and reviewed information we held about the service. We used all this information to plan our inspection.

During the inspection

We met with 6 people who used the service. Some people were unable to verbally express their views to us, but we were able to observe their interactions with staff. We received feedback from 4 relatives. We spoke with the management team and 9 members of staff. We looked at a variety of records relating to people's personal care and support, and the running of the service. These included, 5 care and support plans, 2 staff recruitment files and a sample of medication administration records. A variety of records relating to the management of the service, including policies and procedures were reviewed.



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 Requires Improvement. At this inspection the rating has remained 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider did not always assess risks to ensure people were safe. Staff did not always take action to mitigate any identified risks. Risks to people were not always fully managed and mitigated.
- Prior to our inspection we received significant concerns that staff were not following and responding to 1 person's medical care plan, and that guidance from professionals was not being shared amongst the staff team. We reviewed this information and found that some basic guidance was in place, however on 1 occasion staff had not followed this or recorded any actions taken. This placed the person at risk.
- Information and guidance in care plans was inconsistent. For example, 1 person had a health need and staff were required to seek medical assistance at specific times. The person's care plan and risk assessment contained different information regarding this. This meant staff may not respond appropriately should the person become unwell.
- Another person had an eating and drinking plan that had been written by a speech and language therapist (SALT). During the inspection we observed the person was not following the plan. Staff were aware of this but had not taken action to raise this with the SALT and seek their guidance. This put the person at risk of choking. A referral to the SALT was completed during the inspection.
- We also found for another person that their records and risk assessment had not been reviewed and updated following them having a fall. Their care plan stated they 'had no recorded falls for 6 months'. Other records indicated they had fallen 7 days prior to the inspection. Additional equipment had been implemented to support the person with their mobility, but this was not detailed in their care plan or risk assessment. This meant staff may not have up to date information in order to support the person.
- The provider did not always learn lessons when things had gone wrong.
- There was a process for reporting and recording accidents and incidents and these were analysed by the provider. This hadn't always been effective in ensuring any concerns were addressed and learning shared amongst the team.

The provider failed to manage and mitigate potential risks to people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The regional operations manager took action during the inspection to address the shortfalls in risk management. They confirmed that relevant and detailed guidance was now in place, they had liaised with health professionals and ensured all staff were now aware of people's guidance.
- Other risk management plans we reviewed were more detailed and contained relevant guidance to enable staff to support people safely.

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

At our last inspection the provider did not have effective systems and processes in place to safeguard people from the risk of financial abuse. 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.

At this inspection improvements had been made and the provider was no longer in breach of Regulation 13.

- People were safeguarded from abuse and avoidable harm.
- There were a range of checks and audits in place to ensure people were supported appropriately to manage their finances. Records were clear and detailed expenditure, and the team leaders completed weekly checks to highlight any anomalies.
- People told us they felt safe. One person told us, "I do feel safe here, yes." Another person told us, "Yes, I do feel safe."
- We received some mixed feedback from relatives regarding how safe they felt their loved ones were. One relative told us about incidents that had occurred and said, "I just want [name of person] to be comfortable and safe." The relative confirmed the local authority were aware of the incidents and the concerns they had. Another relative commented, "I definitely feel I am leaving [name of person] in safe hands. [Name of person] is content and comfortable and feels secure."
- Staff received training in safeguarding and whistleblowing, had access to policies and were aware of the procedures to follow if they suspected someone was being abused. One staff member told us, "We went to a meeting for safeguarding, we talked about what to look out for if there was abuse and who to report to. If I was really worried, I would go to you (The Care Quality Commission). I would also go to [name of team leader] or whoever our manager is."
- Staff were aware of the whistle blowing procedure and they could report any concerns outside of the organisation if there was a need to.
- The service had reported safeguarding concerns to the local authority and the Care Quality Commission as required.

Using medicines safely

At our last inspection we found the provider had failed to ensure medicines were managed safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12, relating to the management of medicines.

- People received the medicines they needed, but record keeping needed to be reviewed and improved further. For example, 1 person's record stated 1 medicine was only to be taken 'as and when required', but this was being taken 3 times each day. Another person's records contained conflicting information about what medicines the person needed to take. These issues were discussed with the regional operations manager who confirmed the necessary improvements would be made.
- People told us, or confirmed in other ways, they had the right medicines, at the right time. Staff supported people with medicines. One person said, "Staff help me with my tablets. I am very happy with that."
- Checks were carried out on medicine stock levels and storage temperatures. Medicine administration was audited each month in each care setting.
- The service had ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of

people with a learning disability, autism or both) and would ensure any medicines taken now or in the future were reviewed by prescribers in line with these principles.

Staffing and recruitment

- People were supported by enough staff who had been safely recruited. We received mixed feedback from people's relatives regarding the staffing at the service. One relative told us, "Staffing has been a bit of a nightmare, some don't speak good English. But the care side is fine, [name of person] is safe and well looked after." Other comments from relatives included, "There has been lots of change and staff turnover" and "There are only 2 remaining members of staff, the rest are agency."
- We also received mixed feedback from staff relating to staffing, however staff told us shifts were covered. One staff member told us, "We could do with some more staff, but we do have regular agency staff who know the service and people we support." Another staff member commented, "'We've got staff vacancies and we have a high use of agency, but the agency we use are regular. We almost treat them like our staff."
- The provider had experienced some difficulties recruiting new staff. Regular agency staff were used to make sure appropriate numbers of consistent staff were available. We reviewed the training records of agency staff and not all of them had received training in dysphagia, this is where people experience difficulties in swallowing. We discussed this with the regional operations director who told us they would review this.
- The service operated recruitment processes to check staff's suitability for the role. This included requesting references from previous employers and completing a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- People were supported to keep their homes clean, there were cleaning schedules in place.
- The provider had an infection prevention and control policy in place and staff had received training in infection control.
- Personal protective equipment (PPE) such as gloves, masks and aprons were provided.

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 Requires Improvement. At this inspection the rating has remained 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

At the last inspection in April 2023, we found the provider had failed to ensure the quality and safety of the service was assessed, monitored, and improved effectively. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was still in breach of regulation 17.

- Whilst at this inspection we found some improvements had been made, the provider's auditing of care settings for quality and safety was still not fully effective. Issues we found during our inspection had not been identified by the provider's own systems. This placed people at risk of poor care or harm.
- We found some people's medicine records were not accurate, risks were not always assessed or managed in a safe way and 1 person's plan to prevent them from choking was not being followed by staff.
- The provider had an action plan in place with timescales for completion. The action plan identified the action point, 'Staff did not always have sufficient guidance to ensure people's needs were met in a consistent and safe way.' This was marked as complete on the action plan, however we identified this was not fully completed during our inspection. The provider told us the action plan was awaiting verification by operational colleagues at the time of the inspection.

The provider had failed to ensure the quality and safety of the service was assessed, monitored, and improved effectively. This was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Statutory notifications were submitted as required. Statutory notifications are important because they inform us about notifiable events and help us to monitor the services we regulate.

Working in partnership with others; Continuous learning and improving care

- The service worked in partnership with a range of health and social care professionals. We found, however, professional guidance was not always effectively communicated, recorded, or followed by staff, as detailed within the safe section of this report.
- The regional operations manager was responsive to our inspection feedback; they demonstrated a

commitment to making improvements where required and ensuring people received safe and good quality care.

- The provider demonstrated some improvements had been made since our last inspection in relation to safeguarding and medicines management.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received some mixed feedback from staff relating to the culture and morale of the service and how well they felt supported. This was mainly due to the changes in managers. One staff member told us, "It's difficult because we seem to be in and out with managers all the time. Honestly, no I do not feel that well supported." Another commented, "Morale has been a bit 'iffy' what with all the changes, I feel it's moving in a better direction, and I feel supported." A third staff member told us, "Morale has definitely got better, I've had quite a lot of support and it's nice to see the positivity of the staff. Over the years there's been management changes and it's been unsettling."
- The regional operations manager, who was recently appointed by the provider, told us they had reviewed the staffing structure in the services and had made changes to ensure effective oversight and support. Training was being arranged for team leaders to ensure they had the knowledge and skills to fulfil their role.
- People told us they were happy being supported by the service and they liked the staff. One person told us, "We've got lovely staff here, I am very happy." Another person commented, "The staff are nice. I like my home."
- Staff were positive about the people they supported. One staff member told us, "I love it, I enjoy the people, the individuals I support and the staff I work with, it's just really great."
- People's relatives felt things were improving with the regional operations manager in post. One relative told us, "My impression is improvements are being made." Another relative commented, "They are on top of problems and sorting things out. On the whole it's very positive."

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 responsibility to act openly and honestly when things went wrong. The provider demonstrated where they had acted upon their duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to communicate and engage with staff. Handover sheets and message books were used to pass over important messages and ensure certain checks were completed each shift. We found some inconsistencies in the completion of the handover records. This meant staff may not have access to relevant information.
- Team meetings were held for staff to share messages, discuss current issues, and for staff to communicate their views. The frequency of these meetings varied within the services. One staff member told us, "We haven't had a team meeting in 6 months." Another staff member commented, "We get them once a month, the minutes are circulated, and we get an email to say what had happened. They are quite relaxed, and we can have a sounding off if we're upset about anything, I feel listened to."
- People were involved in the day to day running of their homes and made choices about how they wanted to spend their day.
- At our last inspection relatives' feedback regarding the communication with the service was varied, not all relatives felt the service was good at communicating with them. During this inspection, comments from relatives regarding communication were more positive. One relative told us, "[Name of person's] keyworker keeps me in the picture. If you raise something they act on it, it's really good." Another relative told us,

"Communication is definitely better. The new carer is ringing me with plans."

- The regional operations manager told us feedback from people and relatives was sought annually via a survey. They told us new surveys had been distributed and they were in the process of collating the feedback.

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
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to effectively assess and mitigate risks to people.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure the governance systems fully effective in identify shortfalls and addressing them.