

K S Mann

Churchill House

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

About the service:

Churchill House is a residential care home providing accommodation and personal care to 12 people with mental health needs, aged 18 and over at the time of the inspection. The home can support a maximum of 12 people. The care home accommodates people in two separate wings, with six people in each wing, which have separate adapted facilities.

People's experience of using this service:

People were safe in the home and there were procedures to protect them from abuse. Risks associated with people's needs were assessed.

The premises and environment were safe for people and well maintained. We made a recommendation for the provider to look into installing window restrictors as an additional safety mechanism and to prevent unauthorised access to the home.

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 the service supported this practice.

People were provided their medicines as prescribed. People were supported with their nutritional needs and had choices with meals. They had access to health care professionals, such as GPs when required. They received care and support from staff who were kind and compassionate.

Staff treated people with dignity and respected their privacy.

Staff were recruited safely and were supported with training and supervisions for their development. Staff maintained positive relationships with the people they supported. They understood people's needs, preferences and what was important to them. People's independence was promoted.

Care plans were person centred and detailed people's support needs. People's end of life wishes were explored. People and relatives were supported with complaints they wished to make. They were able to provide their feedback about the home.

Staff felt supported by the management team and told us there was a positive culture within the home.

The registered manager carried out audits and checks to ensure the home was providing a good standard of care. They were committed to make continual improvements and there was a clear management structure in place.

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

Rating at last inspection:

At the last inspection on 30 August 2016 (report published 26 October 2016), the service was rated 'Good'.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Churchill House

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. This inspection was planned to check 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 Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Churchill House 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was carried out on 25 April 2019 and was unannounced.

What we did before the inspection:

Before the inspection, we reviewed relevant information that we had about the service including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. A notification is information about important events, which the provider is required to tell us about by law. We also checked the last inspection report and requested feedback from social care professionals.

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

During the inspection:

We spoke with the registered manager, the provider, a senior support worker, two support staff and four people using the service.

We looked at the care records of five people, the management of medicines, staff training records, audits, premises safety checks, complaint records and accident and incident records.

After the inspection:

We spoke with two relatives by telephone to obtain their views of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us the service was safe. One person said, "Yes, I feel safe here." A relative said, "Yes it's definitely very safe for [family member]."
- The service had a safeguarding policy to protect people from abuse. Staff had received training in safeguarding and knew what actions to take if they had concerns of a safeguarding nature.

Assessing risk, safety monitoring and management

- Risks to people were assessed and regularly reviewed. Plans were in place to mitigate these. For example, risks to people included health conditions such as high or low blood sugar levels and behaviour that could challenge.
- There were suitable procedures and equipment for fire safety. People had personal emergency evacuation plans to support them to leave the premises if there was a fire. Safety checks were carried out on the premises and equipment, such as for gas, water, legionella and electricity.
- We noted that windows within the home, on both the ground floor and first floor, did not have window restrictors fitted to prevent them opening too wide. This would ensure people in the home were safe from potential accidents and would provide additional security to the home.
- We discussed this with the registered manager who told us people currently in the home were not at risk of climbing, falling or jumping out of windows. However, we were concerned should new people move into the home who potentially have this risk. Additionally, the home was at risk from non-authorised people gaining access to the property through open windows.

We recommend the provider follows best practice guidance on fitting window restrictors as an additional safety mechanism in the home and to prevent avoidable harm.

Using medicines safely

- People told us they received their prescribed medicines on time. One person said, "Yes I get them when I need. I don't take many though."
- Medicines were managed safely and securely. Procedures were in place for the ordering, receipt, storage and administration of medicines.
- We looked at Medicine Administration Records (MAR) staff had completed after administering people's medicines and saw that they were up to date and accurate.

Staffing and recruitment

- There were suitable numbers of staff on duty during the inspection. People and staff told us they had no concerns about staffing levels.
- Staffing levels were assessed by the registered manager to determine the numbers required during the day

and night.

- Agency staff were used when required and the registered manager told us they worked well with a recruitment agency who provided staff that were familiar with people in the home.
- A staff member said, "We have enough staff to cover shifts. There are no issues."
- Safe recruitment procedures were followed to ensure staff were suitable to work with people. Pre-employment and background checks were carried out before staff started to work in the home.

Preventing and controlling infection

- The home was clean and infection control procedures were in place. Staff worked with people to ensure the home was well-maintained.
- Care staff followed the correct procedures and used gloves and aprons where necessary to control infections.

Learning lessons when things go wrong

- Accidents and incidents were analysed to learn lessons from them and prevent reoccurrence.
- Action was taken by staff following incidents and accidents to ensure people remained safe, for example when people presented behaviour that could challenge.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Pre-admission assessments were carried out before people moved into the home to determine if they could be supported by staff. These included any health conditions people had and their personal care needs.
- The assessments helped staff provide care and support in a way that met people's needs, so that positive outcomes could be achieved.

Staff support: induction, training, skills and experience

People told us staff had the necessary skills to support them. One person said, "They [staff] seem well trained. They do a good job."

- Staff received regular training supervision and appraisals. Training included safeguarding adults, the Mental Capacity Act (2005), challenging behaviour and medicine administration.
- A training log showed staff training was up to date and when refresher training would be provided.
- Staff completed the Care Certificate qualification which is a set of standards that health and social care staff work towards.
- Staff were encouraged to use their initiative and solve problems where they could. They received supervision and appraisals from the registered manager to discuss their performance and identify any development opportunities.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- A record of DoLS applications and authorisations was maintained. The registered manager ensured they were renewed when they were about to expire. Where specific conditions were in place for people, relating to restrictions, these were adhered to.
- Staff had received training in the MCA and understood its principles. They told us they sought people's

consent before supporting them.

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

- People were supported with maintaining a healthy and balanced diet. They were provided choices for their meals. One person said, "The food is good, quite tasty." Where people were at risk of losing weight or had swallowing difficulties, referrals were made to appropriate health professionals for support.
- Staff were aware of people's specific dietary needs and prepared food that suited them. Culturally specific diets people had were also accommodated.

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

- The home was suitable for people with mental health needs. It was split into two sides, with six people living on each side with equivalent facilities, such as lounge, kitchen and dining areas. Staff worked across both sides and people were able to mix freely.
- The necessary adaptations were in place for people who were less mobile to help them get around the home.
- The provider had recently refurbished and painted the home to ensure there was a homely, refreshed and comfortable environment for people.

Supporting people to live healthier lives, access healthcare services and support

- People had access to a variety of healthcare professionals such as GPs, district nurses, chiropodists and opticians to help maintain their health and wellbeing. They were supported to attend their appointments by staff.
- Staff worked with other agencies, such as social care and mental health teams to provide consistent, effective, timely care to people.

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- People and relatives told us staff were kind and caring. One person said, "The staff are very kind and friendly." Another person said, "The staff are very respectful of me."
- Staff were polite and considerate of people's needs. A staff member said, "I have got to know people in the home well. I talk to people about their family, friends and life in general. We are open and available to people so they feel safe."
- We observed a relaxed atmosphere in the home where people enjoyed the company of others and of staff. Staff told us they spent time getting to know people and listened to them so that they could provide support that was suited to their needs and wishes.
- Equality and diversity policies and training for staff ensured all people were treated equally and their human rights were respected, regardless of their religion, race, sexuality or gender. A staff member told us, "I would treat everybody the same. I would treat them the way I would want to be treated."

Respecting and promoting people's privacy, dignity and independence:

- People's privacy and dignity was respected by staff. One person told us, "Yes my privacy is respected. Staff will knock on my door first."
- People were encouraged to remain as independent as possible and do as much for themselves as they could. Most people could tend to their own personal care needs, took part in household chores and helped prepare light meals or snacks.
- Staff understood that personal information should not be shared with others or misused to preserve and protect people's confidentiality. A staff member said, "People can talk to me in confidence, I wouldn't break their trust."

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

- People were involved in making decisions about their individual care and support needs, with the support of their relatives. A person told us, "My key worker talks to me and I can tell them how I feel and what I want to do."
- Staff respected people's choices and acted on their requests and decisions.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

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

- People and relatives told us the staff were responsive to their needs and understood their preferences for their care and support. One relative said, "The staff are responsive. They also keep me updated with any changes to [family member]."
- People received person centred care in accordance with their wishes. Care plans were personalised and contained a profile of the person with their histories and personal preferences.
- Care plans were reviewed when people's needs changed or at least monthly. We saw that care plans were up to date.
- Staff worked closely with people and had 'one to one' or key work sessions to discuss their choices and interests so that these could be achieved.
- Staff worked together and communicated with each other to share important information. They completed daily logs for each person and discussed any concerns about people so that actions could be followed up. A staff member told us, "It is very positive. There is good teamwork and we work well together to help residents."
- People took part in individual or group activities. On the day of our inspection we saw people playing board games together with staff and other people in the home. People were relaxed and enjoyed themselves. One person told us, "I enjoy the activities. Good laugh."
- There was an activity timetable for people which included arts, bingo, outings to museums and visits to cafes and restaurants.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People received information in accessible formats. Care plans detailed people's communication needs and abilities and explained how best to communicate with people. For example, one person's communication plan stated, "I express my pleasure through smiling and laughing."

Improving care quality in response to complaints or concerns:

- People told us staff and managers would listen to them and try to address any concerns or issues. One person said, "I would speak to the manager or one of the staff." A relative told us, "If I was concerned, I would speak to [registered manager]."
- There was a complaints process and we saw that all complaints were acknowledged and addressed by the

registered manager. They investigated and responded to people and relatives with an outcome.

- Compliments were also received by relatives and visitors. One relative had written, "Very happy with the care given to my [family member]."

End of life care and support

- The service did not support people at the end of their life at the time of our inspection, where they had a terminal illness.
- However, people's end of life wishes were explored with them and a care plan was developed to detail their cultural and spiritual preferences.
- Staff had received training on end of life care to help them prepare to support people with dignity and care.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our last inspection in August 2016, we rated the Well-Led domain as 'Requires Improvement'. This was because the home had not had a registered manager in post for more than 12 months and there was a lack of effective leadership arrangements.
- The provider had since recruited the current registered manager, who was previously an area manager and knew the home well.
- They carried out daily and weekly checks on areas such as maintenance, health and safety, daily records and medicines.
- The registered manager was supported by a senior member of staff and they worked together to manage the home.
- The registered manager understood their responsibilities and notified the relevant authorities, including the CQC of safeguarding concerns and serious incidents.
- Staff were clear about their roles and responsibilities. They felt supported by the management team. One member of staff said, "We are well supported. [Registered manager] is very approachable and helpful." A senior member of staff said, "I get on well with [registered manager] and I know the owner. I can speak to them if I need to."

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

- People and relatives told us the home was well-led. One person said, "Yes it's good. Everything is OK and we are well treated." A relative told us, "Since my [family member] moved to the home, they have got a lot better and healthier. It's a better care home than others we used. The manager is very good."
- Person-centred care was provided to people and the registered manager knew people in the home well. The registered manager said, "We have worked towards being a more person centred service and empowering staff to make decisions."
- Records showed that people were supported to achieve outcomes for their care and staff were encouraged to develop their skills.
- Staff told us there was a positive culture in the home and they worked well as a team.

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

- People had opportunities to take part in meetings and provide their views and feedback about the home.
- People were supported with household tasks and told us they were happy to do this to help maintain the

cleanliness of the home.

- Staff meetings were held to share information and any areas of concern were discussed as a team. Staff and managers talked about the wellbeing of each person in the home, as well as items such as health and safety, daily records and activities.

Working in partnership with others:

- The home had good working relationships with health and social care professionals to help maintain people's care and support needs.
- The registered manager was a member of local health and social care networks and groups to learn about new ideas and developments in the field.

Continuous learning and improving care:

- Surveys and questionnaires were sent to people and relatives for them to provide their feedback and suggestions about the running of the home.
- Areas for further action were identified to ensure there was a drive for continuous improvement in the home.
- We saw that improvements had been made to ensure there was a more effective quality assurance system in place.