

# Churchill Care Home Limited

# Churchill House

## Inspection report

48-50  
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Romford  
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Tel: 01708732558

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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 a residential care home providing accommodation and personal care to up to a maximum of 14 people. The service accommodates 14 people across two interconnected houses, each of which has separate communal facilities such as kitchen, lounge and bathrooms. At the time of our inspection there were 10 people using the service.

### People's experience of using this service and what we found

People told us they felt safe and were happy living at the service. They told us staff were caring and kind, and the home was clean and furnished to meet their needs. People's risk assessments and the service's health and safety processes which included fire safety and infection prevention and control protocols ensured people lived in a safe environment. There were systems to ensure staff were safely recruited, trained and supported to provide effective care.

Care plans were tailored to people's individual needs ensuring their preferences, wishes and equality characteristics such as ethnicity, faith and gender. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives told us the food provided was good. They said they knew how to make a complaint. The management was open to ideas and welcomed feedback from stakeholders as part of their quality assurance system. The registered manager audited various aspects of the service to ensure people received safe care. Staff worked in partnership with health and social care professionals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 7 April 2020 and this is the first inspection.

### Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Follow up

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?

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. 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.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one 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.

#### 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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since registration with CQC. We looked at notifications we had received from the service. A notification is information about important events, which the provider is required to tell us about by law. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and three relatives about their experience of the care provided. We spoke with three members of staff, a senior support worker and the registered manager. We spent time observing the support and communication between people and staff in communal areas of the service.

We reviewed a range of records. This included 3 people's care files, 3 staff files, and a variety of records relating to the management of the service, including training, policies and procedures 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.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- There were mixed feelings about the staffing level at the service. One relative told us, "There is enough staff, but I feel they could do with more staff for activities." Another relative commented, "Staff do so much here, if they had a cook, care staff would have more time for activities." A member of staff said, "We have to do cooking, cleaning, and washing, and household jobs [in addition to supporting people with personal care]."
- After the inspection the registered manager confirmed that they had increased the staffing level by providing an additional member of staff during the day shifts. This ensured there were enough staff to support and meet people's needs.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Preemployment and background checks were carried out before staff started work at the service.
- People's records contained their profile with essential information on their background, likes and dislikes to ensure new or temporary staff could see quickly how best to support them.

### Systems and processes to safeguard people from risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. A relative told us, "I feel [person] is 100% safe here."
- Staff had training on how to recognise and report abuse and they knew how to apply it. A member of staff told us, "I will report any incident of abuse to my manager."

### Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. Each person had a risk assessment which detailed possible risks to their health and safety and outlined how these could be managed.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe.
- Staff helped keep people safe through formal and informal sharing of information about risks. Staff shared information with health and social professionals and reviewed risks to people.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. Fire risk assessment and regular health and safety checks by staff ensured people lived in a safe environment.

### Using medicines safely

- Staff managed medicines safely. Staff responsible for administering and recording medicines, completed medicine administration records (MARs) after people's prescribed medicines had been given to them.

- People told us staff administered their medicines safely. One person said, "Staff give me my medicines on time." We observed administration of medicines and saw staff offered people water which they used to swallow their medicines with.
- Staff audited medicines regularly. This showed the service had a system for checking and addressing any errors in medicine management.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People could have visitors to the service as they wished. Visiting relatives, friends and professionals were asked questions regarding COVID-19 on entry to the service and were required to follow suitable protocols to minimise the spread of the virus.

#### Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- Staff raised concerns and recorded incidents and accidents, and this helped keep people safe.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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;  
Supporting people to live healthier lives, access healthcare services and support

- There were effective processes to ensure people were admitted to the service based on their assessed needs.
- Staff completed a comprehensive assessment of each person's physical and mental health before admission. The registered manager told us they completed initial assessment of needs to ensure the service was appropriate to their needs.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.
- Staff supported people to live healthier lives. People's care plans detailed their health and medical needs and how to promote healthy living.
- People were supported to access health care professionals. Records confirmed that people regular medical input by professionals such as opticians, dentists, psychologists.

Staff support: induction, training, skills and experience

- Staff had received relevant training to support people effectively. One relative told us, "I do think the staff are well trained." Staff files and the provider's records confirmed staff had attended various training programmes related to their roles.
- Staff felt supported by management. A member of staff said, "I get a lot of support from the manager. The manager is very good and lets me tell her what I can do."
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. Staff told us and records confirmed they had supervision and annual appraisal.
- Updated training and refresher courses helped staff continuously apply best practice. Staff also had received induction when they began work at the service.

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

- People were supported to eat and drink enough to maintain a balanced diet. One person told us, "The food is very good, and I enjoy it." We observed people were able to make hot drinks when they needed.
- People were involved in developing a weekly menu with staff and people's preferred or favourite meals were taken into account. One person told us, "The food is good; I am not a fussy eater; I am involved in the menu."
- The meals reflected people's dietary needs and preferences. A relative told us, "Staff provided [ethnic] food, which [person] liked." Records showed special medical needs such as diabetes were taken into



account when providing meals for people.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well maintained environment. We observed bedrooms, the kitchen, bathrooms and all communal areas were clean and tidy.
- We observed the interiors would benefit from decoration. The registered manager confirmed that it was already in the provider's plan to re-decorate the interiors of the service.
- The service was split into two sides, with separate facilities, such as lounge, kitchen and dining areas. Staff worked across both sides and people were able to mix freely. A separate smoking area was provided at the back of the home.
- The necessary adaptations were in place for people who were less mobile to help them get around the home.

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 always spoke with and sought people's consent when supporting them. People told us staff sought their consent when providing care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people well. One person told us, "I do like it here because it is comfortable, and I am looked after very well." A comment sent by a relative to the registered manager stated, "You and your [staff] have saved my [relative's] life. Staff are kind."
- Staff paid genuine interest in people's care and wellbeing. A member of staff explained how they liked their job and said, "It is the residents that keep me here, not the pay."
- People's equality characteristics were recorded in their care plans. These included their spiritual and cultural needs or practices and how and if they wanted staff to support them, for example, to practise their faith.
- Staff understood equality and diversity policies and were aware of the importance of the anti-discrimination of people. One member of staff confirmed attending training on equality and diversity and said, "We do not discriminate here."

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

- Staff supported people to express their views and make decisions for themselves. We observed staff listened to and respected people's views and wishes.
- People and their relatives were involved in decisions about their care. One person told us, "I am involved in my care." A relative said, "Yes, I am involved [in decisions] about [person's] care."
- Staff organised for people to be represented by families or advocates. This ensured that people were able to express their views and represented at various meetings related to their care.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted independence. Staff told us they encouraged people to do as much as possible by themselves. A member of staff said, "We encourage the residents to do their own laundry with assistance from us, each resident has a day when they do it."
- Care plans provided guidance for staff to promote independence. For example, one person's care plan stated, "Staff should observe [person] when [person] is in the kitchen but enable [person] to make use of [their] skills."
- Staff were caring and respectful. One person told us, "The staff are kind and caring to me." Another person said, "I have no complaints here, because the staff are very kind."
- Staff understood the provider's confidentiality policy and did not put people's personal information at risk. We noted personal information relating to people were stored securely.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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; End of life care and support

- People had choice and control to meet their needs and preferences because their care plans were written from their views.
- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, including their physical and mental health needs. People, and those important to them, reviewed plans regularly together with staff.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and mobility needs.
- There was a key worker system. Key workers regularly met with people and reviewed care plans to ensure care and support provided met people's current needs.
- The registered manager informed us that none of the people using the service required end of life care at the time of our inspection. However, they explained should the need arise, they would ensure that staff had training and skill to provide effective end of life care.

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

- People were engaged in activities of their choice. One person said, "I do join in some activities." Another person told us, "There are some activities you can join in if you want to."
- People were able to stay in regular contact with friends and family. For example, we noted how staff supported one person to send presents to their families. We also saw how the service used social media platforms to help people keep in touch with friends and family.
- Staff encouraged and supported people to follow their interests.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans detailed people's communication needs and abilities and explained how best to communicate with people.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. Records showed that one complaint had been recorded, investigated and responded to since

the service was registered.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care and honest with people when something goes wrong

- Although the registered manager was open and transparent, they were not always effective in sending correct notifications. The registered manager had sent one notification with wrong information. We were advised by the registered manager that had happened due to "the impact of the incident on staff". The registered manager re-sent the correct information and assured us they had reviewed their systems to stop recurrence of a similar error.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. Key working sessions were held for each person, so their needs and wishes were reviewed regularly.
- Staff were able to explain their role in respect of individual people without having to refer to documentation.
- Staff were positive about the support they received and the way the service was managed.
- The registered manager attended providers' meetings organised by the local authority. This helped the registered manager to share information on current policies and practices in social care.
- Senior staff at the service had embarked on higher training to achieve a qualification in management of social care.

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

- The service promoted positive culture that was person-centred, open and inclusive. We observed a friendly atmosphere between people, staff and management.
- Management worked directly with people and we saw homely, informal atmosphere within the service. One person told us, "The manager is always around to help me out."
- Staff felt supported and valued by management. One member told us they liked working at the service and said, "The manager is very helpful to me."
- Management and staff put people's needs and wishes at the centre of the service. They discussed people at their handover meetings and team meetings and ensured care plans were kept under review, so people received care and support suitable to their needs.

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

#### characteristics

- The registered manager had systems to ensure people, relatives and staff engaged and were involved in the quality of the service.
- Survey questionnaires were distributed to and collected from people, relatives and staff, and were analysed and action put in place to improve the quality of the service. This ensured people, relatives and staff had an opportunity to influence quality of the service.
- People and staff had separate monthly meetings. This helped people and staff to share important information and discuss any issues.
- People's equality characteristics were recorded, and action put in place to meet them.

#### Working in partnership with others

- The management team had good working relationships with health and social care professionals to help maintain people's care and support needs.