

Shire Care (Nursing & Residential Homes) Limited

Churchview Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

About the service

Churchview Care Home is a residential care home spread over two floors. The service provided personal and nursing care to 23 older people, younger adults, and people living with dementia and sensory impairment. The service can support up to 30 people.

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

Systems and processes including governance systems, failed to identify and assess all risks to the health, safety and/or welfare of people who use the service.

For example, certified safety checks had not been completed following the supplier's guidance and additional monthly checks required further information to assure continued safe use and operation of bed rails to mitigate known risks.

People received support with their medicines as assessed. However, staff had failed to follow policy guidance to ensure medicines prescribe as creams or patches were safely administered with appropriate associated records implemented and maintained. Monthly audits were completed but daily checks failed to implement corrective actions within reasonable timescales to mitigate known risks.

Staff received induction, training and support to carry out their duties. However, there was no evidence of a formal process in place for ongoing or periodic reviews to record where staff were assessed for their competency. For example, to manage and administer people's medicine. Checks failed to ensure records of supervisions captured how staff were supported in their role and to meet their aspirations.

People's needs were assessed as required to maintain compliance with the Mental Capacity Act 2005. Some risk assessments and support plans required implementation and updating. For example, where it was agreed to restrict access outside of the home.

People were supported with their health and wellbeing. Records included evidence of involvement from health professionals. This included input from GP's, occupational therapists, physiotherapists and psychiatrists.

Staff understood how to keep people safe from abuse. People were supported to remain involved with any religious preferences and staff confirmed supporting any diverse needs and treating people equally was embedded into their roles.

People spoke with enthusiasm about the meal time arrangements and the quality of food and support they received. Where people had any dietary requirements, these were supported, and people were monitored to ensure they achieved positive outcomes.

The provider ensured people were supported to enjoy meaningful activities. These included regular trips

out, daily events, shows and where people choose to remain in their rooms, daily support and interaction to remain free from social isolation.

Staff were caring. They understood how to empathise with people who showed signs of confusion due to their dementia. Staff were patient and treated people with dignity and respect.

The registered manager and the provider were passionate about providing a safe service that was based around the needs of the individual person. They were responsive to the concerns we raised during the inspection. Where appropriate some actions were implemented immediately to maintain people's safety. Other actions were planned for implementation on an action plan to determine the required improvements.

People and their relatives told us they were able to contribute their feedback to maintain and improve standards of care and support. They told us they were confident if they had any complaints the registered manager would address them appropriately.

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

Rating at last inspection

The last rating for this service was Good (published 30 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because where quality and safety concerns were found during the inspection associated governance did not ensure all corrective actions were implemented without unnecessary delay. This placed people at risk of harm.

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 for 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 return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Churchview Care Home

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 Care Act 2014.

Inspection team

One inspector and an Expert by Experience visited the service. 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

Churchview is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We reviewed 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 four relatives and friends about their experience of the care provided. We spoke with nine members of staff including the provider, the registered manager, a nurse, four care workers, the cook, and a domestic staff member. We also asked a hairdresser and three visiting health professionals for their feedback.

We reviewed four people's care records and multiple medicine administration records. We looked at three staff files in relation to recruitment and viewed training and staff supervision records. We looked at a selection of records relating to the management and running of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The provider sent further supporting documentation for us to consider. This included; a training matrix, policies and procedures and an action plan to address concerns we found during the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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; Using medicines safely; Learning lessons when things go wrong

- Risk assessments did not always provide clear information about the support people required to maintain their safety. This led to increase restrictions on people's movements and did not promote their independence.
- Checks completed to assure the continued safe use of bedrail equipment had not been completed in line with supplier policy or following best practice guidance.

We recommend the provider consider current guidance on the safe use and management of bed rails and take action to update their practice accordingly.

- People were at risk from not receiving their medicines safely, as prescribed. Records were not in place to guide staff about the application of patches or application of creams.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection to our concerns. They arranged further assessments to support people to leave the home and sought best practice guidance for the management of bedrails. Actions were taken to ensure staff accurately recorded information about people's prescribed medicines.

- Fire safety was managed effectively. Staff attended fire drills and had access to up to date records to safely evacuate people from the premises.
- Checks were completed on appliances and utilities in line with requirements
- The provider had systems in place to review and analyse accidents and incidents. Outcomes of investigations were used to help prevent similar incidents.
- The provider adhered to best practice for ordering, storage, receipt and disposal of medicines.

Systems and processes to safeguard people from the risk of abuse

- Effective systems were in place to safeguard people from the risk of abuse. All staff received training in this area and were clear about their responsibilities to report any concerns.

- The service had policies and procedures that were reflective of the local safeguarding authority reporting requirements; to guide staff and keep people safe.
- People felt safe from abuse. One person told us, "I feel safer now I live here. It means so much to me and my daughter that I live in a safe place."

Staffing and recruitment

- Safe recruitment processes were in place and followed. Checks were completed to support the safe use of agency staff.
- There was sufficient staffing. One relative said, "There is always staff available if and when we need them."

Preventing and controlling infection

- The environment was clean. Staff followed good infection control practices and used personal protective equipment to help prevent the spread of infections.
- The home was well maintained, and consideration was given to how the environment could be improved.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance; Staff working with other agencies to provide consistent, effective, timely care

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was following the principles of the MCA. Where people had received assessments, which determined they did not have capacity to consent to all their care and support the provider had submitted applications to have any deprivations of their liberty legally authorised.
- The provider was updating risk assessments and support plans to ensure staff had access to current information to ensure support that was provided was always the least restrictive option. For example, where it was agreed to restrict access outside of the home.
- Records required review to ensure people only signed their consent where they had the capacity to do so.

Staff support: induction, training, skills and experience

- Staff received supervisions and appraisals to support them in their role. However, associated records did not always include information on how the process was used to develop and motivate staff, review their practice or focus on their professional development, goals and aspirations. The provider updated records to capture this information.
- Staff received training to ensure their skills and knowledge were up to date. However, information was inconsistently recorded where ongoing or periodic reviews were required. For example, to record where staff were assessed for their competency to ensure they followed best practice guidance with medicine's management and administration. The provider implemented a schedule to complete these checks to ensure staff were supported with any associated training that may then be required.
- New staff completed an induction to familiarise themselves with the service, role and needs of the people

living there.

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

- People enjoyed their food and had plenty of choices. One person told us, "There is always a good choice of main meals and desserts. We get some lovely homemade cakes with our afternoon tea."
- Staff supported people as needed. They promoted people's independence with eating, drinking, and were aware of people's dietary requirements.
- People were actively involved in choosing their food which was well-presented.
- When people were at risk of losing weight, this was closely monitored which resulted in positive outcomes for people.

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

- There was clear information about the support a person needed if their care transferred to a different environment, such as a hospital.
- People had access to GP's and other health professionals, where it was required.
- People received support to maintain their oral health. Care plans included assessments of the support people required and regular dental check-ups were made for people.

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

- The home was easy to navigate, and people were seen to be choosing to move around freely both inside the home and outside in the enclosed garden.
- The provider had an action plan to replace areas with patterned carpets. This type of flooring can cause distress and confusion for people living with dementia which can result in trips and falls.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained 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; Respecting and promoting people's privacy, dignity and independence

- Staff treated people with kindness and were caring. People were comfortable and relaxed with the staff and staff spoke to them kindly, held their hands, and gave them hugs where appropriate.
- Staff were aware of, and attentive to people who at times got confused or lost their way. Staff provided re-assurance which people responded to.
- Staff supported people with their spiritual needs. A staff member said, "Meeting people's spiritual, religious and cultural needs is a key focus of the team."
- People had access to a hairdresser who visited, and staff supported people to maintain their appearances. For example, by completing nail manicures and brushing their hair.

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

- People felt confident to express their views and make decisions about their care.
- People told us staff were helpful and supportive but did not take over. One person said, "They are very good at helping me to wash and dress. They are on hand to offer any other support I may need."
- People were supported to remain independent and make choices about their daily living. For example, what they wanted to eat and what they wanted to do each day.
- People had access to advocates where they needed impartial assistance to understand and make difficult decisions about their lives.
- Information was available to guide staff about how people communicated.
- People were supported to maintain their independence; staff prompted people to complete tasks and were patient and unrushed in their approach.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained 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; 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

- Care plans recorded people's input and provided staff with information to support them with their choices and preferences.
- Some information in care plans was not up to date or consistent. For example, a care plan recorded one person required support to have their food cut up and for the provision of bed rails; which was no longer required. Actions were taken following our inspection to update these records.
- Information about people's goals and outcomes was recorded. These were reviewed to ensure people's wishes were being met
- Life histories were recorded in detail to support staff to provide non-discriminatory care and support to people.
- Where people had any religious preferences, they were supported to follow their faith. One person said, "It means so much that I can celebrate my Christian beliefs here."
- Without exception, people told us they took part in, and enjoyed, a wide range of activities and therapies. They told us they were highly committed to the activities being enjoyable and beneficial.
- People were encouraged and supported to maintain meaningful relationships.

Meeting people's communication needs; Improving care quality in response to complaints or concerns
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.

- Information about people's communication needs was recorded. Staff understood the requirement to have information available in a way everybody could understand.
- People were confident to speak to staff if they were unhappy about anything. One person told us, "If anything goes wrong, you can approach any of the staff."
- People were supported to raise complaints and the provider understood their requirement to complete an open and transparent investigation.

End of life care and support

- People's advance decisions about their care were recorded in their care plans, when needed.
- The registered manager was aware of the importance of exploring people's cultural and spiritual wishes and followed best practice guidance in this area.

- Staff knew to consider people's wishes to ensure they remained comfortable and pain free.

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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Working in partnership with others

- People were at risk from not receiving high-quality person-centred care and support because governance and performance had not been effective in identifying and mitigating all areas of risk within appropriate timescales. Examples included missing or incomplete record keeping.
- Systems and processes used for staff supervisions, appraisals and checks on their competencies had not been reviewed to ensure records included the required information. For example, to record how staff were supported with ongoing or periodic supervisions associated with their role and assessed for their competency. Actions were implemented during the inspection to capture some of this information.
- Audits and checks failed to highlight the risks we found. For example, the recording of some medicines and creams.

We found no evidence people had been harmed. However, where quality and safety concerns were found during the inspection associated governance did not ensure corrective actions were implemented without unnecessary delay. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They implemented some remedial actions during the inspection and implemented an action plan to respond to other areas of concerns.

- The registered manager understood the legal requirement to notify the CQC of certain accidents, incidents and events.
- Everybody spoke positively about how caring the manager and staff team were.
- The registered manager greeted people and enquired how they were feeling. We noted they knew everyone's name and people knew theirs and responded with smiles and conversation.
- The provider sought guidance and input from other health professionals to support people with their well-being

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; Engaging and involving people using the service, the

public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The roles and responsibilities of management and staff were clearly defined and understood by people who used the service.
- Staff took their roles seriously and raised any concerns with the registered manager. One staff member said, "If ever I bring up a small matter with the manager it is dealt with without any fuss."
- Staff were able to feedback to the registered manager and this helped to maintain and improve standards at the home.
- The provider sought the views of staff, people and their relatives to continuously improve the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider failed to ensure systems and processes including governance systems, enabled them to identify and assess all risks to the health, safety and/or welfare of people who use the service and that those systems remained effective.</p> <p>17 2(a) (b) (c) (f)</p>