

Jubilee Care Ltd

Churchill House Nursing and Residential Home

Inspection report

Keepside Close
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Shropshire
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Tel: 01584877500

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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 nursing home providing personal and nursing care to people aged 65 and over. The service can support up to 62 people and at the time of the inspection 60 people were living at the home.

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

People received safe and effective care and support to meet their individual needs. Care was personalised and reflected people's preferences, needs and individual characteristics.

People were protected from harm as risks were assessed and managed and staff were confident to recognise and report abuse.

People received their medicines as prescribed and there were procedures in place to ensure the process was carried out safely.

People were supported by a staff team who had the knowledge and skills to meet their needs effectively. There were sufficient staff on duty to meet people's care needs in a timely manner.

Staff were well trained and well supported.

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.

Staff worked in partnership with health and social care professionals to ensure consistency and ensure people received appropriate and safe support. People were supported to access healthcare, and other agencies, when required. Although people's dining experience differed depending upon where in the home they lived, people received appropriate support to eat and drink and their nutritional needs were met.

Staff were caring and respectful, promoting people's privacy, dignity and independence.

People's care was responsive to their changing needs. People, relatives and health and social care professionals were involved in the assessment and planning of care and this joint working meant people's needs were met. People knew how to raise a concern and always felt listened to. Information was available in different formats to make it accessible.

People had access to, and enjoyed, a range of activities both within the home and in the local community.

People felt the service was well managed and people and staff had opportunities to share their views about the service. Staff felt listened to when they shared feedback. Audits monitored and ensured the quality of

care provided and feedback was sought from people who used the service to ensure their ongoing satisfaction.

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 outstanding (published 30 May 2017). At this inspection the service is now rated as good.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-Led findings below.

Good ●

Churchill House Nursing and Residential 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

This inspection was carried out by two inspectors.

Service and service type

Churchill House 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. A registered manager 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 inspection

We reviewed information we had received about the service since the last inspection. This included checking for any statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. We sought feedback from the local authority and professionals who work with the service. We also contacted the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public

about health and social care services in England. The provider had submitted a provider information return (PIR) prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with three people who used the service and five relatives. We spoke with two senior nurses who were assuming management responsibilities at the home on the day of the inspection and four other support staff. We looked at four peoples care files and one complete staff file. We also reviewed other records to demonstrate the effective running of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Following the inspection

We received written feedback from a local health care professional who regularly visits the home.

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 remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People received safe care. People told us they felt safe and well looked after.
- People were protected from abuse by staff who had received training to recognise and report any concerns. Staff told us if they had any concerns they would be confident to speak with the registered manager or any of the senior staff team.
- Local safeguarding policies were in place and staff had access to whistleblowing policies.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were identified and assessed to ensure people received safe support. Assessments were reviewed regularly or as people's needs changed and staff were kept up to date about changes during regular sharing of information
- Staff were confident using the equipment in the home and we saw staff moving people safely when required or requested by the individual.

Staffing and recruitment

- There were enough staff on duty to meet people's needs in a timely manner.
- People told us there were sufficient staff to meet their needs. Relatives and staff confirmed this. One staff member told us, "There is sufficient staff to support the service users. I get chance to spend quality time with them rather than just making sure that they are washed dressed and fed."
- Senior staff told us they calculated staffing levels based on individual needs and resources were delegated where needed most.
- Staff were recruited following the application of safe recruitment procedures. These procedures included checking people's qualifications, experience and background.

Using medicines safely

- People received their medicine on time by staff who were trained to administer it as prescribed. We saw staff administer medicines as directed in people's care plans meaning their individual needs and preferences were considered and medicines were administered safely.
- Staff confirmed they had received training and competency checks before they could administer medicines. Where more specialist administration procedures were required, staff received appropriate support and assessment from health care professionals.
- Medicine was stored securely and in line with manufacturer's instructions.
- Prescribed creams were used as directed and there was guidance on their administration available for care staff.

Preventing and controlling infection

- People were protected from the risk of infection by effective infection control procedures being in place. The local authority had reviewed infection control standards and rated them as good in June 2018.
- People were supported by staff who received training in infection control and had access to Personal and Protective Equipment (PPE). PPE includes the use of gloves and aprons which were readily available, and we saw staff using them appropriately.
- The provider employed domestic staff who worked throughout the home and maintained a clean environment.

Learning lessons when things go wrong

- Senior staff told us how they reviewed practice as a team to ensure lessons could be learned from incidents and accidents.
- Staff told us how they reflected on their practice and worked closely within their teams to ensure improvements were continually made to the care provided.

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 outstanding. At this inspection this key question has been rated as 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

- People's needs were assessed prior to their admission meaning the registered manager could be confident the staff could meet their needs.
- People's care files contained information to guide staff to effectively meet their assessed needs.
- Staff were knowledgeable about people's needs and preferences, including little details that made their care personal.
- Relatives told us they were involved in the assessment and care planning process and were confident that important details had been effectively communicated to staff.
- A visiting health care professional told us, "The staff are engaging, residents are always well kept and involved in their care planning, where appropriate."

Staff support: induction, training, skills and experience

- People told us staff knew how to meet their care and support needs effectively. One person told us, "They look after us very well." Relatives also commented positively about the skills and knowledge of the staff team.
- Staff received training relevant to their roles.
- New staff received an induction from the provider which included shadowing existing staff to learn routines and get to know people's needs. One staff member told us their induction was, "Great and better than I had received in other care jobs I have done." They went on to say it gave them the right level of knowledge to do the job.
- Staff told us they felt well supported by the registered manager and by their colleagues. They told us they had opportunities for one to one and group discussions to reflect on practice. One staff member told us that support was, "Brilliant. We all work together in a team."

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

- We observed the meal time experience for people throughout the home. There was a difference in experience depending on where the person lived. Upstairs, the meal time was not a social occasion and although people received what they needed there were fewer options available for people and a lack of social staff interaction as several people required support. Likewise, tables were not laid, (meaning that people did not have access to napkins and condiments at the start of their meal) and the majority of people remained seated in their chairs with the food brought to them already plated. They did not have the option of sitting at a dining table. We saw that left over and wasted food was scraped from plates into a bowl on a trolley in the middle of the communal area. This was unsightly and did not create a visually appetising

dining experience.

- People were supported to maintain a balanced diet and had access to fluids throughout the day.
- People spoke positively about the meals provided. One person told us "Its lovely." Another said, "The food is fantastic, the quality, quantity and choice is amazing."
- Care plans identified people's assessed dietary needs so staff could ensure people received their food in a way that they could safely manage. For example, one person had a pureed diet, due to concerns about their swallowing.
- People were offered fruit along with their drinks. We saw how the cook had made up fruit salads for people who would be able to manage smaller pieces of fruit. Smoothies were also offered for people to drink when people were on a pureed diet.
- People's weight was recorded when required and changes were monitored. Referrals were made to the GP to explore any changes that may indicate health concerns.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with external agencies to support the delivery of people's care. Staff told us they had good working relationships with external agencies to ensure people's needs were assessed and appropriate support was identified.
- We saw that people who were being supported to manage their pain were regularly assessed and when changes to medicines were required staff worked quickly with health care professionals to ensure changes were promptly made. This meant people could be supported to manage their pain at the home and not have to be admitted to hospital.

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

- Bedrooms had been personalised and met people's needs. Communal areas were spacious and there were small seating areas where people could enjoy a quieter environment.
- We saw pictures of people engaged in various activities being used to create a homely atmosphere and there was some signage in communal areas to help people find their way around. The staff on duty told us this was being reviewed and improved further. Small discreet pictures of forget me nots were seen on bedroom doors to discreetly identify if people in the room required extra support.

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

- People were supported to access healthcare services and get support when required.
- We saw people's oral health needs had been assessed and incorporated into care plans. The home was part of a scheme called 'Care to Smile'. This was an initiative to engage people living in care services to promote good oral health.
- People confirmed they saw healthcare professionals such as the chiropodist and optician.
- We saw how people were referred appropriately to external agencies to reassess risks to their health and wellbeing and to keep them safe. For example, when a person was identified as being at an increased risk of falling the staff referred them to the falls clinic for advice and support.
- A visiting health care professional told us, "As regards clinical management their approach is exemplary with clear management plans, clearly laid out clinical concerns and quick responses." This meant people could remain in good health and have their changing needs promptly addressed.

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 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.

- People's capacity was assessed under the MCA and where people had capacity their wishes were respected.
- When people lacked capacity to make a specific decision, the correct process was followed. Best interests meetings were held and applications to deprive people of the liberty were submitted to the local authority and reviewed appropriately.
- Staff were knowledgeable about ensuring people were consulted in relation to decisions about their day to day care. Staff told us they would respect people's wishes if they refused support, that it may have a detrimental effect on their health but would ensure this decision was recorded and shared.
- Senior staff were aware of the how to assess people's capacity to make decisions and when to apply for authorisations to act in people's best interests to keep them safe. This meant people could retain control of their lives as far as possible, with appropriate support when required.

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 outstanding. At this inspection this key question has been rated as 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.

- People were treated with kindness, compassion and respect. People spoke very highly of the caring attitude of the staff. One person told us, "I have seen staff doing acts of wonderful kindness to people living here."
- Overall we observed staff interacting well with people during the inspection. Staff were attentive and approachable. For example, staff responded promptly to requests for support and spoke quietly and offered reassurance while assisting people.
- A relative told us, "The staff are outstanding, and nothing is too much trouble."

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

- People were involved in making decisions about their care. We observed people being asked before any tasks were completed and given time to respond.
- People's care plans evidenced their involvement and information was recorded around how people liked to be supported. Relatives told us how they had been involved in sharing information and offering ideas for support when things changed.
- Relatives told us communication between themselves and the staff was good, and this meant they could all share information to ensure the person's wishes and preferences were considered. One relative told us they also felt supported by the staff and that staff were, "Brilliant at letting us know how [their family member] is and what they have been doing."
- A visiting health care professional told us, "Feedback from relatives who see me regarding residents at Churchill is that the home is outstanding as regards care and involvement of families."

Respecting and promoting people's privacy, dignity and independence

- People's dignity was protected. We saw that dignity issues were actively promoted and discussed. For example, the home had organised a 'dignity coffee morning'. We saw a large picture of a cup on the wall. The leaves in the cup were made up of individual comments from people about what dignity meant to them. One person had put, "I want to be treated with care and as an individual." Our observations found this happened.
- People were supported with personal care in private and staff spoke quietly to people when they had made requests for assistance with personal care. We saw people were reassured of their safety when being moved from one place to another and staff were mindful to protect people's dignity at all times.
- Care records were kept securely to ensure confidentiality was maintained.
- People were encouraged to support themselves and maintain independence where possible. For example,

in the downstairs dining room, we saw staff encouraging people at meal times to eat their food and there was assistive cutlery in use to promote independence with this task.

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 has 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

- People received care that was personalised to their needs. This is because staff listened to people who used the service and their relatives to identify people's needs and preferences and delivered care that reflected them.
- Staff told us people's care plans were very detailed to ensure all support needs and preferences were recorded. One staff member told us, "We are impressed with our care plans". Staff told us they contained sufficient detail to enable them to meet people's changing needs promptly and appropriately.
- People told us staff were responsive to their needs. One person said, "Whatever we need, we get."
- People were treated as individuals and their protected characteristics, such as their age, gender and culture, were recognised and supported.

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.

- People's communication needs were assessed as part of the pre-admission process and care plans reflected people's communication needs.
- Information was displayed around the home in a format that was eye catching, sometimes pictorial and in large print. Information included details of up and coming activities, menus and developments in care that people might find interesting.
- We saw interactive screens in communal areas inviting people to 'play' games and participate in question and answer sessions.
- The home used a traffic light system for identifying how people required their information. One staff member said this system would also identify if a person needed audio information.

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 enjoyed a range of activities that were arranged to meet people's needs. For example, one person liked operatic music. The staff had arranged an interactive screen link to a renowned opera house. Other people told us how they were enjoying Spanish classes and everyone spoke positively about the animal visitors.
- People were supported to maintain relationships and to create new friendships. We saw family and friends visiting people and they all told us they were always welcome and there were no restrictions on them

visiting.

- Staff told us some people liked to sit with friends and would look out for them to ensure this happened.

Improving care quality in response to complaints or concerns

- People had access to a complaint's procedure and told us they would talk to staff if they had a worry or a concern. Relatives were equally as positive.
- Staff told us a 'good rapport' was the most important way to ensure issues were resolved before they become complaints. Relatives told us their concerns were addressed promptly.
- Complaints were acknowledged, and outcomes and lessons learnt were shared. We saw there had been no recent formal complaints made to the home.

End of life care and support

- People's wishes in relation to their end of life care were considered and documented.
- Some people had Do Not Attempt Resuscitation (DNAR) agreements in place. This information was clearly identifiable to any staff member accessing the person's care file in an emergency.
- As people's health deteriorated and they required end of life care, the provider had plans in place to ensure care was delivered according to people's wishes.
- We saw the home had been accredited with the Gold Standard Framework. This reflected that staff were working within an evidence based approach of delivering good practice to ensure better lives for people at the end of their lives.
- We saw the staff had worked with external professionals to ensure any required medicines were available immediately if a person was in pain or discomfort.
- Advanced directives were in place to support people to remain at the home at the end of their life and reduce the need for a hospital admission. Staff received support and training to enable this to happen meaning a better experience for the person.

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 remained the same. This meant 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

- The registered manager was not on duty on the day of the inspection, however staff knew their roles and responsibilities in their absence and the home was being well run.
- Staff told us they received good support from the registered manager enabling them to deliver safe and effective care. One staff member told us, "We can approach the manager with anything."
- Notifications of incidents, events or changes that happened at the service were sent to us within a reasonable timescale and as required by law. These included safeguarding referrals and incident notifications.
- The service had audit and quality monitoring systems in place that identified the strengths and needs of the service. Outcomes were shared within the staff team to drive improvement. Staff were involved in completing audits and outcomes were fed back to them. This meant staff knew how the home was performing and where they needed to focus improvements.

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

- The registered manager created an open culture where they led by example. One staff member told us, "The registered manager is very hands on which makes them more approachable." A senior staff member told us, "The registered manager sets a great example as a carer and as a nurse."
- A relative told us, "It's a wonderful place. We are so glad we found it."

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

- People, their families, staff and other stakeholders were offered various opportunities to be involved in discussions about how the service operated. Meetings with people who used the service and their families took place as did staff meetings. Suggestions for improvements were listened to and actioned. We saw minutes that reflected meetings had taken place and outcomes were shared in communal areas to highlight actions and suggestions.
- Information was displayed around the home about forthcoming activities to ensure people were aware of what was happening and so could plan to attend or not.

Continuous learning and improving care

- Staff told us that ongoing training opportunities meant they could continually develop their knowledge and skills.
- Incidents and accidents were reviewed and discussed in staff teams to identify any trends or learning opportunities to prevent a reoccurrence. We saw, portable call bells had been introduced in communal areas to help people remain safe and request timely support. This was in response to a suggestion for improvement following an incident.
- In discussions staff told us how the provider worked with outside agencies to develop and implement new initiatives that improved outcomes for people who used the service. For example, in order to continually improve staff practice, the registered manager sought feedback from people who lived at the home and staff members about individual staff members. This was requested so the registered manager could assess the staff member's performance and attitude.

Working in partnership with others

- Churchill House worked in partnership with a range of different organisations. These included health care organisations that were developing joint working initiatives to improve people's care experiences. For example, staff were involved in the Care Homes Advanced Scheme. This is an initiative when health professionals work collaboratively to avoid hospital admissions for people.
- Staff liaised with health and social professionals to ensure people's health and social care needs could be effectively met. This enabled people to enjoy full, active and healthier lives. For example, the Care to Smile project.
- One health professional who worked closely with staff at Churchill House said, "I can confirm that the care provision I witness is always of a very high standard."