

Teesside Healthcare Limited

Churchview Nursing and Residential Home

Inspection report

Thompson Street
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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Churchview Nursing and Residential Home provides accommodation for up to 47 people who require nursing and or personal care. Care is provided in single occupancy rooms on two floors, with nursing care provided on the ground floor and personal care on the first floor.

At the last inspection on 15 July 2014, the service was rated Good. At this inspection we found the service remained Good.

Medicines were managed safely overall with people receiving their prescribed medicines on time. We found some minor issues with medicines records but these had not impacted on people who used the service.

There were systems and processes in place to protect people from the risk of harm. Staff were aware of types of abuse, signs to look for and how to report any concerns. The registered provider had a whistleblowing (telling someone) policy in place and a hotline for staff to use if necessary.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

Risks to people's safety had been assessed and risk assessments were personalised to each individual. The risk assessments we looked at covered areas such as managing medicines, maintaining a healthy diet and mobility. Accidents and incidents were appropriately recorded and regularly analysed to minimise the risk of reoccurrence.

We found that safe recruitment and selection procedures were in place and appropriate checks were undertaken prior to staff starting work.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. Staff were given effective supervision and a yearly appraisal.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivations of Liberty Safeguards (DoLS) which meant they were working within the law to support people who may lack capacity to make their own decisions.

People were supported to maintain a healthy diet and people's dietary needs and preferences were catered for.

We saw evidence of exceptionally caring practice. We observed positive interactions between staff and people using the service. People were supported in a respectful dignified manner by kind and attentive staff.

We looked at peoples care plans and found they were individualised and person centred. They contain a

high level of detail about people's needs and preferences, were regularly reviewed and updated when necessary.

People were supported to take part in activities that were meaningful to them such as drawing and listening to music. Staff also encouraged and supported people to access activities within the community. These included sporting events and college courses.

Staff felt supported by an approachable management team and the registered manager told us that they were well supported by the registered provider's team of directors.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The service had improved to Outstanding.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Churchview Nursing and Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 29 March 2017. The inspection was unannounced. This meant the staff and the provider did not know we would be visiting.

The inspection was carried out by one adult social care inspector, an inspection manager 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.

Before the inspection we reviewed the information we held about the home. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also contacted the local authority commissioners of the service, the clinical commissioning group (CCG) and the local Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

We spoke with eight people who used the service and four relatives. We also spoke with the registered manager, the deputy manager, a nurse, two care workers, ancillary staff, the maintenance person and a visiting social worker. After our visit we spoke on the telephone with two district nurses and a community matron and contacted a GP via email. We looked at a range of records which included the care records for four people, medicines records for eight people and recruitment records for four care workers. We looked at a range of records in relation to the management of the service.

Is the service safe?

Our findings

The service continued to provide safe care to people. People and relatives we spoke with told us they felt the service was safe. One person told us, "Oh yes, they keep me safe alright." One relative told us, "They are very good staff, can't fault them."

The service had up to date policies and procedures for safeguarding and whistleblowing. These were reviewed regularly and provided guidance on how to report concerns. Staff we spoke with had an understanding safeguarding. They knew the types of abuse people may be subject to and the signs to look for. Staff told us they would report any concerns and were confident that the registered manager would respond appropriately.

Safe recruitment procedures were followed and all necessary pre-employment checks undertaken. For example, two references were obtained, identities confirmed and disclosure and barring service (DBS) checks carried out. DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults.

Risks to people were assessed and plans were put in place to mitigate them. We saw individual risk assessments in areas such as choking, falls and the use of bed rails. These were reviewed monthly to ensure the information remained up to date. Recognised risk assessment tools such as Malnutrition Universal Screening Tool (MUST) were also being used where appropriate. MUST is a five-step screening tool, used to identify if people were malnourished or at risk of malnutrition.

We saw maintenance records which confirmed that the necessary checks of the building and equipment were regularly carried out. Equipment such as hoists and wheelchairs had been regularly serviced and repaired when necessary. The service had up to date gas safety and electrical hardwiring certificates. Portable appliances testing (PAT) on relevant electrical items was overdue but evidence was forwarded following our visit to confirm this had been done.

We looked at the way medicines were managed. We observed a medicines round and saw that staff knew how to administer medicines safely. Systems were in place to ensure that the medicines had been ordered, stored, administered, disposed of and audited appropriately. Where medicines were prescribed 'as required' (PRN) there were clear and detailed protocols in place explaining to staff when these should be given. Medicine administration records (MARs) were completed correctly by staff who signed to indicate when medicines had been administered. We found that people were receiving medicines as prescribed.

We found that some records had not been correctly updated, for example we were shown evidence that some controlled drugs had been disposed of the day before our inspection but this had not been recorded in the controlled drug register. The records relating to the application of a topical pain relieving patch had been amended by staff and this made it unclear which site the patch should next be applied to. We pointed these issues out to the registered manager who assured us they would address this with the staff concerned straight away to ensure it did not happen again in the future.

We observed there to be sufficient staff to meet people's needs. On the day of the inspection there were two nurses, one senior carer and seven care workers on duty as well as the activity coordinator, with dedicated numbers on each floor. There were two nurses and four care workers on the ground floor and three care workers and one senior carer on the first floor. One person we spoke with said, "There's always plenty of staff, you're never kept waiting." A member of staff told us, "I think there are enough staff, we cover for each other where we can but sometimes when people are off the manager will get agency in to cover so we're not left short."

Staffing levels had recently increased to meet the needs of the service and reduced the use of agency staff. When agency staff were used the registered manager always used the same agency in an attempt to have continuity of staff. The agency also provided details of the pre-employment checks and experience of the staff they supplied.

Is the service effective?

Our findings

The service continued to provide effective care and support to people. People and relatives told us they felt staff had the relevant skills and experience. One person told us, "Staff are very good from the top to the bottom." One relative told us, "Excellent staff. The majority are well trained." Another relative said, "The staff seem to be well trained and helpful. They know what they are doing."

People were supported by staff who had the skills and knowledge to meet their needs. Records we viewed showed staff had received mandatory training which included moving and positioning, understanding dementia, first aid and safeguarding.

Staff received regular supervision and annual appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Supervision records showed that topics discussed included training, teamwork and safeguarding. One member of staff told us, "Supervision sessions are good, it's a chance to raise anything you want to." Nurses were supported to keep their clinical skills up to date.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager kept a detailed record of all DoLS applications made along with copies of authorisations and renewal information. Staff had an understanding of their responsibilities and supported people in line with the MCA. One member of staff told us, "It's important not to restrict people more than necessary, we've just been learning about the recent changes to DoLS. We are kept informed so we know we're doing things right."

A visiting social worker told us, "They ask questions about DoLS and I put things across in layman's terms. It's a difficult area for staff to get to grips with so I am happy to help."

We found people's nutrition and hydration needs were being well met. A four week menu offered a choice of dishes and plans were in place to support people with specific dietary needs, for example, specialised diets or supplements. We observed staff supporting people at lunchtime. The atmosphere in the dining areas was calm and relaxed with plenty of staff on hand to support those people who needed it. One person we spoke with told us, "The food is very good." One relative said, "Overall the food is very good. I eat here everyday dinner and teatime." Another relative told us, "The chef will make anything they want to eat."

Care records confirmed people had access to external health professionals when required. One relative told us, "They sorted out a new set of teeth, a hair appointment and a chiropody visit straight away."

We spoke with a visiting social worker during our visit. They told us "Staff are very approachable, we have a good working relationship and they will phone me without hesitation if they need advice."

Is the service caring?

Our findings

People were supported by exceptionally caring staff. People and relatives told us they were extremely happy with the staff and the care they provided. One person told us, "Staff are always interested in things you've got to say. It's nice to have a joke with them." One relative said, "I can't praise the staff enough, I've not seen anything like it before. [Family member] couldn't have been looked after better even by her own family. All the staff are brilliant." Another relative told us, "You won't better this anywhere. Staff are very kind and considerate." Another said, "My [family member] is very settled here, the place is exceptional... everywhere should be like this. If I could I would vote this 'Nursing Home of the Year', I really would. I managed a nursing home and I wish I'd run it as well as this one."

Staff had a positive approach to their work and spoke passionately about their role. One member of staff told us, "I used to work for an agency so I have been in a lot of homes, this is one of the best ones and I love coming to work." Another said, "We are like a family here, it is a really homely environment and the care is good. People can do what they want when they want and that is how it should be."

We observed staff, without exception, interacting in a kind and friendly way with people. They crouched down to maintain eye contact when making conversation and we observed people laughing and smiling. We observed one member of staff having a conversation with a person about their family. They demonstrated an extremely good knowledge of the person's brothers and sisters and by engaging the person in a meaningful conversation about something which was important to them they encouraged positive social interaction.

A community matron told us, "Staff know their patients very well. I've never had any problems whatsoever with this service and I have been going there for a long time." One district nurse said, "The staff are good, none of them have a bad attitude. They know people well, [Staff member] has been there a long time and they know the service users like the back of their hand." Another said, "People are always clean and well dressed, their hair is brushed and they just look well cared for."

We spoke with a GP who had patients living at the service. They told us, "I have always had positive feedback from patients and the quality of care for the patients I have experienced is second to none. Staff always seem keen to care for their residents and their end of life care is also very good."

We saw evidence that the registered manager and staff went the extra mile to provide care that was over and above people's basic needs. For example a special family meal was arranged for one couple who had not been able to attend a significant family event in London. Staff decorated a small lounge area, prepared a special menu and invited family members to join a private celebration dinner. A letter of thanks had been sent to the service by a family member praising staff. They wrote, "I just wanted to thank you for making [names] feel so special... and for how loving you are to them not just on special occasions but every day you are there." Another relative told us, "On Christmas Eve, if they have a room spare they let me stay the night so I can be with my [family member] on Christmas morning." Further confirmation of this high level of care was received from a GP who told us, "At times they (management and staff) have gone out of their way to

help family, in at least 2 cases that I can remember."

There was a computer available to people in the activity room and we were told that staff supported people to contact their family via Skype when they were not able to visit regularly.

People were cared for by staff who knew their needs exceptionally well. When we spoke with staff they were able to tell us about people using the service and the way they preferred care to be delivered. This information reflected what we read in care plans. People were treated with dignity and respect. Staff told us how they ensured people had privacy when receiving care. For example, keeping doors and curtains closed when providing personal care, placing a blanket over people's knees when being hoisted and gaining consent before helping them. We observed staff knocking on people's doors and waiting for a response before going in and speaking to people in a very respectful and dignified manner.

Staff supported people to make choices and express preferences. People were supported to be as independent as possible. Staff told us they encouraged people to do as much as possible for themselves, for example eating meals or getting washed. One member of staff said, "We assist them with what they need but we make sure they have the aids they need to stay independent. Things like frames to help them mobilise, special forks, plate guards. It's important to ask if people need help, don't just assume." At lunchtime we saw one person eating independently by using specially adapted cutlery.

Relatives were encouraged to visit at any time and were welcome to eat with their family member should they wish to. We saw that the service had a selection of children's furniture and games in the garden area and the registered manager explained they had purchased this in order to ensure that families felt welcome and to encourage them to bring children to visit without worrying they would be bored.

The service met people's religious needs. Representatives from local churches attended to provide Holy Communion and services were held in one of the small lounge areas. This small lounge area could be booked by people for private meetings with solicitors etc. and to spend quiet time with their family.

We saw people had extremely detailed and personalised end of life care plans in place where appropriate. One member of staff told us, "End of life care here is exceptional. All new staff members do end of life training before they even walk onto the floor."

The service had Gold Standard Framework (GSF) accreditation. GSF is a systematic, evidence based approach to optimising care for those people approaching the end of their life. The service had been named GSF Care Home of the Year 2014 and we were shown the trophy that the home had been awarded for winning this title.

The registered provider had produced a range of detailed information leaflets to provide support and guidance to people and their relatives about end of life care and what happened when a loved one died. These contained practical information and advice and were written in a very sensitive and accessible way. There were leaflets explaining advanced care planning, funeral planning and a brochure to support family members as they said goodbye to their loved ones. This leaflet was clearly written and stated its aim was to 'ease the situation for all concerned by providing accurate information about what to expect.' All aspects were covered including spirituality, how relatives could look after themselves at this difficult time and what physical changes they should prepare themselves for as their loved ones approached the end of their life.

We saw a number of letters and cards from relatives thanking the service for the care they had provided to loved ones. One in particular thanked all staff and directors for the 'dedicated care and love' their relative

had received and mentioned a bouquet of flowers that had been sent to them by staff and residents following the death of their family member.

The service had a small remembrance tree in the reception area where people and relatives could hang cards with names of loved ones who had passed away. There was also a memorial area in the garden where a tree had been planted. Benches were placed around the tree so that people and relatives could take time to remember friends and family members they had lost. The registered manager told us that relatives of people who had lived at the service were welcome to visit this area at any time to pay their respects.

Although nobody was using an advocate at the time of our visit information was made available to people about independent advocacy services. An advocate is someone who supports a person so that their views are heard and their rights upheld.

Is the service responsive?

Our findings

The service continued to be responsive to people's needs. People and relatives told us they felt the service provided personalised care. One relative told us, "The evening activities are unique. The movie nights are very popular. [Family member] is looking forward to sewing again and having their sewing machine in the activities room." Another relative said, "[Name] will listen to concerts in the main lounge and sits in the garden."

People were supported to maintain hobbies and interests. The activity coordinator demonstrated a good knowledge of people and their preferences. They completed a 'This is Me' booklet with every person who came to live at the service to find out more about their life history, hobbies and interests. We found planned activities included entertainers coming in to the home, cinema nights, music, quizzes, games and crafts. Where people enjoyed the television they were made comfortable in the communal areas and the atmosphere was relaxed with conversations taking place between people and with staff.

The activity co-ordinator told us they worked their hours flexibly across the week so that people could take part in activities on an evening or weekend if they wished to. They explained that group outings had not been successful so people were now taken out on a one to one basis. We observed eight people engaged in a quiz before lunch and in the afternoon the activities co-ordinator spent time playing a board game with a person.

We found people's needs were assessed before and after admission to the home. Each person had a number of very detailed care plans that were tailored to meeting their individual needs. Care plans were written in a very person centred way. Person centred planning is a way of helping someone to plan their life and support, focusing on what is important to the person. We saw that people's care records contained information on their life history, likes and dislikes and their preferences when it came to the delivery of their care. The care plans were reviewed on a regular basis so staff had detailed up to date guidance to provide support relating to people's specific needs and preferences.

Relatives said they felt involved in the care of their family member on a day to day basis and that the home kept them informed when anything happened. One relative told us, "I'm involved in decisions about my [family member]'s care. If I don't like anything it is changed." Another relative said, "I can chat with staff anytime about my [family member's] care."

The registered provider had procedures in place for people, relatives and visitors to complain and the service had an up to date complaints policy. Everyone we spoke with said they felt they would be able to complain to care workers or managers if necessary. One relative told us, "I can always speak to senior staff about my [family member's] care and they will act on any concerns." All complaints were appropriately logged and investigated with outcomes also correctly recorded.

Is the service well-led?

Our findings

People and relatives we spoke with told us the service was well led and that they were involved in the service. One person said, "The manager is good, they work hard, all the staff do." One relative told us, "It is a home from home, I know all staff by their first names. The manager is first class and listens to any concerns."

The service had regular monthly residents meetings at which people were encouraged to bring up things that were working well or things that they don't like. This was a private meeting between residents chaired by the activities coordinator. The registered manager told us, "Residents seem to speak more freely when other staff aren't there. I only ever attend if I am invited to." The activities co-ordinator explained that if there was a particular issue to resolve then they would invite another member of staff along, for example the chef. Family members were welcome to attend these meetings if they wished.

At the most recent meeting people had mentioned that some of the doors were banging when they closed and during our visit we saw that workmen were busy adjusting the doors to rectify this. This meant that the service acted promptly on feedback from people.

The registered manager told us they had an open door policy and promoted a culture within the service that encouraged staff to make suggestions and voice their opinions. They told us, "Staff retention is high which leads to an experienced, competent loyal team who have confidence to challenge practice and report concerns."

Staff told us they felt supported by the registered manager. One member of staff said, "I can't praise them enough for their support." Another told us, "The manager is really good, more than accommodating." A third said, "[Registered manager] is strict but fair. They like a job done how it should be done."

The registered manager told us they felt well supported by the registered providers. They said, "I'm very lucky, our directors give us so much support. I am totally supernumerary and that means I can focus on the management side of things as there is so much to do now. I am never restricted by budget, if there is something I need I can have it."

Staff meetings were held every two to three months. Topics discussed included training, social media, record keeping, supervision and appraisal. One member of staff told us, "Everyone voices their opinion in the meetings and the manager does listen, I have no concerns about that."

A visiting social worker told us, "[Registered manager] is very good. Nothing is too much trouble and they have taken on some difficult cases. The records here are very good too, I wish they were like this everywhere."

We looked at the systems in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they

provide people with a good service and meet appropriate quality standards and legal obligations.

An annual quality assurance survey was completed and all information documented in the statement of purpose. A statement of purpose is a document that sets out the aims and objectives of the service. Appropriate action was taken in response to comments raised by the survey. For example some people said they did not know about the monthly residents meetings. As a result more posters were placed around the service promoting this. Audits of care plans, medications, housekeeping, supervisions, slings, beds, wheelchairs, accident analysis, DOLS were carried out regularly and any issues that were identified were actioned promptly.

The registered manager understood their role and responsibilities in relation to compliance with regulations and notifications they were required to make to CQC were submitted appropriately.