

Thorngate Churcher Trust

Russell Churcher Court

Inspection report

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Date of inspection visit:
09 January 2019

Date of publication:
08 March 2019

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Russell Churcher Court is a residential care home that was providing personal care to 43 people aged 65 and over at the time of the inspection. The majority of people living at the home were living with dementia.

People's experience of using this service:

- Everyone told us they enjoyed living at Russell Churcher Court. They said they felt safe and cared for by kind and compassionate staff.
- Although we found some improvements since the last inspection in October 2017 we found some areas of practice had not improved and had the potential to place people at risk.
- Risks associated with people's needs were not always effectively assessed and appropriate plans were not consistently implemented to reduce those risks. Where incidents had occurred, there was not always effective and timely action taken to reduce the risk of reoccurrence and it was not clear how lessons were learned from these. Staff recruitment records lacked the required information to demonstrate that staff had been safely recruited. Governance systems used to assess the quality and safety of the service did not always identify concerns and drive improvement; Feedback from people and others was sought but we have recommended the provider seek advice from a reputable source about using this feedback to develop timely actions plans to drive improvement.
- People were supported by skilled staff who were supported to understand their responsibility in relation to safeguarding people and to recognise people's rights to make their own decisions.
- People received their medicines safely and as prescribed, while being looked after in a clean and well-maintained environment aimed to promote independence and meet people's needs.
- People received compassionate support which met their needs from kind and caring staff. People had developed meaningful relationships with the staff. Staff knew what was important to people and ensured people had support that met their needs and choices. However, care records to guide staff about peoples individualised needs required work to ensure they were person centred, up to date and accurate. People's dignity and privacy were respected and their independence was promoted.
- More information is in the detailed findings below

Rating at last inspection: Requires Improvement (report published January 2018)

Why we inspected: This was a planned inspection based on our last rating. At the previous inspection in October 2017, we found three breaches of regulations. These were breaches of Regulation 12, Safe care and treatment, Regulation 17, Good governance and Regulation 18, Staffing. The provider informed us what they would do to meet the regulations. This inspection was planned to follow up on these areas.

Enforcement: Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We found two repeated breaches of regulations and one new breach of regulation. The service also remained rated as requires improvement, we will request an action plan from the registered provider

about how they plan to improve the rating to good and meet the requirements of the regulations. In addition, we will plan to meet with the provider to discuss their plans to make improvements. We will also continue to monitor all information received about the service to monitor any risks that may arise and to ensure the next planned inspection is scheduled accordingly.

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 not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Russell Churcher Court

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection team consisted of 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. The expert had experience of working with older persons living with dementia.

Service and service type:

Russell Churcher Court is a care home that can accommodate up to 44 people. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Russell Churcher Court did not provide nursing care.

The home had a manager who became registered with the Care Quality Commission during our inspection. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. They had only been in post for three days when we visited.

Notice of inspection:

The inspection was unannounced

What we did:

Before the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, for example, injuries that occur in the service and any allegations of such as abuse.

We used information the provider sent us in the Provider Information Return. (PIR) This is information we

require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with 11 people using the service and five relatives to ask about their experience of care. We also spoke with 13 members of staff including care staff, the manager, deputy manager, catering and activity staff and the nominated individual for the provider. Everyone we spoke to provided positive feedback about the service.

We looked at the care records for five people in detail and sampled a further three. We also looked at the medicines records for 11 people; five staff recruitment records; 17 staff supervision and appraisal records and records relating to the quality and management of the service.

The report includes evidence and information gathered by the Expert by Experience.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was an increased risk that people could be harmed as a result.

People told us they felt safe. One person said, "Oh yes, I'm quite comfortable and safe here" and another told us, "We've got no worries here, if you didn't feel safe there's always someone here to help you". Relatives told us "I'm very pleased with it here, it's a safe place to be" and "It's very good here". However, despite these positive comments, we identified areas of practice which were not consistently safe.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong:

- At our last inspection in October 2017 we found risks associated with people's care were not always fully assessed. Actions to mitigate risks to people were not always evidenced as completed to ensure risks to people were effectively monitored and evaluated. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection we found insufficient improvements had been made and this remained a breach of regulation. For example, one person had assessment tools in place to assess the level of risk to them in relation to falls, skin breakdown, dependency and nutrition. We found these assessments tools had not been assessed in a timely manner when they first moved into the home. Assessment tools used to assess the level of risk of falls were not always accurately completed because staff had failed to fill out all relevant sections, meaning the level of risk used to guide a mitigation plan was inaccurate.
- Concerns about the management of falls was identified at our last inspection in October 2017. We found continued concerns. For example, one person had fallen and staff had determined the cause of the fall, however action had not been taken to ensure the risk of reoccurrence was minimised. In addition, this person's care plan gave inaccurate information about the measures in place to aid the monitoring for this person. For example, it stated that a sensor alarm was in place but we found and the deputy manager confirmed this was not in place. The care plan and risk assessments provided no guidance to staff about what to do if the person had suffered an injury following a fall, meaning that staff may not take the appropriate action. We found a lack of effective falls risk assessment and mitigation plans for a further two people, meaning people could be at risk of further falls or injury. In addition, this demonstrated there was not always a learning approach taken within the service
- One person could display behaviour which placed them and others at risk. We found that the risk assessment and care plan provided no clear information to staff about how they would recognise the behaviours, what to do to prevent these, or how to manage them if they occurred. This person also lived with epilepsy and their care plan provided no information to staff about their seizures and when they would call emergency services. In addition, their care plans were not accurate as they stated the person had been seizure free since 2011 but they had experienced a seizure at the beginning of January 2019. Staff had received no training to support their understanding of epilepsy.
- One person was living with diabetes and was taking medicines to help manage this. The person's care plan contained no information about their diabetes. In addition, the kitchen did not have this information in

order to aid their management of diabetes through diet, meaning they could be at risk of receiving inappropriate support.

- Two people living in the home were taking medicines which stopped their blood from clotting. This type of medicine puts people at increased risk of bleeding but despite this no plan had been implemented to ensure staff were aware of the signs to look out for. A lack of information to guide staff about the medicines people were taking and what they should look out for placed these two people at risk.
- No personal emergency evacuation plans had been implemented for two people who lived in the home, meaning in the event of an emergency information would not be available to guide staff and emergency services about their needs for safe evacuation.
- A failure to ensure the effective assessment of risks and plans to mitigate risks was an ongoing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing:

- Staff described a thorough recruitment process and said they were not able to start work until references and a disclosure and barring service check (DBS) had been returned to the provider. These checks enabled the provider to assure themselves that the person was of suitable character to work with vulnerable people.
- However, we could not be confident that the recruitment of staff was consistently safe because records did not always reflect this. For example, of the five staff recruitment records we looked at, two of these did not reflect that Schedule 3 of the Health and Social Care Act was consistently applied.
- For one staff member, their last employer had not been asked to provide a reference. The nominated individual and deputy manager were unable to provide an explanation for this. For the second staff member, gaps in the staff's employment history had not been explored. This staff member's records suggested they may have been employed during this gap and that this employer had not been asked for a reference. The deputy manager told us they had been offered a post but had not taken this during this gap however this was not recorded anywhere. Schedule 3 of the Health and Social Care Act 2008 requires a written explanation of any gaps in employment history.
- A failure to operate safe recruitment practices was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- People were supported by an appropriate number of staff. Staffing levels had increased since our last inspection in October 2017. People and staff felt that staffing levels met their needs. One person told us, "Yes there's plenty around and I think they know what they are doing". A system to assess the number of staff needed to meet people's individual needs had been implemented alongside analysis of the use of calls bells. No concerns had been identified by the provider in relation to staff response times and people confirmed they had no concerns. Throughout our inspection our observations reflected there were enough staff to meet people's needs and staff responded to people's requests for support promptly.

Using medicines safely:

- At our last inspection in October 2017 medicines were not always stored or disposed of safely. Staff competence was not routinely assessed to ensure staff remained competent to administer people's medicines. At this inspection improvements had been made to the management of medicines. This was now safe and no longer a breach of regulation.
- People told us they received their medicines when they needed them. One person said, "They give them to us, I've got creams for my skin and they're stashed away somewhere and they offer you pain killers if you're not well". A second person told us, "I only have three tablets a day now, I can ask for a paracetamol if I need one".
- At this inspection the storage of medicines was safe; Medicines were stored in locked trolleys and cupboards in a locked room; The temperature of medicines storage was monitored daily and guidance was in place to inform staff of the action to take if the temperature exceeded safe limits.
- Prescribed creams and liquids were dated when these were opened. Topical Medication Administration

Records (TMAR) gave guidance to staff about where to apply creams but the directions for use were not consistently detailed. For example, they mostly said 'as required' but did not state what this meant for the person.

- No gaps or missing signatures were found in Medication Administration Records (MAR).
- Records of the disposal or return of medicines was kept.
- A member of staff told us they observed staff undertaking medicines rounds discreetly to ensure competence and correct procedures were followed. In addition, staff who administered medicines were required to complete several training courses to be able to do this task. Any medicines errors were investigated to determine the cause and look at how these could be prevented in the future.

Supporting people to stay safe from harm and abuse:

- People were supported by staff who understood safeguarding, what to look for and how to report concerns. Staff received regular training and were confident to raise concerns and to whistle-blow if required.
- The manager was aware of their responsibility to report concerns to the relevant external agencies • Where safeguarding concerns had been identified with the provider they had been investigated. However, at times the records of these did not always provide a clear outcome or action plan. We discussed this with the management team and were told they would work to improve the clarity of the records.

Preventing and controlling infection:

- People were protected against risks associated with the spread of infection because staff received infection control training and had access to and used appropriate personal protective equipment.
- The home was clean, tidy and free from bad odours.
- Infection control audits took place and identified where improvements were needed. Action was taken to address these.

Is the service effective?

Our findings

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

People's outcomes were good, and people's feedback confirmed this. People told us they enjoyed living at the service and were supported by staff who were knowledgeable. One person said, "There's plenty around and I think they know what they are doing" and a second told us, "They always say just ask if you want anything".

Staff skills, knowledge and experience:

- At our last inspection in October 2017 staff were not supported in their role through regular supervision and this was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and this was no longer a breach of regulation.
- Staff told us they felt supported. Staff and records confirmed that they received regular supervisions.
- The provider had a robust induction process for new staff. New staff to health and social care were required to complete the care certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.
- Ongoing training was provided to staff in a variety of subjects. Mandatory training included safeguarding, the Mental Capacity Act and deprivation of Liberty Safeguards, moving and handling, infection control, nutrition and equality and diversity.
- The provider also made other training available for staff to access and this included subjects such as dementia awareness, diabetes and challenging behaviour.
- The provider supported staff to undertake and achieve further vocational qualifications in health and social care. Staff felt the training opportunities supported them to undertake their roles and progress their knowledge.

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 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.
- Staff's understanding of the Mental Capacity Act 2005 was good. They understood and recognised people's rights to make their own decisions where they were able to. Every person we spoke with told us staff always asked their permission before carrying out any tasks. One person said "Yes, they can't just come in here and start doing things".

- It was evident when talking to people and their relatives that they were involved in decisions and that the principles of the MCA were applied day to day. However, improvements in the recording of capacity assessments and best interest's meetings was required to ensure staff had access to accurate guidance and information.

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

- The deputy manager confirmed people's needs were assessed before the service began to provide support. Whilst not everyone we spoke with could recall this, one person was able to and relatives confirmed they had been involved before people moved in. .
- Assessments explored people's needs to determine if the service could meet these.
- Once people arrived into the service further assessments based on national guidance were used to identify the level of risk associated with falls, skin integrity and nutrition, although as recorded in the 'Safe' key questions, these were not always completed in a timely manner.

Supporting people to eat and drink enough with choice in a balanced diet:

- People were supported to eat and drink enough with choice of a balanced diet. People had choice and access to sufficient food and drink throughout the day; food was well presented and people told us they enjoyed it but could ask for something different if they wanted to.
- One person said, "The meals are very nice and there's plenty to eat here". A second person told us, "The food is very good here, I definitely get enough to eat, yes, I can ask for something else if I don't want what's on the menu" and a third said, "We have two choices for lunch, if you don't want it you just say and have something else. The night staff always ask if I want a snack, they say just ask".
- Fresh fruit was available to people in the home and one person who liked to buy their own and had a fruit bowl in their room. Covered jugs of water and juices were kept in the lounge and in people's rooms.
- Kitchen staff prepared foods to ensure a high calorie content where people's weight was a concern.
- Where people required their food to be prepared differently because of a medical need or problems with swallowing this was catered for and people received appropriate support or supervision during meals.

Staff providing consistent, effective, timely care within and across organisations:

- People were supported by a team of staff who worked well together and had communication systems to support this.
- Handovers took place between shifts to ensure communication about people's needs and any changes took place.
- Staff told us they felt there had been improvements in communication and in team working. One person told us it felt as though, "We are all working to the same goal now".

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

- People were supported to access other health professionals as this was needed. One person said, "A district nurse used to come here to see me when I first came in, I'd been in hospital with a broken hip" and a relative told us, "Mum wasn't well yesterday and they rang the Doctor".
- People records confirmed the involvement of district nurses and we saw people had been supported to access GP's, opticians, audiology and referrals to speech and language therapy had been made for others.

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

- People were cared for in an environment which aimed to meet their needs. Signage was in place to aid orientation. Rooms were laid out to enable people to understand the purpose of the room. For example, the dining room looked like a dining room with tables laid with cutlery and condiments at meal times. Bedrooms were spacious with bathroom and kitchenette facilities to aid people's independence. People were able to personalise their rooms. The environment was regularly checked for safety and maintenance

issues.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Improvements had been made since our last inspection in October 2017 and people were consistently supported and treated with dignity and respect.

Ensuring people are well treated and supported:

- Our observations demonstrated staff took a kind, caring and thoughtful approach. One person who was sat in the lounge had a package and a staff member asked them if they would like help to open this. The staff member was polite and warm in their communication. Interactions between staff and people appeared positive.
- People appeared relaxed in staff's company and willing to engage with them.
- Everyone we spoke with told us staff treated them with kindness and were caring. One person said, "They are very nice girls, you don't have to push them for anything, they're a smashing bunch we have a laugh" and another told us, "Oh yes, anything you need they're do for you." A visitor told us, "Staff here are very nice to Nan and to us as well" and "I usually make my own drink in here but we'd run out of milk today. I asked a carer for some and she was so helpful, she ran and got some for me".
- One person told us how they were made to feel special on their birthday. They said, "I went out for the day yesterday so will have my birthday cake today. In the morning the staff put a large sign on my door, happy 80th birthday. They make a cake here for everyone's birthday".
- One staff member told us how staff sang to a person in French as this was their first language.

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

- Staff understood peoples' communication needs and we were told by the nominated individual that information would be provided in a format that people needed to help them understand.
- We observed one person who was very hard of hearing communicating with staff. The catering manager told us, "We have a picture book which we show the resident and on a Sunday her son sees the menu for the following week and goes through it with her to ask what she'd like".
- Staff supported people to make decisions about their care, for example, when they wanted to get up, what they wanted to wear, how they wanted to spend their time. One person living in the home had specified it was important to them that they received a daily newspaper. Staff had ensured this happened and were observed delivering this to the person.

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

- The home held a regular religious service and one person was visited by a priest to give communion.
- The pre-admission assessment process did not always ensure peoples' protected equality characteristics were identified because it did not ask questions about all of these. The management team told us they would improve the assessment process to ensure this was covered. However, they were confident, as were staff that any needs associated with peoples' protected characteristics would be met.

- Staff understood the need to maintain people's privacy and dignity and people told us their privacy was respected. We observed staff communicating with people discreetly, bedrooms door were kept closed when they were providing personal care and records were stored securely. Handovers took place confidentially.
- People's rooms in Russell Churcher Court had a mini kitchenette with a sink, fridge, worktop and kettle. This supported people to maintain a level of independence. One person told us, "I use my kettle and the toaster. They bring up my brown bread for me in the morning which is handy. I didn't want a microwave though, but I could have one if I wanted to". They also told us, "I help out in the garden in the summer, planting seeds and things in the new greenhouse and I've got my own telephone, I can ring my friend".

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's support was not consistently planned to meet their personalised needs. No one we spoke with could recall their care plan but one person said, "I saw lots of people before I came in here, they asked me lots of questions". The deputy manager told us that they would meet with people and their relatives prior to them moving into the home and the information gathered was used to inform the development of care plans. People told us they had choice and control over what they did. One person told us, "I said can I stay in bed this morning and [staff] said yes of course you can. [Staff] came back and checked on me later to see if I was alright". However, despite these positive comments, we identified areas of practice which were not always responsive.

Personalised care; End of life care and support:

- At the last inspection in October 2017 we found care records for people were not always personalised and people's choices and preferences were not consistently documented. We were told work was being undertaken to address this.
- At this inspection, elements of care records remained generic in content and not individualised to the person. For example, two people had risk assessments in place for the risks associated with 'wandering'. These were worded exactly the same and neither of these people were known to be at risk of wandering. One of these people also had a care plan in place regarding challenging behaviour but they had not displayed any behaviour which could present challenges. This meant the person's needs and wishes had not been considered when implementing these plans and were not based on their assessed need.
- Care plans were not consistently based on people's individual needs. For example, one person's care plan for well-being identified that there were occasions when the person would attempt to leave the home, however the action recorded for staff did not address any plan to work with the person regarding this. Whilst a risk assessment was in place which identified a clear trigger, it did not provide a clear approach for staff to take at these times.
- A number of people living in the home were living with dementia and whilst this diagnosis was referenced in care plans, there was no information about how the dementia affected the individual person and what staff could do to support this.
- Due to the relationships individual staff had built with people, their knowledge of people was good and they understood the approaches to help support them as well as people's wishes and preferences. For example, a staff member told me how one person preferred to put their right sock and shoe on first before their left, despite this not being recorded. Because staff knew people's needs well, the risks associated with poor recording was minimal. However, this area of care planning required improvement as it could impact if people were supported by unfamiliar staff.
- Staff told us people's end of life needs were met based on what people and their relatives wanted and they ensured appropriate professionals were involved when needed. However, there was a lack of planning to meet people's end of life needs and of the people's records we looked at we only found one person had an end of life plan in place. This plan contained very limited information and provided no guidance on whether this person had any specific needs or wishes when they reached this stage in their life. The deputy manager

had recognised this and expressed a passion for ensuring development of this area within the service and for people. They told us the provider had agreed to provide the Gold Standards Framework (GSF) training to staff. GSF is an evidence based approach to optimising care for all people approaching the end of life and provides a set of recognised standards.

- We saw that some improvements in the care planning had occurred since our inspection in October 2017 because people's care records contained some detailed information about people's histories and some care plans contained information about people's abilities and their preferences. For example, one person detailed how they liked to have their hair styled and we saw this during our inspection. A second person identified how they liked to wear a T-shirt under their shirt, with a jumper.
- Improvements to activity provision for people had improved since our last inspection in October 2017. More activity staff had been employed and worked each day. The lead for coordinating activities had undertaken a survey with people about the activities and people's preferences. This was used to plan activities for people. A number of sensory items had been fixed to a hallway wall to provide stimulation to those using this corridor. Other sensory items were also seen to be used, especially for one person who liked to fiddle with objects.
- A weekly plan of activities was provided to people and displayed on a large, pictorial chart in the downstairs public area. One person told us, "I do the quiz on a Thursday and go to the church group. We also have activities in the evenings now which is good" and "I like the trips out we have, we went to Garson's before Christmas to see all the decorations". Another person told us they had enjoyed a game of dominoes with another person who lived in the home, whilst others told us about a pantomime they attended and a dance they had been to.
- A variety of activities took place during our visit including baking, exercise, reminiscence with a quiz and sing along. People were gently encouraged to participate and throughout there was lots of engagement with both staff and other people.

Improving care quality in response to complaints or concerns:

- People knew how to provide feedback about their experiences of care and the service provided a range of ways to do this.
- People and their relatives felt confident to make complaints or raise concerns but said they did not have any reason to make a complaint. One person said, "My only complaint is that I'm putting on weight, the food's so good here" and a second told us, "No complaints, to be honest most of the staff are lovely and everyone's very helpful here". One person did tell us they had made a complaint in the past and that they were satisfied with the response saying, "Yes, it was all sorted out".
- Records reflected concerns were investigated, apologies provided and action was taken to address concerns. However, the records did not always reflect whether the person was satisfied with the response to their complaint. The nominated individual told us the policy would be reviewed to ensure a clear and recorded audit trail of complaints was held.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership had been inconsistent. The governance processes used to assess safety and quality of the service remained ineffective at times. Some regulations have not been met.

Understanding quality performance, risks and regulatory requirements; Continuous learning and improving care:

- At our last inspection in October 2017 we found the system in place to assess and monitor the quality and safety of the service for people was not always effective in driving improvements. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. At this inspection whilst some systems had been implemented these remained ineffective in ensuring safety and driving improvement and continued to be a breach of regulation.
- For example, the deputy manager confirmed that there was no system in place to analyse incidents that were not falls. However, the form used to analyse falls did in fact include other incidents or accidents. Although the number of incidents had been recorded for the month, the analysis of these incidents had not taken place and had not driven improvement in care planning. For example, one person had displayed incidents of physical aggression. However, the analysis had not identified whether there were any triggers to this behaviour. The analysis had not led to an effective review of their care plan which provided no clear guidance about this person's behaviours.
- The new manager told us they had identified this and planned to implement an alternative system.
- Although a falls analysis was completed this had failed to identify patterns or trends. For example, we found that one person had 15 falls in 12 months, 10 of which occurred during the night shift hours. A second person had nine falls in 12 months, of which six had occurred during the night shift and for a third person, of three falls, two had occurred at this time. The analysis had failed to identify this and implement a plan to aim to reduce the risk at these times. In addition, the analysis had failed to identify that appropriate and prompt action had not always been taken or that care plans and risk assessments had not been appropriately updated following a fall.
- Care plan audits had been introduced and completed for some people living in the home, these had failed to identify actions even when the member of staff had recorded 'no' against certain areas of the audit, indicating that action was needed. In addition, monthly reviews of care plans and risk assessments had failed to identify the concerns we found.
- Audits of recruitment records had been undertaken and failed to identify the concerns we found and plans to take action to address these.
- Other systems were in place to assess the service. The provider was using an external consultant to support them. A spreadsheet summary of their findings had been produced and a separate action plan. However, at times this appeared ineffective and did not identify the concerns we had in relation to recruitment records and was not always clear how the actions would address the concerns in full. For example, the December 2018 audit identified concerns regarding risk assessment but the only action recorded was to complete staff training in risk assessment.

- At our last inspection in October 2017, we found that stairgates were being used and capacity assessments and best interest decisions had not been completed. We found the same concern at this inspection. Stairgates were used across the bedroom doors of several people's bedrooms. We were told by the deputy manager and nominated individual that these were used at individual's requests, not to restrict them from leaving but to prevent people from wandering in. Some people confirmed this. However, we continued to find a lack of records of consent, capacity assessments and best interests decisions regarding these for two people and one person who told us they had not been asked about using the stairgate but it had always been there. The manager and nominated individual told us the use of these would be reconsidered and people would be consulted about this but the providers governance processes had not identified this and ensured learning since the last inspection.
- The continued failure to operate effective governance systems was an ongoing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff:

- Meetings took place with staff and with people to gain their views and feedback of the service provided. In addition to this, surveys had been undertaken with employees, people, their relatives and other professionals. An analysis had been completed however despite the feedback from relatives and people identifying areas of concern the deputy manager told us no action plan had been implemented to address people and their relatives feedback.
- Feedback that we received from people and relatives indicated that they were very happy with the service and had no concerns. This suggested that some of their previous concerns had been resolved, though we could not be assured of this due to the lack of action planning and review of the feedback.
- Whilst an action plan had been developed following staff feedback there did not always appear to be a timely response to the action to be taken. For example, some staff had fed back in July/August 2018 survey that they would not recommend Russell Churcher as a place to work or as a place for family or friends to live. Following the inspection the nominated individual told us the negative responses had been from staff who had 'moved on or related it to the previous manager'. However, the action plan recorded the only action as, 'to ask staff why at the next survey, which was planned for spring 2019. This meant the provider may not know the reasons behind this for a significant period of time and as such may not be able to determine if improvements were needed. The nominated individual told us that a new set of surveys were due to be sent out shortly.
- During our discussions with staff at this inspection they shared how they felt that things had improved in the service. They said they felt more confident and comfortable with the management team, although were unable to comment on the new manager. They said they felt more listened to now and felt positive changes had taken place.
- We recommend the provider seek advice from a reputable source about using feedback to develop timely actions plans to drive improvement.

Managers and staff being clear about their roles; Working in partnership with others; Planning and promoting person-centred:

- Since the last inspection in October 2017 there had been a change in the manager. The manager had just commenced this role the week of our inspection and had applied to be registered. They became registered with CQC during our inspection.
- In the three days they had been in post they had identified the need to develop robust governance systems and during our inspection they were working on the structure for these. At the end of the inspection they were able to show us some tracking tools they had developed to aid the governance and monitoring of improvements needed. In addition, by the end of our second day they had produced an action plan based

on the initial feedback we had provided. This included the action that needed to be taken.

- Whilst staff felt unable to comment about the new manager they did express their enjoyment in working in the home. They said they felt improvements had been made and they felt more confident to raise concerns and make suggestions now.
- The nominated individual was running regular training sessions with staff about the values of the service and ensuring a good culture. Staff told us they felt they worked better as a team and all worked towards the same goal which was to ensure everyone was treated as an individual, respected and provided with the best quality care.
- Day to day we saw staff liaised with other professionals for people, where this was needed. The manager told us how they wanted to develop working relationships and planned to introduce themselves to local professional teams in an aim to develop good working practices to achieve positive outcomes for people.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person had failed to demonstrate the information specified in Schedule 3 was available for all staff and that the recruitment processes ensured the registered person could demonstrate staff were of good character, had the right skills and competence and were physically and mentally fit to perform their role. Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had failed to ensure the effective assessment of risks and plans to mitigate risks. Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

We served the registered provider with an warning notices requiring them to be compliant with this regulation by 1 March 2019.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had failed to operate effective governance systems. Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

We served the registered provider with an warning notices requiring them to be compliant with this regulation by 24 April 2019.