

Roseberry Care Centres GB Limited

Church View (Bishop Auckland)

Inspection report

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South Church
Bishop Auckland
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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

Church View is a residential care home providing accommodation and personal care to 43 people aged 65 and over at the time of inspection. The service can support up to 45 people.

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

People felt safe and were supported by staff who were recruited safely. Staff knew of the risks associated with people's care. However, not all of these risks were recorded in detail. Staffing levels needed reviewing to ensure they were appropriate to people's needs.

We have made a recommendation about staffing levels.

Medicines were managed safely. Incidents and accidents were documented and analysed to help identify any developing patterns.

Staff worked well in conjunction with a range of external healthcare professionals.

Staff were supported with a range of ongoing training, supervision and informal support. Some staff only received group supervisions and said they would feel more supported with a one to one supervision. We fed this information back to the registered manager who said they would address it.

People were cared for by kind, caring staff who created a warm and welcoming environment.

People's needs were assessed and continually reviewed. Staff had a good understanding of people's communication needs. Care plans needed to be more person centred.

A new activity coordinator had just started to further develop activities. People and staff were positive about this.

The provider had in place clear quality assurance and auditing processes.

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

Rating at last inspection

The last rating for this service was Good (published 20 September 2017).

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 ●

Church View (Bishop Auckland)

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

The inspection team consisted of one inspector, a specialist medicine advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Church View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We requested feedback

from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Any feedback we received was used to plan our inspection.

During the inspection-

We spoke with ten people who used the service and five relatives. We spoke with six members of staff which included the registered manager, the regional manager, senior care workers, care workers and the cook.

We reviewed a range of records. This included four people's care records, multiple medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also looked at training data.

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 the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People's needs were met. However, staff were sometimes rushed and commented, "It is stressful but it is a good home, we are rushed off our feet and could do with one extra member of staff on each floor" and "There is not enough staff, it would be nice to have an extra pair of hands, we do the best we can but we all know we have done a 12 hours shift when we walk out of here."
- People and relatives felt the staff supported them well but were stretched. One relative said, "There is enough staff until one goes on a break and this leaves only one carer, so if [Person] needs the loo, they have to wait, but its budget I suppose." We discussed staffing with the registered manager who was in the process of reviewing staff with the provider

We recommend the provider looks at the staffing levels for both day and night shifts.

- The home had safe recruitment practices. Pre-employment checks had been done to reduce the risk that staff were unsuitable to support people. This included dated references from previous employers and criminal record checks.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had been identified. However, they did not document all the details of what staff were doing to mitigate risks. The registered manager said they were updating all the care plans, and this would be addressed.
- People felt safe living at Church View.
- A range of environmental health and safety checks were carried out monthly.

Using medicines safely

- Medicines were managed, administered and stored safely in line with good practice guidelines.
- Staff who administered medicines had training to do this and had their competency assessed on a regular basis.
- The registered manager was in the process of updating the topical cream charts and patch application charts, to make sure they contained all the detail required.

Learning lessons when things go wrong

- Accidents and incidents were recorded were analysed to determine what had happened and identify any trends.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise and report any concerns.
- Staff had completed training in safeguarding people from harm and abuse. Staff were clear of their responsibilities in reporting concerns and we saw appropriate referrals were made to the local safeguarding authority.

Preventing and controlling infection

- The home was clean and odour free.
- Staff had received infection control training and understood their responsibilities in this area. Staff had access to gloves and aprons.

Is the service effective?

Our findings

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

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

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

- People's needs had been assessed before admission to the home. This was to ensure people's needs could be met.
- People's needs continued to be assessed and any changes to care needs were discussed at handovers and the daily huddle.

Staff support: induction, training, skills and experience

- Staff received a twelve week induction, covering all key aspects of providing support and care.
- Records showed that the majority of supervisions were group supervisions. Staff we spoke with said they feel they would benefit more from one to one supervision. We fed this back to the registered manager who agreed and would arrange this going forward.
- Staff received appropriate training. One person who used the service said, "I think the staff are absolutely fantastic as they can't do enough for me, they must do some kind of training to move people, which they do for me." One relative said, "Yes I think they [staff] have enough training, they have the right approach when dealing with people."

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

- People were supported to maintain a well-balanced diet and were offered plenty of choice. One person said, "I enjoy my english breakfast it sets me up for the day, if it is plain food I am happy, none of the fancy stuff."
- Snacks and drinks were available throughout the day.
- The cook was extremely passionate about their role and supporting people who needed adaptive diets such as pureed. They presented the pureed meals to replicate the real thing. Afternoon snacks were also pureed so people didn't miss out.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The home had good links with the local GPs and external healthcare professionals
- Care records showed people were supported to maintain good oral hygiene.

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

- Peoples rooms were highly personalised.
- People could access different parts of the home such as different lounges, calm sitting areas or outside space in good weather. The hairdressing salon had recently been refurbished to make it more of a social

occasion for people.

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.

- Staff had completed MCA training and ensured people had choices and could make decisions.
- People had their capacity assessed and applications for DoLS had been made appropriately.
- Where best interest decision had to be made these were done in line with legal requirements.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were kind, patient, respectful and considerate. They understood every person and knew what was important to them. They knew people's preferences and how they preferred to spend their days. One person commented, "They [staff] help me and they do their best to make sure I feel comfortable. I do know they really care about me."
- The atmosphere in the home was friendly and inviting, we saw and heard lots of laughter and banter throughout the day. A person said, "We have lovely carers, it is a really family friendly environment."
- Equality and diversity was respected, and people were involved in everything they wanted no matter their ability.

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

- Choice was provided to people who were unable to communicate verbally, by staff showing options such as holding up two pieces of clothing.
- People and their representatives were encouraged to be involved in their care plans and deciding how their care would be provided. There was a resident of the day scheme in place and on that day all staff including the registered manager, cook and domestic would be involved with the person, making sure things were as they wanted. Staff would also contact the person's family for their point of view.

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated an awareness of how to maintain people's privacy and dignity.
- People were treated with respect. One relative said, "They love [person] to pieces and take care of the, They [staff] always ask before they actually do anything, and I feel my [person] is treated with respect, very much so."
- People were encouraged to remain as independent as possible. People said, "The girls will help if I need it, but I like to get about on my own if I can, as it is a bit of exercise", "I can still manage to get about on my own but the carers do encourage people to do so if they can" and "I don't take much looking after, I paddle my own canoe so to speak."

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

- Staff had a good understanding of people's care and support needs and their personal preferences. This enabled people to be provided with personalised care tailored to their needs and wishes.
- Care plans contained detailed information for staff on how best to support people. However, not all people's life histories were explored and documented. The registered manager said they were planning on improving all the care plans to make them more person centred.

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 support needs were identified, recorded and highlighted in care plans.
- The service used assistive technology to alert them to people's needs such as bed sensors.
- Documentation was available in different formats for example picture format.

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 the activities which took place either in house or externally. Comments included, "I was out at the railway museum the other day in the mini bus and enjoyed it. I was playing skittles in the lounge, that was good, and I like my television" and "I enjoy going out in the mini bus to the Chatty Café. I like my knitting and tomorrow we are going to the Baptist church for lunch with my friends, which is important to me."
- A new activity coordinator had been employed to further develop the activity provision. People and staff felt very positive about this.

Improving care quality in response to complaints or concerns

- Information relating to how to make a complaint was available to people and the home had a complaints policy.
- Any complaints received were fully investigated with an outcome.

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 provider had systems and procedures to monitor and assess the quality and safety of their service. Audits were used to assess standards and drive up improvements.
- Staff were supported by the registered manager. One staff member said, "I love him as a manager, he is approachable, anything you want to talk about you can."
- Staff were knowledgeable and enthusiastic about their roles. One staff member said, "I love my job."

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

- People and relatives had developed good relationships with staff and they looked relaxed with staff chatting and laughing with them.
- There was a cheerful and friendly atmosphere in the home and staff made sure everyone was well looked after. One staff member said, "We don't treat it as a care home we see it as their home, people enjoy coming to work, all staff respect each other. We all help each other like one big happy family to meet people's needs."
- People and relatives spoke highly of the manager, stating he was pleasant, approachable and listens to people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood their role in terms of regulatory requirements. For example, the provider notified CQC of events, such as safeguarding's and serious incidents as required by law.
- The registered manager was open and honest with us about the service, its strengths and weaknesses and areas they were further developing.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Working in partnership with others

- The provider had established forums in place to communicate with people. This included meetings for people and staff and surveys.
- The service worked in partnership with health and social care professionals who were involved in people's care.
- The service had links with the local community such as the college who came in to do hand massages for

people. The registered manager wanted to further develop community links.

Continuous learning and improving care

- The management team were committed to continuously improve the service.
- The management team were open and responsive to our inspection feedback.