

Southcrest Care Ltd

# Churchill House

## Inspection report

745 Holderness Road  
Hull  
North Humberside  
HU8 9AR

Tel: 01482709230

Date of inspection visit:  
01 November 2022

Date of publication:  
01 December 2022

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Churchill House is a residential care home providing personal care to up to 24 people in 1 adapted building. The service provides support to younger and older people, some of whom are living with dementia. At the time of our inspection there were 22 people using the service.

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

Safety checks of the premises and equipment were not always routinely carried out.

We have made a recommendation in relation to reviewing the maintenance / environmental safety check programme.

People received care and support, however, staff did not always have time or availability to offer any meaningful engagement.

We have made a recommendation in relation to systems to support appropriate staffing levels.

Medicine were safely ordered, stored and administered and regularly reviewed by healthcare professionals.

People had support from safely recruited staff. Staff received training in safeguarding and understood their role and responsibilities to protect people from abuse.

Quality monitoring systems were in place which helped to check various areas of the home. Any actions identified were carried out to make sure the service was continually improving.

Care plans included risk assessments for known risks and staff followed support plans to help keep people safe. Care plans were up to date and were regularly reviewed. People were happy with the care they received, they felt safe and well looked after.

Staff had positive links with healthcare professionals which promoted people's wellbeing. Records confirmed the manager worked in partnership with stakeholders.

We found the manager to be open and responsive to feedback. Visiting healthcare professionals told us that the management team and staff worked well with them.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 1 April 2020) and there was a breach of

regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection the provider had evidenced some improvements in line with their action plan and was no longer in breach of regulation, however further improvements were required.

At our last inspection we recommended that the provider reviewed and updated their practice for 'as and when' required medicines. At this inspection we found the provider had acted on the recommendation and made the improvements to documentation relating to 'as and when' required medicines.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has remained requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Churchill House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?**

The service was well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Churchill House

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by 2 inspectors 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

Churchill House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under 1 contractual agreement dependent on their registration with us. Churchill House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 5 people who use the service and 4 relatives about their experience of the care provided. We spoke with 8 members of staff including the registered manager, team leader, care workers, housekeeper, activities coordinator.

We reviewed a range of records. This included 3 people's care records and multiple medicines records. We looked at 4 staff files in relation to recruitment. A variety of records in relation to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- Policies and procedures were in place for fire safety, however we received mixed feedback from staff on the procedure to follow in the event of a fire. There was no evidence to support staff completing time simulated evacuations. The provider gave assurances this would be addressed immediately.
- Regular checks of the environment were not always completed in line with the providers policy. For example, checking the fire panel and fire exits, to minimise risks to people.

We recommend the provider reviews their maintenance / environmental safety check programme to assure themselves environmental checks are carried out in line with their policies and procedures.

- Some areas of the building were in need of refurbishment. There was an ongoing programme of servicing, repairs, refurbishment and maintenance.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Staff recorded all incidents. The registered manager monitored and analysed accidents, incidents and safeguarding concerns. This aided learning and reduced the risk of reoccurrence.

Staffing and recruitment

- The manager used a dependency tool to determine appropriate staffing levels. However, staff were busy and care appeared at times task centred.
- We received mixed feedback from people and staff in relation to appropriate staffing levels to meet people's needs in a timely way.

We recommend the provider reviews their systems and processes for managing staffing levels and updates their practices accordingly.

- Staff were recruited safely. Recruitment files showed all pre-employment checks had been made to ensure only staff who were suitable to work with vulnerable people were employed.
- Staff recruitment and induction training processes promoted safety, including those for agency staff where required.

Using medicines safely

- Some medicine records were not updated or in place for additional safety considerations. For example,

individual risk assessments for paraffin-based products and specific instructions. The provider gave assurances this would be addressed immediately.

- Medicines were safely received, stored and administered. Quantities of medicines stocked were correct. People had their medicines as prescribed and we saw evidence of medicines reviews from the GP regularly.
- Staff received medicine management training and checks on their competency to administer people's medicines were completed.
- Where people had medicines prescribed 'as required', there were protocols in place to give staff guidance to administer this type of medicine.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures to safeguard people from abuse.
- Referrals were sent to the local authority safeguarding team when required and outcomes followed up.
- Staff were trained to safeguard adults from abuse. They understood their responsibility to identify and report safeguarding concerns to the local authority, police or CQC if needed. One relative told us, "[Relative] is safe here and that's what matters."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the care home required refurbishment to enable more effective cleaning.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

We have signposted the provider to resources to further develop their approach in the prevention and control of infection.



People were supported to receive visits from friends and family. The provider was using a booking system to accommodate visits. We discussed the current government guidance with the registered manager who was responsive to our feedback and assured us the visiting policy would be reviewed to reflect current guidance. We saw people enjoying visits from friends and family throughout the inspection and people and staff all commented on how this had positively impacted on people.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had not ensured systems were operated effectively to ensure compliance with the regulations, and to monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- A range of audits were completed, however, they had not identified the shortfalls we found during this inspection in relation to fire safety, medicines and environment checks.
- Where improvements to the service had been identified through quality auditing, action was recorded. For example, action plans included the action required, expected date for completion and who was responsible for completion.
- The manager analysed accident and incident reports to identify trends, make changes and improvements to prevent recurrence.
- Staff were clear about their roles and responsibilities. Staff had allocated areas of responsibility and systems were in place to make sure daily tasks and checks were completed on each shift.
- The feedback from healthcare professionals was that the service was well-led, providing clear leadership and staff support that promoted a nurturing and caring environment.

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 registered manager was committed to providing good quality care to people.
- The registered manager understood their responsibilities under the duty of candour and the requirement to act in an open and transparent way when concerns were raised.
- The registered manager communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

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

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

- People told us they were happy with the support they received. One person told us, "I am well looked after. I am happy and get everything I want. There is nothing they could do better for me. I am quite happy."
- Management were visible, approachable and took a genuine interest in what people, staff, family and other professionals had to say. Staff felt able to raise concerns with managers without fear of what might happen as a result. Staff told us, "The manager is approachable and fair, she is very open."
- Churchill House was welcoming, and the atmosphere was warm and supportive. People were treated with respect and in a professional manner.
- The provider sought feedback from people and those important to them and used the feedback to develop the service.

Working in partnership with others

- Staff worked with local services to make sure people had access in a timely way. This included community nurses and GP surgeries.
- Feedback we received from professionals was positive about the care and support provided. One professional said, "In my opinion, the staff at Churchill House provide a safe, homely environment for their residents where they are consistently well cared for, and I have no concerns."