Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Churchview Nursing and Residential Home

Thompson Street, Stockton-on-Tees, TS18 2NY

Tel: 01642802490

Date of Inspection: 08 January 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Teesside Health Care Limited
Registered Manager	Mrs. Denese McPhee
Overview of the service	Churchview Nursing Home is a 47 bedded purpose built care home. It provides both personal care and general nursing care to older people. It is located in the centre of Stockton-on-Tees, close to local amenities and public transport.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 January 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

During this inspection we spoke with five people who lived at Churchview and five relatives. We also spoke with the manager and five staff, including a member of the catering team. People told us that they were treated well and staff were good and that they were involved in making choices about their care. People expressed satisfaction with the care and service that they received. They told us, "This home is better than any hotel I have stayed in. All the staff are wonderful and work very hard. All the staff are friendly and seem happy to be at work. I can take part in activities if I wish, I enjoy the craft sessions. I enjoy the music played during the activities." Relatives spoken with were highly complimentary about the care that had been provided. They said, "The staff know my mum and they involve me in her care." "They have skill and knowledge and look after her very well."

We found that people had their health and care needs appropriately assessed and this was effectively planned and delivered.

We found the premises that people, staff and visitors used were safe and suitable.

We found that appropriate recruitment procedures were in place.

We found there was an effective complaints system in place at the home.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

During the inspection we spent time in communal areas within the home so that we could observe the interaction between staff and people who used the service. We saw throughout the inspection that staff treated people with dignity and respect. Staff were attentive and interacted well with people. We saw that staff communicated well with people and explained everything in a way that could be easily understood.

We reviewed the care records of four people who lived at Churchview Nursing Home, two from the nursing unit and two from the residential unit, all with different care needs. We found that the care records contained a range of assessments including a pre admission assessment and one completed 72 hours after admission. A range of risk assessment tools were completed, such as moving and handling, skin integrity and nutrition, which had been reviewed and updated on a monthly basis. We found that individual specific risk assessments had also been completed for risks including swallowing difficulties. A range of corresponding care plans had been developed where risk or needs had been identified. We found that these were individualised, with the care interventions being well described. An example included, a person who liked to be raised up in bed and, within their care plan it was specified that three pillows are used under their head and shoulders to assist with breathing. They also liked a small pillow under their right knee. This meant that staff had the information they needed to meet people's needs in a safe and well planned way. In the nursing unit, a number of the care plans had several areas of needs detailed within the same plan of care. This was discussed with the manager, as there is the potential that areas of higher risk, such as swallowing difficulties were not as clearly visible as other areas of need.

Through the pathway tracking process, we observed how people's plans of care transferred into practice and saw good examples of this. We saw how one person was being assisted to transfer using a hoist. The care worker hugged the person, giving reassurance during the transfer. There was also a lot of laughter. The person was moved in a respectful and dignified manner. Other people were being assisted from the dining area to the lounge. There was a very good rapport between people and staff.

We saw that care plans were evaluated on a monthly basis and that six monthly reviews of care needs are completed. Within the care records we saw that there was information recorded about people's life history and interests. An activities organiser is employed who keeps detailed records for all activities carried out. People spoke positively about this and believed there were plenty of opportunities for social and recreational activities as well as being able to go shopping or to the pub. On the day of the inspection a small group of people were making cushion covers and they also spoke enthusiastically about the Christmas production they had participated in.

People we spoke with said, "This home is better than any hotel I have stayed in. All the staff are wonderful and work very hard. All the staff are friendly and seem happy to be at work. I can take part in activities if I wish, I enjoy the craft sessions. I enjoy the music played during the activities. We are making cushion covers at the moment and are having fun doing so. My family visit everyday and are made welcome, they are always offered a drink as they sit with me. Staff are available if you want to go out." Relatives spoken with were highly complimentary about the care that had been provided. They said, "The staff know my mum and they involve me in her care." "They have skill and knowledge and look after her very well."

Staff spoken with described a flexible approach to life for people living at Churchview and one where people had choices about their day to day care. One member of staff said, "Bathing and showering varied, some people liked to have a routine and others would request on the day. People had as much choice as possible and could join in activities if they wished. Getting up and going to bed was an individual choice. Some people liked to be up early and have a good breakfast."

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We reviewed the care records of four people living at Churchview Nursing Home. In all we saw that people had their weight monitored on a regular basis. Where it was not possible for weighing scales to be used, we saw that alternative methods had been used, such as, arm measurements. Nutritional screening assessments had been completed and were being updated on a monthly basis. Where nutritional risks had been identified, we saw that the service had involved the GP and/or dietician, who had prescribed particular food supplements. Staff spoken with were well able to describe how they monitored people's weight and the action that would have been taken if risks had been identified. They confirmed the involvement of dieticians with individual people and the type of supplements they were taking. This meant that people were supported to be able to eat and drink sufficient amounts to meet their needs.

We looked at the menu, which was a four week rolling menu, offering people home cooked traditional British food. The menu did not include breakfast options; however this information was available in the dining rooms. We also noted that the menu did not include a choice at meal times, although from other records looked at we could see that alternatives were available, however not recorded on the menu. The manager agreed to address this straight away and had already actioned this prior to us completing the inspection.

We spoke with a member of the catering staff who spoke with knowledge about the dietary needs of people living at Churchview. They described how they are made aware of the changing dietary needs of people and discussed how they provide high calorie and protein diets for people. They described an individual meal tray system for people who require assistance with their meals, or who needed a specialist diet, or had their meals in the rooms. We saw this system over lunch-time during our visit.

We visited the dining rooms at lunch-time. The lunch was nicely presented and people were clearly enjoying it. Tables were set with table cloths, napkins and a range of condiments. The manager and staff team had recently reviewed the way in which people have their meals on the nursing unit and the mealtime experience for people. They had introduced a trial of a two sitting approach for lunch and tea due to people's differing needs, with a view to improving this experience for people. This will be reviewed in the future to determine if it has been beneficial or not.

People, relatives and staff spoken with all were highly complimentary about the quality and variety of meals at Chuchview Nursing Home. Relatives said they had regularly been

offered the opportunity to have their meals and one person said that they had been offered a meal everyday. One relative said, "The food here is great, it is all home made and if you want something else they will always provide an alternative."

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

Churchview Nursing Home is a purpose built, two storey care home. We found that the home was clean, well maintained and free from offensive odours. We saw that it provided a comfortable and homely environment for people to live. We saw the people had been able to personalise their bedrooms. Since the last inspection, additional refurbishment had taken place and a new visitor's room had been developed. We found that there was a good amount of communal space, with both floors having a large lounge/dining room, small quite lounge area and an activities room. People also had access to a pleasant garden. There was also a study room for staff use, which contained a computer for them to undertake on line training.

We looked at a sample of maintenance and servicing records. We found that regular checks of the building and equipment were completed to ensure health and safety. We saw that relevant checks had been carried out on electrical safety, gas, emergency lighting and portable appliance testing (PAT) and these were up to date. We also found that fire extinguishers and the fire alarm system had been serviced in 2012, along with an update of the fire risk assessment. This meant that the provider has taken steps to provide care in an environment that was suitably designed and adequately maintained.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at the recruitment records for four members of staff, all of whom had been employed within the last 12 months. We saw that the appropriate checks had been completed, including completed application forms, with no employment gaps and suitable references. Criminal Records Bureau checks were also available and had been carried out prior to staff commencing employment. This meant that the employer had undertaken appropriate steps to ensure staff had the appropriate knowledge and skills and were suitable to the appointed post.

A member of staff who had commenced employment within the last 12 months was spoken with. They confirmed that robust recruitment practice had taken place, with all of the relevant checks undertaken prior to them commencing employment.

People and relatives spoken with had confidence in the staff team and believed they were being well cared for. They said, "Staff attitude and manner is marvellous, they have always been very polite."

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We saw that the complaints procedure was on display within the main reception of the home, as well as within the 'statement of purpose', which was also available. We looked at the complaints policy and procedure. The procedure clearly outlined who should be contacted and what the timescales were for dealing with complaints. Complaints information was available within the home and we were also informed that when people first move in, they are provided with a service user's guide, which contains information about complaints. This meant that people had information about how to make a complaint, should they need to.

We looked at the complaints records and saw that three compliant had been recorded during 2012, one of which was still under investigation. We found that complaints had been taken seriously and detailed investigations had been completed. We saw that outcome letters had been sent to the complainant, which detailed the investigation, findings and actions taken. We did note that satisfaction with the outcome of complaints investigations had not always been recorded.

One relative spoken with said, "I have never had any cause for complaints, if I needed to I would go to the manager or deputy." Relatives also confirmed that the manager was very approachable. This meant that people would be confident to raise issues within the home.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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