

# Four Seasons (Bamford) Limited

## Churchfield Care Centre

### Inspection report

Churchfield Drive  
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Mansfield  
Nottinghamshire  
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Date of inspection visit:  
28 January 2020  
29 January 2020

Date of publication:  
14 May 2020

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Churchfield Care Centre is a care home providing personal and nursing care to 26 people aged 65 and over at the time of the inspection. The service is registered to support up to 60 people.

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

The provider did not have effective systems and processes in place that enabled them to identify, monitor and assess risks to the health, safety and welfare of the people using the service. The provider had persistently failed to act where improvements had been required.

Risks to people had not always been identified and actions identified to mitigate risks had not always been followed. The management of people's medicines was not robust, and the providers recruitment process had not always been followed. Staff did not always protect people from avoidable harm because safe moving and handling practices had not been followed. Staff had not always followed best practice, around infection control prevention.

People's needs had been assessed prior to them moving into the service, though plans of care were not always accurate or up to date. Planning for people's end of life had not always been thoroughly explored. Capacity assessments and best interest decisions were included in people's plans of care though, shortfalls within the Deprivation of Liberty Safeguarding process were identified.

Staff were overall provided with the training they needed in a timely manner. People were supported to eat and drink enough to maintain a balanced diet and staff knew people's preferences. The staff team supported people to access relevant healthcare professionals when they needed it.

People told us the staff were kind and caring and we observed them treating people with respect. Staff supported people to make decisions about their care whenever possible and their consent to their care was obtained. People knew how to make a complaint if they were unhappy about anything.

The staff team felt supported by the manager and their thoughts on the service were sought. The manager had reintroduced meetings providing people using the service and their relatives with the opportunity to share their thoughts on the service. The staff team worked in partnership with others to provide people with the care and support they needed.

The new manager was committed to making improvements to the service moving forward and had already identified and addressed several shortfalls found.

Rating at last inspection: The last rating for this service was requires improvement (published 9 January 2019). The service remains rated requires improvement. This is the fifth consecutive time this service has been rated requires improvement.

Why we inspected:

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvement. Please see the safe, effective, responsive and well led sections of this full report.

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

#### Enforcement

We have identified a breach in relation to the systems and processes used to assess, monitor and improve the service.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Update 11 May 2020 - We are mindful of the impact of COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so. A serious concerns letter will be issued as a result.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### 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 well-led.

Details are in our well-Led findings below.

**Inadequate** ●

# Churchfield Care Centre

## 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 was carried out by two inspectors and a specialist nurse advisor.

#### Service and service type

Churchfield Care Centre 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority that monitors the care and support people receive and Healthwatch Nottinghamshire. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

#### During the inspection

We spoke with three people living there and eight relatives. We spoke with the manager, the regional director, a registered nurse and 11 members of the staff team. We also spoke with three visiting healthcare

professionals. We observed support being provided in the communal areas of the service. We reviewed a range of records about people's care and how the service was managed. This included six people's care records and associated documents including risk assessments and a sample of medicine records. We looked at records of meetings, staff training records and the recruitment checks carried out for three new staff members employed since our last visit. We also looked at a sample of the provider's quality assurance audits the management team had completed.

After the inspection

The manager provided us with further evidence to demonstrate compliance with the regulations.



# 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 now deteriorated to 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.

### Using medicines safely

- The management of medicines was not robust. This meant people were at risk of not receiving the correct medicine as prescribed.
- Issues were identified with regards to the counting of medicines to ensure the correct number of tablets held, tallied with signatures recorded on people's medicine administration records (MAR).
- We identified several gaps on the MAR where signatures were missing, and medicines carried over had not been included in the medicine count. This was very confusing and meant we could not be sure people had received their medicines as prescribed.
- For one person who had been prescribed a topical cream, the GP's direction stated apply once or twice daily as directed. A staff member confirmed it should be applied twice a day. Records showed this was only being applied once a day. There was no consistent guidance within the person's records to direct staff.
- Protocols were in place for medicines prescribed to be given only as required and a record of any allergies was included in the records held.
- We saw the registered nurse and care home assistant practitioner (CHAP) allocated to administer medicines, did so consistently and methodically.

### Assessing risk, safety monitoring and management

- Not all risks to people had been assessed, and the actions to take to mitigate risks were not always in place or followed. This meant people were at risk of potential harm.
- For example, for a person living with diabetes, their plan of care stated their blood sugar levels should be checked on alternate days to ensure it was within range. There was no record of this being carried out either in their plan of care, or their care evaluations. This meant staff did not have the information they required, to assess whether people's blood sugars were being maintained at a safe level.
- People were not always moved safely. We identified one person being moved in a wheelchair without the use of footplates. There was nowhere within their records showing this was acceptable practice, and this placed the person at risk of possible harm.
- Personal emergency evacuations plans (PEEPS) had been completed for people, though these were not always accurate. For example, one persons stated they were fully mobile and merely needed direction. When we checked their plan of care, it stated 'transfer with rotunda and two staff'. This meant in the event of an evacuation, incorrect information would have been provided.
- Regular safety checks had been carried out on the environment and on the equipment used.

### Staffing and recruitment

- People felt that overall, there were sufficient numbers of staff on duty. However, it was evident, particularly on the first day of our inspection, that there was a continual lack of staff presence within the communal areas. We found people were often left alone with little occupation or interaction with staff, and several people were asleep for long periods.
- At the time of our inspection the lift was out of order and this clearly had an impact on staffing, particularly on the first floor of the service. There were three staff members supporting people, one of whom was new to their role. Whilst we could not fault the efforts of the staff, it remained that without the effective and dynamic support from one staff member, people's support needs would have been compromised. It was evident there were insufficient numbers of staff to safely care for people consistently. We shared this with the manager and regional manager for their attention and action.
- Appropriate pre-employment checks had not always been carried out for staff new to the service. This meant we could not be assured that staff were recruited safely. This had already been identified by the manager and they were in the process of updating people's recruitment profiles. Information held regarding agency workers was also lacking.

### Preventing and controlling infection

- Staff had not always followed best practice around infection control prevention and did not consistently apply good infection control practices.
- On the first day of our inspection we noted an uncovered bin used to store food wastage being soaked in the assisted bath on the first floor. We also noted uncovered bowls of fruit smoothie prepared for people who had difficulty swallowing. Some were left out in a room being used to serve meals on the first floor, whilst another was left by the side of a person sleeping.
- Personal protective equipment such as gloves and aprons were readily available for staff, and these were used throughout our visit.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. Their relatives agreed.
- A relative explained, "I'm not worried about anything here, [name] is definitely safe."
- Whilst staff were aware of their responsibilities to keep people safe from avoidable harm, it was evident they had not always followed the providers process for reporting concerns to the management team. We identified one occasion where an incident had occurred. Whilst this had been recorded on a body map, this had not been passed to the manager for analysis or investigation. We could not be assured all incidents had been reported and investigated effectively.
- The manager was aware of their responsibilities and reported all potential signs of abuse to the relevant organisations, including the local authority safeguarding team.

### Learning lessons when things go wrong

- Lessons had not always been learned or shared with staff prior to the manager commencing employment.
- The manager had identified shortfalls in care provision and had commenced putting measures in place to improve the service.
- The manager was committed to ensuring lessons were learned when things went wrong.



# 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 now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- Issues were identified around DoLS authorisations. This included management not reapplying for a DoLS when it had expired. This meant there was a lack of oversight of when DoLS had expired. The new manager was aware of this issue and was already taking action to address this.
- Capacity assessments and best interest decisions were evident in files checked and these involved the relevant parties.
- The majority of staff had received MCA training and those spoken with understood their responsibilities within this. One staff member explained, "You should always assume someone has capacity. MCA is there to keep people safe and protected."

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

- People's needs had been assessed prior to them moving into the service.
- A relative told us, "[Name] came here about a year ago and they came and did an assessment."
- People were provided with the care and support they needed. However, guidance was not always readily available to enable the staff team to provide treatment and support in line with national guidance and best practice guidelines. The manager acknowledged this. They explained they were sourcing information on specific health conditions and planned to introduce champions within the staff team. This included an infection control champion and a dignity champion to ensure staff received the information and guidance

they required.

- People were supported to make choices and decisions about their care and support whenever possible. A staff member explained, "I always offer choices and ask someone first what they want to do."

Staff support: induction, training, skills and experience

- The staff team had received an induction into the service when they first started working there and for the majority of staff, training relevant to their roles had been provided.
- We did note on the first day of our visit, a new member of staff on duty had yet to receive training in moving and handling. This meant staff were working without sufficient training in moving and handling to support people safely. This was addressed by day two of our visit.
- Staff felt supported by the manager and the management team. One explained, "I do feel supported, the new manager seems really nice." Another told us, "I do now! (feel supported), I feel I can go to my manager and deputy who is very supportive."
- The manager had recently developed a supervision matrix and had commenced supervision sessions for all staff. This meant staff would be provided with the opportunity to discuss their work and receive any support they needed.

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

- People nutritional requirements were explored and followed.
- Nutritional risk assessments and plans of care had been developed for people's eating and drinking requirements and people's weight was monitored regularly.
- For people who had been assessed at risk of not getting the food and drink they needed to keep them well, records were kept. Those seen were up to date and showed the support people received.
- The cook had information about people's dietary needs. They explained the staff team informed them of people's nutritional requirements. They knew about the requirements for people who needed a soft or pureed diet and for people who lived with allergies.

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

- Staff were supported by a range of health care specialists including GP's and community nurses, and people received healthcare support in a timely manner.
- A visiting healthcare professional explained, "They will ring the GP and ask for a home visit for things like suspected infections or pain management. Whoever answers the door comes with you to explain the problem. They know the residents well."

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

- People lived in a service that had been adapted to meet their needs.
- The service's lift was out of action at the time of the inspection. Adaptations had been made to accommodate this to ensure people remained safe.
- There were spacious communal areas available for people to use, and these were comfortable and tastefully decorated. We did note some of the carpets in the service needed attention.
- People's bedrooms were personalised with their personal possessions and memorabilia.

# 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 the same.

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

- People told us the staff were kind and caring.
- A relative explained, "The majority of staff are nice, but some interact more than others. We are always made welcome." Another told us, "The care here is brilliant, better than hospital. The staff are brilliant too and obliging. They answer any questions you have, and they always make you a coffee."
- Information was available to enable staff to provide individualised care and support.
- Staff were knowledgeable with regards to the people they were supporting and knew their likes and dislikes and personal preferences.
- We observed support being provided throughout our visit. The majority of staff actively engaged people in a kind, caring and person-centred way. However, we did note some staff members were rather task focused in their approach to people.

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

- Staff encouraged and supported people to make decisions about their care and support and express their views.
- A staff member explained, "I always have a conversation with them [people using the service]. I give them choices and help them make decisions if they can't make a decision themselves."
- The manager was aware of the requirement to involve an advocate if someone had difficulty speaking up for themselves. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard. This meant people had access to someone who could support them and speak up on their behalf if they needed it.

Respecting and promoting people's privacy, dignity and independence

- People were overall treated with dignity and respect and their independence promoted.
- Staff gave us examples of how they ensured people's privacy and dignity were respected. One explained, "I keep them [people using the service] covered up until the last moment. When I am going to help them I always ask their permission, and I talk to them to make them feel as comfortable as possible."
- We did note the majority of staff knocked on people's bedroom doors before entering however, we noted two occasions when this did not happen.
- Some people needed assistance with moving from one chair to another with the use of a hoist. We observed staff carrying this out in the communal areas. Staff made sure they promoted the person's dignity

and they explained to them what was happening throughout the move.

# 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 requires improvement. At this inspection this key question has remained the same.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had plans of care in place. These had been developed when people had first moved into the service.
- We found people's plans of care hard to follow and some contained contradicting information within them.
- Assessments were not always in place with regards to the management of diabetes, falls, taking medicines, infection control, pressure sores or following advice regarding the testing of blood sugar levels.
- Records used to record the support people had received daily were not accurate or up to date. For example, one person's personal care record had gaps regarding the daily checking of their catheter and their skin integrity. It showed their catheter had not been checked for seven days and their skin integrity had not been checked on two days, even though they were assessed as being high risk of skin breakdown.
- Not all the plans of care seen had been reviewed on a regular basis. For example, the plans of care for one person's psychological, emotional and sleep needs had not been reviewed between June 2018 and October 2019.
- The manager acknowledged people's plans of care were not all up to date. They explained the provider had recently provided support two days a week to address this issue.

End of life care and support

- Whilst plans of care were in place to document people's wishes at the end of their life, these had been poorly managed. Those seen were basic in content and did not always reflect what would be important to people at that time. The service did not recognise, or had little consideration for people's individual religious, social and cultural diversity or values and beliefs, and how these may influence wishes and decisions about their end of life care. People's end of life care needs were not re-assessed regularly. This meant staff would not have the information they needed to support the person in a way they preferred.

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 needs had been identified and information had been provided in a way people understood. Information was readily available in different formats including large print and pictorial form to

support people with choices and preferences.

- Staff knew how each person communicated and supported them to do this daily.

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

- At the time of our visit it was evident the main activities leader had left, leaving an activities leader who worked just one day a week. The new manager had recently employed a new activities leader, but they had yet to start.
- On the first day of our visit there was very little stimulation or activity and people spent long periods of time asleep.
- The second day of our visit was the remaining activities leader's working day. They showed us evidence of activities provided including a keep fit session, arts and crafts and visits to the local community centre. On the second day of our visit, people who were able, were supported to make pizza.
- The service did not always support people to follow their interests or encourage them to take part in social activities relevant to their interests, or maintain personal or community relationships.

Improving care quality in response to complaints or concerns

- A formal complaints process was in place and a copy was displayed for people's information.
- People knew who to speak with if they had a concern of any kind. A relative told us, "I would speak with [staff member], anything we have brought up in the past has been resolved."

# 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 requires improvement. At this inspection this key question has now deteriorated to inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- There continued to be significant shortfalls within the leadership and management of the service. Whilst some improvements had been identified at our previous inspection, the provider had failed to sustain these.
- This was the fifth inspection the service had been rated requires improvement.
- Systems were in place to assess, monitor and improve the quality and safety of the service however, these were not effective. For example, information was missing in some people's records, and records were not always consistent or up to date. This included medicine records, plans of care, personal care records, PEEPS and recruitment files.
- A new manager was in post, but they had yet to apply to be registered.
- The manager had identified the shortfalls found during this inspection however, the provider had failed to act prior to this, to ensure improvements would be made.
- Management and staff did not understand the principles of good quality assurance and the service lacked drivers for improvement. There was little or no evidence of learning, reflective practice or service improvement.

The provider failed to ensure systems and processes were established, and operated effectively, to monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. This placed people at an increased risk of harm and was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

- The manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service. They were also aware of their responsibility to have on display the rating from their latest inspection. We saw the rating was clearly on display on the provider's website and within the service.

Continuous learning and improving care

- The provider had failed to act effectively to address previous failings. There were no plans in place that demonstrated the importance of continuous learning and improving care. This meant the shortfalls within the service had not been addressed.

- The new manager was committed to improving care at the service and had already commenced work to address the shortfalls identified.

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

- A duty of candour policy was in place and the manager understood their responsibility within this.

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

- The manager had reintroduced meetings for the people using the service, their relatives and staff. This provided people with the opportunity to have their say and be involved in how the service was run.
- The manager explained people and staff would be empowered to voice their opinions, and the management team would always respond to comments put forward.
- The staff team knew people's individual needs and worked to achieve good outcomes for people. One explained, "We try to give people the best quality of life we can."
- Staff understood the provider's vision for the service. One told us, "Our aim is to provide good quality care, whilst offering independence and dignity."

Working in partnership with others

- The staff team worked openly with stakeholders and other agencies. This included liaising with social work teams and other professionals when appropriate.
- A visiting healthcare professional explained, "The staff are very helpful."



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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider failed to ensure systems and processes were established, and operated effectively, to monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. This placed people at an increased risk of harm.</p> <p>We are mindful of the impact of COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so. A serious concerns letter will be issued as a result.</p>