

R Sons (Homes) Limited

Church Farm Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Church Farm Residential Home is a residential care home providing personal care to 33 people aged 65 and over at the time of the inspection. The service can support up to 40 people in a period building that has been extended.

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

With the assistance and support of other agencies, the service had made improvements since our last inspection although continued improvements were required. Quality monitoring audits had not been fully effective at identifying issues and rectifying them in a prompt manner. For example, missed signatures on medicine administration records continued and the environmental audit had failed to identify some issues with the premises such as a frayed carpet and a radiator hot to the touch that was a burns risk to people. Care plans for people's end of life support were still not in place for everyone who used the service and some people told us they would like to do more activities. The service had also failed to report a notifiable incident to CQC as they are required to do by law.

However, sufficient improvement had been made for the conditions imposed on their registration to be removed. The conditions were imposed following our inspection in August 2017 and meant the service had been submitting monthly action plans to CQC since this date. These are no longer relevant and have been removed.

People were very positive about the care and support they received at Church Farm Residential Home and their relatives agreed. They told us they were treated on an individual basis, with warmth and affection, were listened to and respected. One person who used the service told us, "This is a lovely home. The care they give is very good." Another person said, I am quite happy and think it's a lovely home. I love the place and would recommend it. I would say to people, come here. My family say they can go to their homes and rest easy."

There were enough suitably recruited and supported staff to meet people's needs in a person-centred manner. Staff were trained however we have made a recommendation about this. People benefitted from receiving care provided by a staff team who were dedicated to their roles, worked well together and nurtured a positive and welcoming atmosphere within the home. They were skilled at supporting people and knew people, and their needs and preferences, very well. The management team were approachable, visible and communicative. They took complaints seriously and people told us they felt listened to. They encouraged an open, positive and transparent culture.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's nutritional and healthcare needs were met, and they received care tailored to their needs that considered their dignity and independence. Activities were available within the service however

some people said they would like more to be provided.

The individual risks to people had been identified and managed and systems were in place to help protect people from harm and abuse. Regular maintenance and servicing of equipment and premises helped to mitigate against associated risks and a business contingency plan mitigated the risks associated with adverse incidents. Accidents and incidents were recorded, investigated and analysed to help prevent reoccurrence. People received their medicines as prescribed and the home was visibly clean with no malodours. Improvements to the environment, such as better lighting, needed to continue.

All the people we spoke with during this inspection were positive about the home and the service it delivered. Those that used it told us they would recommend it as did their relatives. One person who used the service told us the positives were, "The whole atmosphere here, most people are infirm and need different care to me, the care they give me is different and appropriate. Looking at the [staff] team, overall it seems to work excellently." One relative said, "The home has a good reputation locally, the relatives are all happy. On the whole, I am really pleased as I don't have to worry."

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 Requires Improvement (last report published 28 February 2019)

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Church Farm Residential Care Home

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 over one day by two inspectors, one assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Church Farm Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. The registered manager was absent from the service at the time of this inspection and the deputy manager was responsible for the day to day management in their absence. It was the deputy manager who assisted us with this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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 used all of this information to plan our inspection.

During the inspection

We spoke with ten people who used the service and nine relatives about their experience of the care provided. We spoke with eight members of staff including the provider, deputy manager, two assistant managers, three care workers and the chef.

We reviewed a range of records. This included eight people's care records and the medication records for four people. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and some governance records.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People who used the service, and their relatives, told us they had no concerns in relation to the safety aspects of the service. One relative we spoke with said, "I leave [family member] here with a huge sense of relief that they are safe with people who understand."
- One person who used the service told us, "I take my buzzer to bed and staff pin it to my bedding. They make me feel safe." A relative explained how the service had mitigated the risk of their family member experiencing harm from falling from bed by obtaining improved equipment.
- The individual risks to people who used the service had been identified, assessed and managed. These included where people were at risk of skin deterioration, falls and malnutrition.
- Most of the risks relating to the environment had been identified and managed. However, we did find one radiator, in a corridor, that was hot to the touch posing a risk of burns or scalding. The provider promptly switched this off and ordered a more appropriate cover to reduce the risk.
- Risk assessments were completed in relation to the premises and working practices and an emergency evacuation plan was in place for each person who used the service in the event of a fire. The risk of fire was mitigated by regular checks and servicing of firefighting equipment.
- A business contingency plan was in place to manage adverse incidents such as loss of utilities, staff disruption and flooding.

Using medicines safely

- People told us they received their medicines as required and the management and administration of medicines mostly followed good practice.
- Medicine administration records (MARs) were legible with clear dosage instructions in place. Where changes had been made, or entries handwritten, these had been signed by two staff members to ensure accuracy. However, we did note some missed signatures that may indicate people had not consistently received their medicines as prescribed.
- Medicines were well-organised, stored safely and at the correct temperatures. Where medicine was administered via a patch, charts were in place for this showing appropriate administration. Consistent information was in place across records where people had allergies to medicines.
- Where medicines were administered either crushed or hidden in food, appropriate consent and decision making was in place and recorded.
- Staff had received training in administering medicines and their competency to do so checked, including the administration of insulin used to manage diabetes. Audits of medicines took place very regularly and these had identified missed signatures on MARs and recorded what action had been taken as a result. However, missed signatures continued to be an issue.

Preventing and controlling infection

- The home was visibly clean with no malodours although there was some staining to furniture, fixtures and fittings and the fabric of the building.
- For example, we saw two bathrooms with flooring that was not intact making it difficult to effectively clean. There was staining to some armchairs and limescale around some sinks.
- An outside agency had recently visited the service to undertake an infection prevention and control inspection. We saw that most outstanding actions had been completed as required following this visit.
- Personal protective equipment and handwashing facilities were readily available to staff throughout the building and we saw staff use them. Cleaning schedules were in place and we observed a staff member thoroughly cleaning a piece of equipment during our inspection.

Staffing and recruitment

- References had been sought for potential staff and checks had been made with the Disclosure and Barring Service (DBS) to ensure they were safe to work with the people who used the service. A system had also been introduced since our last inspection to ensure staff member's DBS' were regularly updated.
- There were enough staff to meet people's needs in a person-centred manner. People, relatives and staff told us this, and our observations confirmed it.
- One person who used the service said, "Always enough staff around to attend to us, more than enough to cater for us, never found it a problem."
- During our inspection we saw that staff were attentive to people's needs and that they received the care and support they required at the time they needed it.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help protect people from the risk of abuse.
- Staff had received training in safeguarding and were able to explain what action they would take should they suspect abuse was taking place. They told us they had confidence the management team would appropriately manage any concerns raised.
- Following a recent safeguarding incident, a healthcare professional described the service's management of the concern as, "Robust." The management of the incident demonstrated the service understood the need to protect people whilst meeting their needs and wishes.

Learning lessons when things go wrong

- The service had continued to make improvements since our last inspection and had received input from a number of other stakeholders. We saw that associated action plans were being completed.
- Accidents and incidents were recorded and analysed to identify any themes or patterns. We saw that actions had been taken to mitigate the risk of reoccurrence.

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 Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People told us they had confidence in the staff and their abilities to provide care and support and our observations confirmed this.
- One person who used the service told us, "It's excellent, care is very good. Staff are dedicated to their job and I cannot fault it." A relative said, "[Family member] is well looked after. The care is outstanding, really good carers. They make the residents feel loved."
- Staff told us they received an induction which prepared them for their role. Improvements had been made in staff training since our last inspection and staff were up to date with their training.
- Most staff told us they felt supported in their role and they felt comfortable going to either the management team or each other for support. Not all staff had received regular supervisions, and this was an area for improvement to ensure all staff had the opportunity to raise any concerns or training needs. A staff member had recently been employed to provide this support.
- Our evidence suggested staff were knowledgeable in meeting the needs of those that used the service however training was not provided for specific healthcare needs such as epilepsy or diabetes.

We recommend the provider refers to current guidance regarding staff training.

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

- The service continued to make improvements to the environment however further development was required to make the environment more appropriate for people living with dementia.
- The service did, however, have good signage in place and some decoration was in place to help people orientate around the building.
- Poor lighting was an issue within the service, particularly for people living with dementia or visual impairments. The service had acknowledged this, and the deputy manager told us they were upgrading the lighting throughout the home. This was observed on our inspection.
- The service provided several areas for people to spend time alone or with their friends and family. The benefits of this were observed during our inspection when we saw one person spending time with a relative in a quiet area of the home. On another occasion we saw another person spending time in a private area with their family and friends to celebrate a special birthday.

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

- People spoke encouragingly about the service and the positive outcomes it achieved for people who lived at Church Farm Residential Home.

- One person who used the service said, "When I came here I spent the first three months in a wheelchair. Staff gave me the confidence to walk again." Another person told us, "I absolutely adore it here. Food is good, the care they give is good... everybody is so good to you. I have never regretted coming here."
- People's needs were assessed, and care delivered in line with those needs. For example, for one person who had only recently moved into the home, we saw staff sit with that person and discuss their needs and expectations and plan the care accordingly.
- Staff used nationally recognised tools to assess risks such as those associated with pressure ulcers and malnutrition. This helped to ensure good outcomes for people.

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

- People's nutritional needs were met, and people were complimentary about the food provision of the service.
- One person who used the service said, "Food is very homely and nice. Home from home food, excellent fruit and vegetables and get a good variety. Menu is changed every week and it's hot, attractive food. It's always well cooked, I enjoy it."
- Care plans recorded people's nutritional needs, likes and dislikes including any specific dietary requirements.
- We observed the mealtime experience for people and we saw that people received the dedicated support they needed, specialist equipment as required and an attentive service. Choice was offered, and we saw that the menu was in a pictorial format for accessibility.

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

- People told us they had access to healthcare professionals as required and on a regular basis. Records confirmed this.
- One person who used the service told us, "I have been to the hospital for an appointment, optician came to the home and supplied me with glasses. I've seen the doctor this morning... chiropodist comes regularly, and I get my hair cut regularly." Relatives agreed with one commenting, "Here they click their fingers and get district nurses or doctors in."
- The records we viewed confirmed the service worked with other agencies to provide appropriate and effective care. For example, for one person we saw that a variety of healthcare professionals had been involved in their care including a speech and language therapist, physiotherapist, diabetes nurse and GP.

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.

- We saw that staff sought people's consent at every opportunity and that people were fully in control of the

care and support they received.

- Where a person's capacity to make a decision had been doubted, an assessment had been completed and a best interest decision made.
- We saw that appropriate people had been included in any best interest decision. For example, where a person required their medicines to be administered hidden in their food, both the GP and the pharmacist had been involved in this decision.
- People had been given appropriate support and information to make their own decisions. For example, people had been supported at different times of the day, using different communication methods, to account for times when they may feel better or more able to make a particular decision.
- Appropriate DoLS applications had been made and we saw that attached conditions had been met.

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 they felt cared for, listened to and respected and relatives agreed that the caring abilities of the staff were excellent, both towards their family member and themselves.
- One person who used the service described staff as, "Attentive" whilst another told us staff were, "Very pleasant" and described the service as, "First class."
- One relative explained, "Staff care with a certain dignity and affection. They touch people's arms and give them a hug." Another relative said, "Yesterday a person went to the hospital, they were made very welcome when they came back; big fuss, cuddles and kisses, people are well supported here... that's all that matters, the kindness."
- People were treated as individuals and respected for their uniqueness. One relative we spoke with said, "Staff do seem to adjust to each person and their needs. Staff are extremely understanding and empathetic on an emotional and physical level of people's needs."
- Our observations confirmed that staff were dedicated, discreet, attentive and caring. We consistently saw staff demonstrating empathy, warmth and reassurance. Humour was used appropriately and to help people feel validated and accepted.

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

- People were in control of the care they received, and staff consistently offered choice.
- People told us they could spend their day as they chose, and that staff supported them to do so. The relatives we spoke with agreed and our observations confirmed this.
- Staff understood the importance of making people feel valued and in control and our discussions with them demonstrated this.
- Care plans showed that people had been involved in planning their care and relatives told us they too were involved. One relative said, "Staff tell me about the care plan. I read it and sign it; they fully involve me."

Respecting and promoting people's privacy, dignity and independence

- Independence was encouraged, dignity was maintained, and staff demonstrated a respectful and gracious approach to supporting people.
- One person who used the service told us, "Staff are very respectful." Another person said, "Staff always knock before coming in [my room]." A relative we spoke with observed, "Staff are discreet, exceedingly so."
- We saw that staff used screens to maintain people's dignity when using moving and handling equipment and encouraging when providing support. We did note, however, that three people's fingernails were dirty

which did not promote dignity.

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.

End of life care and support

- Most people had end of life care plans in place however they were sometimes basic and required more person-centred information. We had identified the need for improvement in this area at our last inspection and continued improvement was required.
- The service had recently employed a staff member dedicated to implementing and reviewing care plans and auditing the service. We were told this would ensure end of life care plans were completed as required and as people felt able to discuss it.

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

- We had mixed feedback from people on how the service met their leisure needs and not all felt there was enough for them to do.
- Whilst everyone said they enjoyed the social activities when they occurred, some wanted to do more. One person who used the service said, "Not quite enough to do... no outings." Some staff agreed with one commenting, "When the activities person is not here, there's no activities." A second staff member said, "There's activities but we could do more."
- Relationships were encouraged, and the service facilitated this. For example, relatives told us they were always made to feel welcome and there were several areas where people could meet up with their friends and family. Relatives were encouraged to have meals with their family members.

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

- People were supported by staff who had developed meaningful relationships with them and who had a good understanding of their care and support needs and preferences. This ensured people received a person-centred service that was tailored to their individual needs.
- The service had a stable staff team, and this contributed to people receiving a consistently person-centred service. People told us staff knew them, and their needs, well. One person who used the service said, "The feeling knowing that there is someone there who knows what you need and to look after you."
- Care plans were detailed, accurate and contained information that helped staff deliver individualised care. They had been reviewed as required and were easy to navigate for staff.

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.

- The AIS was met and we saw that people received information in a format that was accessible.
- Examples included the availability of picture cards, large print documents and menus in pictorial formats.
- People had communication care plans in place and these helped staff deliver information to people in their preferred ways and methods.

Improving care quality in response to complaints or concerns

- The management team took complaints seriously, investigated them, responded appropriately and offered apologies and assurances where necessary.
- None of the people we spoke with felt the need to raise any concerns. They did, however, tell us they felt listened to and would feel comfortable in discussing any issues with staff. One person who used the service said, "I can speak to senior staff, they would listen."
- People spoke of a service that maintained good and consistent communication that gave people regular opportunity to raise any concerns at the earliest chance, assisting in rectifying issues before they developed.

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 remained the same. This meant governance systems had not fully rectified all identified issues.

Continuous learning and improving care; Working in partnership with others

- The service had made improvements since our last inspection although further development was still required as detailed in this report. After our inspection in August 2017, we imposed conditions on the provider's registration to drive improvement. This meant the provider had to submit monthly action plans demonstrating the actions they were taking to improve the quality of the service. This had proved effective and, although continued improvement was still required, these conditions are no longer relevant and will be removed from the provider's registration.
- Several other stakeholders had been providing support to the service to make improvements and we saw action plans in place as a result of their feedback and suggestions.
- There was a quality monitoring system in place to assess the service and drive improvement. This had been effective in several areas.
- However, audits had failed to rectify issues such as environmental risks and lack of end of life care plans, both of which had been identified at our previous inspection. Medicine audits had consistently recorded missed signatures on medicine administration records and this issue was still evident at this inspection.

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

- Registered persons are required by law to inform CQC of certain events. During our inspection we found one incident that had not been reported as required. Whilst the service took appropriate action in response to the incident, they failed to notify CQC.
- People spoke positively about the management and staff teams. They told us managers were approachable and visible. They had confidence in the staff team and consistently commented on their happy and friendly manner and how welcoming the home was.
- Observations showed that the service ran smoothly, and staff understood their roles and responsibilities. We saw clear leadership in place and staff performed their roles with insight and accountability.

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

- People were happy with the care and service they received, and their relatives agreed. It achieved positive outcomes for people.
- People consistently spoke of the encouraging and accepting culture within the service. One relative we spoke with said, "I like the staff immensely, they make [family member] laugh. We think the staff make it, it is warm, tidy and clean and they are hands on and caring."
- We saw that staff worked well as a team and they told us they felt supported by their colleagues. One staff

member said, "I feel like I fit in really well here...it's really welcoming, and staff are really friendly. Everyone is there for support for me."

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

- From the complaints and investigations we saw on file, we concluded that the service was open and transparent and was meeting the duty of candour responsibility.
- For example, where a person had been the subject of a medicines error, we saw that they had been informed of the misadministration and an apology given.

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

- People told us communication was good within the service and that they felt involved.
- One relative described the communication within the service as, "Excellent" whilst another said, "There is good communication."
- Meetings took place with people who used the service, their relatives and staff where information could be exchanged, and views sought.
- The service had also recently sought feedback via questionnaires and the results were overwhelmingly positive. Where people had made suggestions we saw the service had taken action to address these.