

Church Farm Nursing Home Limited

# Church Farm Nursing Home at Skylarks

## Inspection report

Skylarks  
Adbolton Lane, West Bridgford  
Nottingham  
Nottinghamshire  
NG2 5AS

Tel: 01159825568

Website: [www.churchfarmcare.co.uk/skylarks](http://www.churchfarmcare.co.uk/skylarks)

Date of inspection visit:  
14 September 2022

Date of publication:  
25 November 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Church Farm Nursing Home at Skylarks is a care home with nursing providing personal and nursing care to up to 52 people. The service provides support to people diagnosed with dementia, older people, younger adults, people with a physical disability and people detained under the Mental Health Act. At the time of our inspection there were 48 people using the service.

Church Farm Nursing Home at Skylarks has four separate households where people live. Each household has its own communal areas (with lounges and kitchenettes). Each bedroom has ensuite facilities, and most bedrooms have direct access to enclosed garden or patio areas. The service specialises in providing personal and nursing care to people with dementia.

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

People were protected from the risk of abuse. Relatives felt confident to raise concerns and felt their family members were cared for safely. Staff understood how to recognise and report concerns or abuse, and felt confident to speak up. People's needs were assessed, and any risks associated with their personal care and environment documented. These were reviewed regularly and updated when required. Risks associated with the service environment were assessed and mitigated. People received their prescribed medicines safely. Medicines were managed and stored safely. The service was clean and well-maintained.

The service had enough staff, including for one-to-one support for people where this was assessed as needed. People, relatives and the staff team told us that staffing levels were good. We observed people receiving care at times they chose and in an unhurried way. The provider undertook pre-employment checks, to help ensure prospective staff were suitable to care for people. The service managed incidents affecting people's safety well. The service had systems and processes to monitor and assess accidents and incidents. Accidents and incidents were documented and analysed regularly to assess trends and patterns. This had helped the service to reduce incidents and make improvements to the care provided to people who used the service.

The service was well-led, and focussed on providing person-centred care for people living with dementia. The provider, manager and senior management team undertook regular audits of all aspects of the service to review the quality of care. These were effective in identifying areas where improvements were needed. The service had a positive, caring culture. People's needs and wishes came first, and staff both told us this and demonstrated it in the way they supported people. Feedback from health and social care professionals supported this.

There was a strong emphasis on continuous improvement and development of the service. Staff and the management team were confident to recognise when they needed to refer people to external health and social care professionals. This meant people got the right support in a timely manner when needed. The management team worked with other organisations and professionals to ensure people's care and support

was in line with best practice guidance.

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.

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

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

#### Rating at last inspection

The last rating for this service was Good (published 14 February 2018).

#### Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of falls. This inspection examined those risks. As a result, we undertook a focused inspection to examine those risks and reviewed the key questions of Safe and Well-led only. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

The overall rating for the service has remained the same. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Church Farm Nursing Home at Skylarks

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

#### Inspection team

The inspection team comprised of one inspector, a specialist advisor nurse 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 Nursing Home at Skylarks is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Church Farm Nursing Home at Skylarks is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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

was not a registered manager in post. The provider was in the process of recruiting, as the previous registered manager had left recently. During this time, the provider had ensured there was a stable consistent management team at the location.

#### 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, the local clinical commissioning group, local GP and community health services, and from Healthwatch about the service. 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 the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

During the inspection we spoke with three people who used the service and observed how care and support was given generally. We got feedback from three relatives, five care staff, including nurses, and two staff involved in activities, maintenance and catering. We spoke with the deputy manager (acting as manager whilst recruitment was ongoing), members of the provider's senior management team and the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at a range of records including three people's care records and how medicines were managed for people. We also looked at staff training, and the provider's quality auditing system. During the inspection visit we asked the provider to give us additional evidence about how the service was managed, which they sent to us.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Relatives felt confident to raise concerns and felt their family members were cared for safely.
- People demonstrated they felt safe in the presence of staff. We saw people being supported to do things they enjoyed, with staff actively taking part. People's non-verbal communication whilst being supported by staff was relaxed, and showed they were happy and comfortable with the staff who worked with them.
- Staff understood how to recognise and report concerns or abuse. Staff received training in safeguarding and felt confident to raise concerns, both within their organisation and to external health and social care professionals.
- The manager reported any allegations of abuse to the local authority safeguarding team and notified CQC about this. The provider had policies on safeguarding people from the risk of abuse and whistleblowing, and staff knew how to follow these.

Assessing risk, safety monitoring and management

- People's needs were assessed, and any risks associated with their personal care and environment documented. These were reviewed regularly and updated when required. Staff knew about risks associated with people's health conditions and understood how to provide care which kept people safe.
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.
- Risks associated with the service environment were assessed and mitigated. The provider had clear systems in place to ensure regular checks on all aspects of the environment. This included fire safety system checks and checks on all areas of the building and grounds. We looked at a sample of these, and could see where good practice was noted, and where areas for improvement were identified.
- There were clear plans in place to guide staff in what to do in an emergency, and staff knew what the plans were. For example, if there was a fire or power cut. Each person had their own personal emergency evacuation plan (PEEP) with up to date information about people's needs and how they should be supported in an emergency. The provider also had a business contingency plan in place, setting out how the service would continue to run well in the event of a major incident, such as a widespread infection outbreak.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff were knowledgeable about ensuring people were supported as much as possible to make their own decisions about their own lives.
- Assessments of people's capacity were detailed and showed how people had been supported to express their views and wishes.
- Where people were subject to restrictions in their care, the provider made sure these were less restrictive, and reviewed often to ensure they remained appropriate and proportionate for each person. Any conditions to DoLS authorisations were being met.

#### Staffing and recruitment

- The service had enough staff, including for one-to-one support for people where this was assessed as needed. People, relatives and the staff team told us that staffing levels were good. We observed people receiving care at times they chose and in an unhurried way.
- Staff told us, and records showed the provider undertook pre-employment checks, to help ensure prospective staff were suitable to care for people. This included employment and character references and disclosure and barring service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The provider also had a system for regular checks on the professional registration of nurses. This all ensured staff were of good character and were fit to carry out their work.

#### Using medicines safely

- People received their prescribed medicines safely. Medicines were managed and stored safely. There was a robust system in place to ensure people were offered their medication as prescribed. Staff received training about managing medicines safely and had their competency assessed. Staff told us, and evidence showed that overall, medicines were documented, administered and disposed of in accordance with current guidance and legislation.
- People received their "as and when" (PRN) medication when they needed it. There was guidance in place for people's PRN medicine which told staff when this medication was needed.
- Each person's medicines records had key information about allergies and how people liked to be given their medicines. The system for managing medicines ensured people were given the right dose at the right time.
- Where medicines audits identified any issues, these were dealt with quickly and used as an opportunity to learn lessons and improve.

#### Preventing and controlling infection

- The service was clean and well-maintained. Relatives commented positively about cleanliness and felt staff had managed a recent COVID-19 outbreak very well. The management team and staff carried out regular checks in relation to cleanliness, infection prevention and control to ensure the cleaning schedule for the home was effective. Risks associated with acquired health infections were minimised.
- We were assured that the provider was preventing visitors from catching and spreading infections. We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely and the provider's infection



prevention and control policy was up to date.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

#### Visiting in care homes

- There were no restrictions on people welcoming visitors to their home and the provider was following currently published visiting guidance by the Department of Health and Social Care.

#### Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised and raised concerns, near-misses and incidents and reported them appropriately. The provider used this information to get a clear picture of the quality of care and carried out prompt and thorough investigations to establish what went wrong.
- The service had systems and processes to monitor and assess accidents and incidents. Accidents and incidents were documented and analysed regularly to assess trends and patterns. This had helped the service to reduce incidents and make improvements to the care provided to people who used the service.
- Where any investigation identified care needed to improve, staff were told what was expected of them, and people's care plans were updated to reduce the risk of further incidents.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. The rating for this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had a positive, caring culture. People's needs and wishes came first, and staff both told us this and demonstrated it in the way they supported people.
- Health and social care professionals were consistently very positive about the quality of care provided by staff and the way the service was managed. One commented, "We have found the culture of the care home to be excellent with very caring staff who have a good understanding of people and their needs."
- The provider, manager and the staff team worked hard to instil a culture of care in which staff valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Staff felt respected and supported by the management team who promoted a positive and improvement-driven culture. Staff spoke positively about the support they got to carry out their roles. Staff also spoke about the opportunities they had to develop their skills through training. This included working towards formal qualifications and being encouraged to apply for more senior roles. Staff felt able to speak up about any concerns they may have regarding people's care without fear of what might happen as a result.
- Regular feedback was sought from people, relatives and staff about the quality of the service. Any issues raised were acted on promptly, and everyone was told what action was taken so they could see what had been improved.
- Since the last inspection, the provider had continued to develop the service to meet people's needs and enable them to live well with dementia. This included working with external professionals to identify how staff could support people better with eating and drinking. This had resulted in people being able to maintain their weight better.

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

- The service was well-led. The provider, manager and senior management team had a strong framework of accountability built into the day to day governance of the service. Regular checks and audits were effective in identifying areas where improvements were needed. This included checking that people's health was maintained, as well as ensuring the environment was safe for people to live in. There was a robust system of learning from accidents and incidents. Where areas for improvement were identified, this was shared with all staff. For example, staff had worked to reduce the number of falls people had, and to reduce the risk of people developing pressure sores.
- Staff took part in daily "flash" meetings to share key information about people's needs each day. These

short meetings ensured staff had critical information relating to people's safety and well-being. The management team used a daily walk-round observation tool to provide immediate feedback to staff relating to people's care, and this ensured that any minor issues were dealt with promptly.

- The provider had developed their regular management meetings to ensure there were specific focusses on current topics impacting on the quality of care. For example, the Infection Prevention & Control (IPC) Champion Forum ensured the management team remained up to date on all IPC matters. This forum was used to drive improvement in the prevention and control of infection.
- The provider notified the CQC of significant events as they are legally required to do. This meant the provider was informing us about events that occurred in the service which assist us to monitor the quality of care.
- The provider was displaying their ratings from the previous inspection, both in the service and on their website, as required by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Although the service did not currently have a registered manager, the provider was actively recruiting. The nominated individual confirmed they wanted to ensure that the leadership team in the service had the right skills mix and would fit well with the existing staff team, and this was reflected in a rigorous recruitment process.

#### Continuous learning and improving care

- There was a strong emphasis on continuous improvement and development of the service. The management team undertook regular evaluation of the impact of their work to ensure they continued to give people the best outcomes possible.
- The provider had a robust system in place to ensure any lessons learnt from complaints or concerns were shared with all staff. The management team carried out investigations into each complaint or incident to identify areas for improvement. For example, following a complaint about food, the provider had implemented enhanced checks to ensure people were getting the food and fluid textures or specialist diets they were assessed as needing. This had resulted in improved meals for people.
- The provider had arranged external support for staff including well-being support sessions and professional coaching. These were available for all staff as part of ensuring they had access to confidential support for their own general well-being, and for development of professional skills.

#### Working in partnership with others;

- Staff and the management team were confident to recognise when they needed to refer people to external health and social care professionals. This meant people got the right support in a timely manner when needed.
- Feedback from local health service providers was positive. One health professional said they always found the culture of the service to be excellent with proactive and caring staff. They also said the way staff worked with them was good and ensure that people received safe care and treatment. Another professional said the service worked closely with the local dementia outreach team to improve the use of medicines to manage dementia symptoms, and to reduce unnecessary medicine use.
- The management team worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance. For example, external professionals were involved in auditing and supporting the provider to improve the quality of care. This included taking part in an external pilot project to reduce the impact of falls and working with a university research team to develop staff skills and awareness around the risks of dehydration.
- Reflective practice was an important part of the provider's culture of continuous improvement. This was done at an individual level as well as across the whole service's staff team, and often involved consultation with external professionals to assist in improving the quality of care.
- One recent project involved looking at the benefits of music in reducing depression in people living with

dementia. We saw evidence demonstrating this work had led to a reduction in anxiety for people, and an increase in the ability to reminisce about music people felt was important to them throughout their lives. Staff noted that people enjoyed the music sessions and benefitted in different ways including improvements to people's self-esteem and feelings of inclusion in a fun activity.

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

- The manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with people and families.