Bupa Care Homes (CFChomes) Limited

Church Farm Residential Home

Inspection report

Church Farm Lane
East Witterings
Chichester
West Sussex
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Website:

Date of inspection visit: 23 June 2015
Date of publication: 30/07/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection was carried out on 23 June 2015 and was unannounced. Church Farm Residential Home is a service which is registered to provide support and accommodation for up to 60 older people. It does not provide nursing care. Accommodation is provided over two floors and there was a lift available to access all floors. There was a total of 39 members of staff employed plus a deputy manager and the registered manager. On the day of our visit 51 people were living at the home.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the

Summary of findings

service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they felt safe. Relatives told us they had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of harm.

Care records contained risk assessments to protect people from any identified risks and helped to keep them safe. These gave information for staff on the identified risk and guidance on reduction measures. There were also risk assessments for the building and emergency plans were in place to help keep people safe in the event of an unforeseen emergency such as fire or flood.

Recruitment checks were carried out on newly appointed staff to check they were suitable to work with people. Staffing levels were maintained at a level to meet people's needs. People told us there were enough staff on duty, however staff told us that due to people's dependency levels, when senior staff were administering medicines they were at times stretched.

People told us the food at the home was very good. There was a menu displayed in the dining room and information regarding meals and meal times were in each person's room.

People were supported to take their medicines as directed by their GP. Records showed that medicines were obtained, stored, administered and disposed of safely. The provider's medicines policy was up to date. There were appropriate arrangements for obtaining, storing and disposing of medicines

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. There were no people living at the home who were currently subject to DoLS. The registered manager understood when an application should be made and how to submit one. The provider was meeting the requirements of DoLS. People were able to make day to day decisions for themselves. There were no restrictions imposed on people. The registered manager and staff were guided by the principles of the Mental Capacity Act 2005 (MCA) regarding best interests decisions should anyone be deemed to lack capacity.

Each person had a plan of care which provided the information staff needed to support people and staff received training to help them meet people's needs. Staff received regular supervision including observations of staff when carrying out their duties. Monitoring of staff performance was undertaken through staff appraisals which were conducted every six months.

Staff were supported to develop their skills and received regular training. The provider supported staff to obtain recognised qualifications such as National Vocational Qualifications (NVQ) or Care Diplomas (These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard). All staff completed an induction before working unsupervised. Staff had completed mandatory training and were encouraged to undertake specialist training from accredited trainers.

People's privacy and dignity was respected and staff had a caring attitude towards people. Staff were smiling and laughing with people and offering support. There was a good rapport between people and staff. Regular competency checks were carried out on the standard of care provided.

Staff were knowledgeable about people's health needs and knew how to respond if they observed a change in their well-being. Staff were kept up to date about people in their care by attending regular handover meetings at the beginning of each shift. The home was well supported by a range of health professionals. We contacted a GP practice who provided a service to some of the people at the home. They told us that the registered manager and staff were very approachable and had good communication skills; they said the staff were open and transparent and worked well with them to meet people's needs

The registered manager operated an 'open door' policy and welcomed feedback on any aspect of the service.

Summary of findings

There was a stable staff team who said that communication between all staff was good and they always felt able to make suggestions and confirmed management were open and approachable.

The registered manager acted in accordance with the registration regulations and sent us notifications to inform the commission of any important events that took place in the home.

The provider had a policy and procedure for quality assurance. The registered manager was visible and an area manager employed by the provider visited the home regularly. Weekly and monthly checks were carried out to help monitor the quality of the service provided. There were regular residents meetings and their feedback was sought on the quality of the service provided. There was a complaints policy and people knew how to make a complaint if necessary.

Summary of findings

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 safe.

People told us they felt safe. They said there were always enough staff around to give support. Relatives had no concerns about the safety of their relatives. Staff received training to help keep people safe.

Where any risks had been identified risk assessments were in place to help keep people safe.

Medicines were stored and administered safely by staff who had received training and had been assessed as competent.

Good

Is the service effective?
The service was effective.

People were well supported and relatives felt the staff provided the care and support people needed.

Staff understood people's needs and had appropriate training and skills to enable them to meet people's needs.

The provider, registered manager and staff understood and demonstrated their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People had enough to eat and drink. People had a choice at meal times. Staff supported people to maintain a healthy diet.

Good

Is the service caring?
The service was caring.

People were treated well by staff and always treated with dignity and respect. Relatives were very happy with the care and support provided.

Care staff supported people throughout our visit and people's privacy was respected. People and staff got on well together

Staff understood people's needs and provided support the way people preferred.

Good

Is the service responsive?
The service was responsive.

Each person had an individual plan of care and these gave staff the information they needed to provide support to people.

Reviews of care plans contained an evaluation of how the plan was working for the person concerned and detailed any changes that needed to be made.

There was a clear complaints procedure in place. People were confident any concerns would be addressed.

Good

Summary of findings

Is the service well-led?

Good

The service was well led.

There was a registered manager in post who promoted an open culture. Staff told us they were well supported by the registered manager.

There were management systems in place to ensure a good quality of service was sustained.

The registered manager and staff were approachable and people and relatives could speak with them at any time and they took time to listen to their views.

Church Farm Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 June 2015 and was unannounced, which meant the staff and provider did not know we would be visiting. The inspection team consisted of two inspectors and a pharmacist inspector who looked at medicines in the home.

Before the inspection we reviewed the notifications sent to us by the provider. A notification is information about important events which the service is required to tell us about by law. We also looked at previous inspection reports. We used this information to decide which areas to focus on during our inspection.

We observed care and spoke with people, their relatives and staff. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people using the service.

During our inspection, we spoke with 15 people using the service, five relatives, the registered manager, a team leader, five care staff and three housekeeping staff. We also spoke with a social worker and a GP who had involvement with the service to ask for their views.

Church Farm Residential Home was last inspected in May 2013 and there were no concerns.

Good

Is the service safe?

Our findings

People felt safe at the home. People told us they felt safe, free from harm and would speak to staff if they were worried or unhappy about anything. Comments from people included. "I am very happy here", "I have no concerns, everything works well" and "I am very content here, it works well for me". None of the relatives had any concerns about their loved ones safety.

The registered manager had an up to date copy of the West Sussex adult protection procedure and understood her responsibilities in this area. There were notices and contact details regarding adult protection in the staff room and on the staff notice board. Staff showed an understanding of safeguarding, were able to describe the different types of abuse, how they would recognise the signs and what to do if they were concerned about someone's safety.

Potential risks to people were identified, assessed and managed and risk assessments were contained in people's plans of care. The 'falls file' documented a log of all falls and accident and incident reports. These were accompanied by action plans to address any risks identified. One resident was at high risk of falling and had in the past been treated for a fractured hip, ankle and wrist due to falls. The pre-admission assessment had identified this and the risk assessment demonstrated appropriately the high risk with a score of 15 + (high) recorded in the care plan. We asked the manager about how the risk was being managed and if the person had a falls sensor mat in the room as the middle of the night was the time the falls usually happened when the person got up to go to the toilet. The registered manager told us that they had considered this but felt that the falls sensor mat was a risk in itself so this was not in place. We noted that the resident had had three falls recently in three days one of wich had resulted in them being admitted to hospital. There was a risk assessment for this person in their care plan, however more specific instructions for staff on how to mitigate risks for this person was needed. The manager told us that 'comfort checks' had been implemented for this resident and she was being checked every 2 hours at night she also told us that the risk assessment for this person would be reviewed.

There was an up to date fire risk assessment for the building. Each person had a personal evacuation plan which recorded any specific actions required in the event of an evacuation. These were kept in the entrance hall of the home and were readily available for staff or the emergency services as required. The registered manager told us about the contingency plans that were in place should the home be uninhabitable due to an unforeseen emergency such as total power failure, fire or flood. These plans included the arrangements for overnight accommodation and staff support to help ensure people were kept safe.

Staff confirmed the home had a whistleblowing policy and they were aware of its contents. This policy encouraged staff to raise concerns about poor practice and to inform management without fear of reprisals. Staff said they would be confident in raising concerns with the registered manager and felt confident that appropriate action would be taken.

People said there were enough staff working at the home. However staff said that there were 43 residents who required some help with personal care in the mornings. Staff told us that there were three periods during the day when the senior carer was not available to assist as they were administering medicines and this could take them off the floor for up to two hours. The registered manager told us that in the morning there were a minimum of one senior carer and seven care staff on duty. In the afternoons there was a senior carer and four care staff on duty plus the registered manager or deputy manager. In the evenings there was a senior carer plus three staff on duty up until 10pm and at night there was a senior carer and two members of staff who were awake throughout the night. They were backed up by the registered manager or the deputy manager who was on call for any emergencies. The staffing rota confirmed these staffing levels. In addition to care staff the provider employed domestic and laundry staff, kitchen staff, a maintenance person, an activities co-ordinator, a receptionist and an administrator. These staff worked flexibly throughout the week. Observations showed that there were sufficient staff on duty to meet people's needs.

We looked at recruitment records for three members of staff. Records included proof of identity, two references, application form and Criminal Record Bureau (CRB) checks and Disclosure and Barring Service (DBS) checks. CRB and DBS checks help employers make safer recruitment decisions and help prevent unsuitable people from working with people who may be at risk.

Good

Is the service safe?

The service had an up to date medicines policy to inform their practice. There was also a policy for over the counter homely medicines and those that could be used were signed by the GP every six months. Policies provided guidance about obtaining, safe storage, administration and disposal of medicines and the management of errors. Only care staff who had received training were authorised to administer medicines. We spoke with four members of staff who confirmed that they had received training in medicine management and were knowledgeable about practices to follow for safe medicine use.

Care plans contained information to give guidance to staff on how to manage people's treatment needs. Individual directions for medicines to be administered only when needed were available. There were systems in place for ordering, checking orders received, disposal and administration of people's prescribed medicines. Boxed medicines stocks were counted to confirm available stocks for continuity of treatment. Daily checks of medicines storage, medicine administration records, medicines stocks and equipment were carried out. This ensured that audits were available for good governance of medicine use. The GP visited regularly to review people's healthcare needs as their condition changed and any medicine dose changes following a doctor's visit were carried out as per instructions. We looked at the Medicine Administration Records (MAR) folder for 51 people and these were accurate and up to date.

Good

Is the service effective?

Our findings

People told us they were well supported. People said staff were knowledgeable and provided them with the support they needed. One person said “They know me very well and are always around if I need any help”. Another said “They are always smiling and can’t do enough for you, all of them do their jobs well”. Relatives told us that they had no concerns about the care and support provided at Church Farm Residential Home. On relative told us “My mom has been here about three months and I am very happy with how she is cared for, the staff are all very good”. People were complimentary about the food provided.

The training matrix recorded all mandatory and additional training. Dates of training and dates for refresher training were colour coded and this enabled management to see at a glance who was up to date with their training. Staff told us that central office highlighted when training was due and a report would come to the registered manager of the home to remind staff when to attend training. Dates would then be circulated for staff to attend. We noted in staff files that there were records of the training staff had attended with certificates. Staff told us they received good training from the provider and said “Any training request you put in you get it and it’s really good”. There was an effective system to notify staff when training was due and they were given up to five days availability to attend.

The provider encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. The home employed a total of 25 care staff; this included the registered manager, deputy managers and senior carers. Over 50% had achieved or were in the process of obtaining additional qualifications such as NVQ or Care Diplomas.

Staff received a one week induction from the provider and new staff had two weeks with a ‘buddy’ to shadow them and this helped new staff to get to know how the home ran and enabled them to develop relationships with residents. Staff told us “We need to know the other carers and how people like to be supported”. And “We get a feel for the home before we go on the floor”. Staff told us that they get allocated a senior carer to support them when they first started work at the home.

The provider and staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and the provider had policies and procedures to guide staff. The MCA aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. DoLS protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Staff confirmed they had received training in the MCA and DoLS and this helped them to ensure they acted in accordance with the legal requirements. Staff understood the principle that people should be deemed to have capacity unless assessments had been carried out that showed they did not. The registered manager told us people had capacity to make day to day decisions regarding their care and support. Peoples care plans included completed capacity assessments. Currently all people were deemed to have capacity. It was also recorded if anyone had lasting power of attorney in place so appropriate people could make decision on their behalf if they were to loose capacity. The registered manager had obtained documentary evidence to support this so it was clear if anyone had the authority in law to make decisions for people. The registered manager and staff understood the need for best interests meetings to be carried out should anyone be deemed to lack capacity. Best interest meetings involved the person concerned together with relevant professionals and relatives to make a decision on the person’s behalf in their best interest.

Care plans had information about people’s ability to make decisions about their care, treatment and support. We observed staff spoke with people and gained their consent before providing support or assistance. Staff told us that they enjoyed working at the home one staff member said “I love working here”. Another said “People improve when they are here, for example one gentleman couldn’t walk when he came here and he has worked from sitting to standing and gradually he has gained confidence”.

People were consulted about their food preferences. Staff told us that menus and people’s choices of food were regularly discussed. There were menus displayed in the dining room for choices at breakfast, lunch, tea and supper and there was also a ‘nite bite’ menu that people could choose from if they wanted something to eat when the kitchen was closed. The main meal of the day was lunch

Good

Is the service effective?

and people told us they selected their meal from a choice of two. However if these choices were not to people's liking then they could always ask for an alternative such as omelettes, sandwiches, salads or vegetarian choices.

At lunchtime the dining areas looked attractive and welcoming being laid with tablecloths, serviettes, cutlery and glasses of juice. We observed lunch being served and the registered manager supervised the handing out of meals in order to make sure that everyone had the correct meal and that portions were appropriate. Food appeared nutritional, balanced and hot. Meals were well presented and people were asked if they wanted anymore to eat or drink. We observed the lunchtime experience which was calm, friendly and relaxed with care staff available to offer support if required but standing back and allowing people to eat their meals at their leisure. We also saw people being supported to eat lunch in their rooms. In one room the staff member was chatting to the person and encouraging them and checking they were ready before offering more food. At the end of the meal the staff member checked that the person had enough to eat and gave them time before asking if they wanted their dessert. This approach was replicated by other staff supporting people to eat in their rooms. Records showed that staff monitored and recorded the food and fluid intake of people who had been identified as at risk. Staff told us that people were weighed monthly and that this was increased to weekly if there were any concerns.

People's healthcare needs were met. People were registered with a GP of their choice and the provider arranged regular health checks with GP's, specialist healthcare professionals, dentists and opticians. A chiropodist also visited every six weeks and care records confirmed this. Staff said appointments with other health care professionals were arranged through referrals from their GP. We spoke with a GP who regularly visited the home and they told us the staff were proactive in asking for advice and support. They said the staff worked well with them and followed any advice offered to help them meet people's needs. A record of all healthcare appointments was kept in each person's care plan. However records of any treatment was recorded in the person's daily notes and this could make cross referencing information more difficult. The registered manager told us that they would look at having health care recording alongside the appointment details for easier referencing. People told us their health needs were met and felt confident that medical attention would be sought if and when necessary.

Good

Is the service caring?

Our findings

People were happy with the care and support they received. People gave us very positive feedback regarding the caring nature of staff. Comments from people included: "Everyone is friendly and nice". "I am really well looked after". "This is such a friendly place, before I moved in I used to visit for respite and told my daughter that when the time came this was the only place I wanted to go" and "All the staff are kind and respectful, I couldn't wish for a better place". Relatives were also full of praise for the caring attitude of staff. One relative said "I would highly recommend it. The staff are excellent, kind and caring". Another relative told us "It's the same whenever I visit, the staff are always smiling and will always take time to talk with you".

Staff we spoke with were able to tell us about the people they cared for, they knew what time they liked to get up, whether they liked to join in activities or whether they preferred to spend their time in their rooms. Staff knew about people's interests and their families. They showed an understanding of confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in the homes communication book which was a confidential document or discussed at staff handovers which were conducted in private. Staff told us that they respected people's need for confidentiality and would take them to a quiet area if they needed to discuss anything confidential with them.

Observations showed staff were knowledgeable and understood people's needs. People were treated with kindness and compassion and staff related to people in a courteous and friendly manner, explaining what they were doing and giving reassurance if required. Everyone was well groomed and dressed appropriately for the time of year. We noted that a large number of ladies had their hair and nails done on the day of the inspection. One staff member told us "people take pride in their appearance and it is important that we help them to maintain the high standards they set for themselves"

Staff regularly checked on those people who preferred to stay in their rooms and staff chatted to people as they went about their duties.

Staff respected people's individuality and explained how they maintained people's privacy and dignity when giving personal care. They told us any personal care tasks were carried out in private, usually in people's own rooms. People told us their privacy and dignity was always respected. One staff member told us "We make sure we knock doors and wait to be asked in before entering and we close the curtains and doors during personal care". Another said "We don't baby or patronise people and we don't stand over them when we are talking to them we make sure we are at eye level".

We observed staff took time to explain to people what they were doing and did not rush people, they allowed them time to take in the information and respected whatever decision they made. We observed consistent kind and respectful conversations between staff and people who lived at the home.

There was a good rapport between staff and people and there was a relaxed and caring atmosphere. Staff used peoples preferred form of address and chatted and engaged with people showing kindness, patience and respect. This approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs. Staff and people got on well, they were laughing and joking and the atmosphere in the home throughout our visit was warm and friendly. Staff ensured people's privacy and dignity was respected and said they enjoyed supporting people. One person told us they were "quite contented" to sit quietly in their room. People were able to move into the shared area of the home if they wanted to for meals or activities. People who preferred to preserve their privacy were able to do so.

People could choose to lock their room if they wished. People had brought personal belongings and photographs into the home to decorate their rooms. Staff assisted them to participate in activities that were important to them.

We looked at the compliments file and saw that relatives had sent in letters thanking the home for the way they had treated their relative for example; 'Mum was treated with dignity and respect and we were kept informed of changes to her care and care management.' And 'you made her passing so beautiful and dignified.'

There were information and leaflets in the entrance hall of the home about local help and advice groups including advocacy services that people could use. These gave

Good

Is the service caring?

information about the services on offer and how to make contact. The registered manager told us they would support people to access an appropriate service if people wanted this support.

Good

Is the service responsive?

Our findings

People said staff were good and met their needs. People told us that they had their call bells in reach should they need any assistance. One person said "If ever use my call bell staff respond quickly". Another person said "If I need anything I just ask and staff are always around to help". Relatives were confident the care and support being provided was making a difference to their relative's lives. One relative told us "X has settled in really well, the staff have taken time to get to know them and have made sure they get all the help they need".

Before people moved into the home they received an assessment to identify if the provider could meet their needs. This assessment included the identification of people's communication, physical and mental health, mobility and social needs. Following this assessment care plans were developed with the involvement of families to ensure they reflected people's individual needs and preferences.

All people had a plan of care that identified their assessed support needs. Each care plan was individual to meet their specific care needs. The registered manager told us that she was in the process of changing care plans to ensure they were more 'person centred'. The new care plans were entitles "My Life My Care" and each plan contained a pen picture of each person in a person-centred way. Person-centred planning is a way of helping a person to plan all aspects of their life, ensuring that the person remains central to the creating of any plan which will affect them.

Care plans guided staff on how to ensure people were involved and supported. There was information about the support people needed and what each person could do for themselves. This included information regarding; lifestyle, senses and communication, health, safety, washing and dressing, eating and drinking, choices and decision making and skin care. Staff confirmed that care plans gave them the information they needed to give people appropriate care and support and enabled staff to understand how the person wanted to be supported. Staff could then respond positively and provide the support needed in the way people preferred.

Staff were knowledgeable about people's support needs and were able to describe what signs to look for to indicate a change in their wellbeing. The provider had developed an 'early warning tool' and this was a form that was available throughout the home. The tool asked staff to 'stop and watch' and reminded staff to record any changes they may have noticed in a person on a day to day basis. It had prompts such as "Does the person seem different than usual", "Does the person need more help than usual", "Does the person talk or communicates less than usual". Staff would complete the early warning tool and hand this to a senior member of staff or the registered manager so that this could be investigated further to see if any changes to the care plan were required and if any additional support was needed.

Daily records compiled by staff detailed the support people had received throughout the day. Care plans were reviewed every month to help ensure they were kept up to date and reflected each individual's current needs. Reviews contained an evaluation of how the plan was working for the person concerned and detailed any changes that needed to be made. Changes had been made to people's plans of care as required.

Staff told us they were kept up to date about people's well-being and about changes in their care needs by attending the handover meeting held at the beginning of each shift. During the handover the senior staff member updated staff on any information they needed to be aware of and information was also placed in the staff handover file. Any appointments for people were also placed in a diary in reception.

The provider employed an activities co-ordinator to provide a range of varied activities and stimulation for people. These included: outings to the beach and shops, pub lunches, games, quizzes, knitting circles, 'move and groove' sessions. There were also art appreciation classes every two months and animal visits. Reminiscence activities were done using a 'memory box' where touch was used to help people recognise objects from the past by putting them in people's hands to explore. People told us they were aware of the programme of activities and everyone was given a copy. The activities co-ordinator told us that activities were arranged according to people's preferences and could be adapted on the day to meet people's requests. She said "We swap our activities depending on how the resident's feel and I use nonverbal cues with people who can't communicate well"

Good

Is the service responsive?

The activities co-ordinator told us "I read through people's files and learn about their lifestyle before talking to them about the things they used to like to do". She said this had helped her work with a person who had previously run a fabric shop and she was able to get material in for the person to work with. This made her blossom as she was a seamstress. Currently people were involved in planting sunflowers, first inside and later out in the garden. People had also asked about growing vegetables and the gardener was building raised beds in the garden to enable them to do this. The activities co-ordinator discussed planting with the residents. We observed the activities co-ordinator using photographs to stimulate conversations with residents in the lounge area and noted that several people were interested and engaged and a lively discussion took place. After luch people took part in a memory quiz and there was lots of laughter.

We noted in the compliments file that relatives had made requests for things they felt would enhance their relatives care for example;' red wine for Communion and a skittle set.' The action plan showed that these had been purchased.

There were regular meetings for people and relatives with the next meeting being combined with a cheese and wine evening planned for 1 July 2015. Minutes of these meetings were kept and distributed to people and families. In the entrance hall at the home there was a folder with information about the home and this had a reflection of how the provider had responded to people's requests in 2014. There was a page "You asked – We did" this highlighted the positive responses to peoples requests which included; New table mats in the dining room, water jugs on tables, new table cloths (residents went to a store to choose these), more board games, more BBQ's, and to serve afternoon cake on side plates instead of on serviettes.

People and their representatives were made aware of the complaints system and it was clearly displayed in the front entrance of the home and also discussed with all staff during their induction period. The complaints folder showed that complaints had been fully investigated in line with the provider's complaints policy. We saw that learning had taken place as a result of complaints. For example the recording of an incident with a person who lived at the home had been disputed by a relative in a compliant. An investigation revealed that the recording was inaccurate and staff were made aware of this and reminded of the importance of accurate recording.

Good

Is the service well-led?

Our findings

People said the registered manager was good and they could talk with them at any time. Relatives confirmed the registered manager was approachable and said they could raise any issues with a member of staff or with the registered manager. People said they felt the home was well-run with a culture of speaking up about any issues or concerns and that all the staff were approachable. Relatives comments included: "There is always a good atmosphere" and "I can speak to anyone they all take time to listen" and "there is good two way communication, they always keep me up to date and let me know what's going on".

The registered manager was visible, spent time on the floor and people said they would go to her if they had any concerns about their care. Communication between people, families and staff was encouraged in an open way. The registered manager told us they operated an 'open door' policy and staff said the registered manager was supportive and they could speak with her if they had any concerns. One staff member said "We are free to talk and her door is always open if we need her". Another staff member said "The registered manager is very approachable and I would not hesitate to make suggestions for change in the service if I felt it could be improved.

Staff said the registered manager, deputy and seniors were good leaders and they knew they could speak with them at any time. Staff confirmed they met with their line manager on a regular basis. These helped the senior staff to monitor how staff were performing so they could ensure the home was meeting people's needs. The deputy manager, senior staff and registered manager said they regularly worked alongside staff so were able to observe their practice and monitor their attitudes, values and behaviour. This enabled them to identify any areas that might need to be improved and gave them the opportunity to praise and encourage good working practices.

The registered manager acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

People and staff were able to influence the running of the service and make comments and suggestions about any changes. People said they had regular meetings and their relatives were invited along to put their views forward. People were also asked for feedback on the quality of care provided. The outcome of the last survey in 2014, was displayed in the front hall. The responses were very positive with people feeling satisfied with their care and believing that they were treated by the staff with dignity and respect. Questionnaires were completed by people with support from their relatives as required. We saw that questionnaires were sent out throughout the year.

Church Farm Residential Home produced a newsletter each quarter to keep people and relatives informed about what was happening in the home and any planned changes. The 2nd edition for 2015 had information from the registered manager and an update on what had been happening so far this year. There was a news page with information about plans for improving the home and a page with puzzles and a crossword. People told us that the newsletter was a good reminder for them about what was happening at the home.

The registered manager told us that regular staff meetings were held and staff confirmed this. These meetings enabled them to discuss issues about the running of the home openly with the registered manager and the rest of the staff team. Staff told us that if there were any issues action plans were discussed and put in place. They said minutes of these meetings were kept and actions were reviewed monthly.

People, staff and the registered manager told us about how the home had taken part in the National Care Home open day held on Friday 19 June. This was an opportunity for people in the local community to visit the home, have a look around and see the care and support available and to develop relationships with the local community. Everyone said this was a really enjoyable day and a great success. People were talking positively about the 'Scarecrow wedding.' theme and how much they had enjoyed it.

The provider had a policy and procedure for quality assurance. The quality assurance procedures that were carried out helped the provider and registered manager to ensure the service they provided was of a good standard. They also helped to identify areas where the service could be improved. The registered manager ensured that weekly and monthly checks were carried out to monitor the quality of service provision. Checks and audits that took place included; food hygiene, health and safety, care plan

Good

Is the service well-led?

monitoring, audits of medicines, audits of accidents or incidents and concerns or complaints. The registered manager produced a report each month which was sent to the providers head office. The report was looked at to see if there were any common themes or trends. If any were identified an action plan was then sent to the registered manager so they could make changes to improve the service.

The provider employed an area manager who visited the home on a regular basis. They checked that the registered manager's audits had been undertaken and produced a report. People knew the area manager and told us that they always spoke with them and checked that everything was satisfactory. Staff confirmed that the area manager was a regular visitor to the home and spoke with them about how the home was meeting people's needs.

The provider had produced a 'charter of rights for people' which informed people of the standards of care and support they should expect. Not all people were aware of this but said they were sure the staff were delivering a high standard of care. The provider had also achieved the "Investors in People award" this acknowledged the providers commitment to help support and get the best from the staff who work for them.

There was a positive culture at Church Farm Residential Home that was open, inclusive and empowering. The registered manager told us about the providers "Every day Hero" scheme. This was a scheme that worked across all of the provider's homes and allowed staff and people to nominate staff and recognise those staff who had provided exemplary care or support to people. There were nomination forms and a post box where these could be deposited and the winner each quarter received a certificate and a cash reward.

Records were kept securely. All care records for people were held in individual files which were stored in the homes office. Records in relation to medicines were stored in a separate room which was locked at all times when not in use. Records we requested were accessed quickly, consistently maintained, accurate and fit for purpose.