Yew Tree Care Limited

Churchfields Nursing Home

Inspection report

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South Woodford
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Date of inspection visit:
18 July 2019

Date of publication:
29 August 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Churchfields Nursing Home is a residential care home providing personal and nursing care to 31 people, aged 65 and over at the time of the inspection. The service can support up to 32 people.

People's experience of using this service
The home was not fully protected against the risk of fire and the provider was in the process of making improvements to ensure facilities and equipment were fire safe. The home itself was not well lit and many lights were switched off during the day, making some areas dark and potentially unsafe. We have made a recommendation for the provider to look at guidance on suitable lighting in care home settings.

People told us they felt safe in the home. Procedures to protect people from abuse were in place. Risks associated with people's needs were assessed and staff understood how to reduce these risks. People were supported with their medicines, which were stored, recorded and managed suitably. Staff followed infection control procedures. Accidents and incidents were analysed and learned from to prevent reoccurrence.

There were enough staff on duty in the home. Staff were recruited safely and their backgrounds checked before they started working in the home. They were supported with training and development to ensure their skills and knowledge were up to date. We have made a recommendation for the provider to refer to reputable sources for guidance on helping staff develop their skills and understanding of people's specific health conditions.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported with maintaining their health. Appointments were made with health care professionals, such as GPs and speech and language therapists. People could choose their meals and were supported to maintain a balanced diet that was suitable to their needs and preferences.

Staff were respectful and caring towards people. They understood the importance of promoting equality and independence. People's dignity and privacy were maintained by staff.

Care plans were personalised and people were encouraged to maintain their independence. Staff communicated with people well but some people felt staff did not fully understand them and we have made a recommendation about overcoming language barriers between staff and people. People were supported to engage in activities and entertainment within the home. People were supported to make complaints or report any concerns they had. The home supported people with end of life care and their wishes were met by staff.

Staff felt supported by the management team. Quality assurance systems included obtaining feedback from people and relatives. The registered manager and representatives of the provider carried out checks to

ensure staff were providing a good standard of care and the home was safe. They learned lessons when things had gone wrong to help make improvements to the home.

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 Good (report published 13 January 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below	**Good**
Is the service well-led? The service was well-led. Details are in our well-led findings below	**Good**

Churchfields Nursing 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 by one 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
Churchfields Nursing 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.

Notice of inspection
This inspection was unannounced and took place on 18 July 2019.

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 the registered manager, the provider organisation's nominated individual, the administration

manager, a registered nurse and three care staff. We also spoke with five people and five relatives.

We reviewed documents and records that related to people's care and the management of the service. We reviewed seven people's care plans and five staff recruitment files. We also looked at staff training records, audits, rotas and incident records.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance and complaint records.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management
• People were at risk of harm because of health and safety issues in the home. When we entered the home to start our inspection, we found lights within corridors had been switched off and some areas were poorly lit. A notice was on display on each floor reminding staff to keep lights switched off if they were not needed.
• When touring the premises, we saw that some carpets were a little worn and threadbare. We used stairs but the lights in the stairwell were turned off and we requested they be switched on for safety. The nominated individual told us lights were switched off to reduce heat levels on hot days but switched on when required by staff. However, this posed a safety risk as an accident could occur in corridors or on the stairs and cause an injury to a person or member of staff due to poor lighting.

We recommend the provider seeks best practice guidance on suitable lighting and brightness levels in care homes.

• We noticed a utility room was left unlocked despite there being a danger warning on the front of the door. This meant people or visitors in the home could freely access the rooms and put themselves at risk. We pointed this out to the registered manager to look into.
• The provider undertook safety assessments and checks of gas, electric, equipment and water services in the home. People had personal evacuation plans with guidance on how to assist them to evacuate in the event of a fire in the home. However, a recent fire risk assessment undertaken by an independent contractor highlighted a number of fire safety issues. For example, fire drills did not take place regularly.
• The nominated individual told us some of the issues had been rectified and remedial works had been carried out. After the inspection, they provided us with an action plan on current progress. However, the concerns raised with the fire risk assessment and the issues we found with the lighting and unlocked utility room meant the premises was not completely safe.
• People and relatives told us they felt the home was safe. One person said, "I do feel safe living in the home." A relative told us, "I feel that my [family member] is safe here. They are happy and contented."
• Risks to people were assessed. These included risks around people's health conditions, their mobility, pressure sores, use of bedrails and incontinence.
• Guidance was in place for staff to reduce these risks. For example, one person was at risk of deep vein thrombosis. Staff were required to 'make sure person's feet are always elevated when sitting on a chair to reduce the risk of it occurring.' Risks to people were reviewed as their needs changed. Staff told us risk assessments provided them with sufficient information and guidance to minimise risks.
• However, we found that sections of people's care plans contained references to risk assessment but we were unable to find some of the risk assessments. The registered manager told us not all sections needed a

risk assessment and the references were incorrect but had remained in place. The registered manager agreed to revise how people's care plans and risk assessments were filed to ensure they were easier to follow.

Staffing and recruitment
• There were enough care staff and nursing staff on duty in the home both during the day and at night. We viewed rotas and saw that the correct numbers of staff were deployed in the home on the day of our inspection.
• People and relatives told us there were suitable numbers of staff to support them. One person said, "There are enough staff to look after me." A relative told us, "I feel that there are enough staff and they are always attentive to both my [family member] and myself." Staff were able to respond to people's bedside call bell requests in a timely manner.
• There were safe recruitment procedures in place to ensure staff were safe to support people. Records showed background checks were carried out for new staff, including criminal record checks. Two references and proof of identity were obtained, as well as details of their employment history, experience and qualifications.

Systems and processes to safeguard people from the risk of abuse
• People were protected from the risk of harm. Staff had received training in safeguarding adults. Safeguarding concerns were raised and investigated to keep people safe.
• Staff were able to identify different forms of abuse. Staff told us if they suspected abuse of a person had taken place, they would report it to the management team. A staff member said, "If there is a sign of abuse or I have witnessed abuse, I will follow the procedures to report it to the manager and authorities."

Using medicines safely
• People were supported with the safe administration of their medicines. One person said, "The staff give me my medicine and a drink to take them." A relative told us, "Medicine is given on time to [family member]."
• Nursing staff administered medicines to people at the prescribed times and followed the home's medicine procedures to ensure this was done safely. They completed Medicine Administration Records (MARs) to record people had taken their medicines. We saw MARs were up to date.
• Medicines were stored safely at the recommended temperatures in a secure room. Controlled drugs, which are medicines at risk of being misused were managed appropriately, counted and checked.
• Where people received medicines covertly, meaning they were taken without them knowing, the necessary agreements were in place from their GP authorising staff to administer them.
• Medicines were disposed of safely and staff told us they worked well with the dispensing pharmacy that supplied medicines to the home. The registered manager audited medicine records daily to ensure they were accurate and up to date. They told us they had requested new recording templates to help make medicine auditing more thorough.

Preventing and controlling infection
• Infection control procedures were in place. There were hand washing facilities throughout the home. Waste and substances were disposed of in appropriate containers.
• Staff used personal protective equipment (PPE) such as disposable gloves and aprons when providing care. Staff told us they washed their hands thoroughly before and after providing personal care.

Learning lessons when things go wrong
• There was a procedure for reporting any accidents or incidents. Staff told us they followed these procedures.
• Records of accidents and incidents showed what action had been taken to learn lessons and prevent re-

occurrence, such as minimising risks of injuries or falls.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience
• People felt staff delivered a good level of care and knew how to support them. One person said, "I do feel that the staff are skilled and experienced." A relative told us, "The staff are skilled."
• However, one person felt staff did not fully understand their [specific health condition] because they had not received specific training in this area. They said, "I would like better training for staff in some areas, for example in illnesses other than dementia when residents have something else. Staff do not understand all the illnesses they are caring for."
• Training records indicated that care staff or nursing staff had yet to be provided this training. This meant staff may not have full knowledge of how to support people with specific health conditions, as effectively as possible. Staff received training in topics such as infection control, safeguarding adults, moving and handling, medicine administration, dementia and fire safety awareness.

We recommend the provider seeks advice from reputable organisations such as NICE (National Institute for Health and Care Excellence) to ensure staff receive appropriate training to meet people's specific health needs.

• Staff received annual refresher training to keep their knowledge up to date. There was an induction process for new staff to receive training.
• Staff told us they were happy with their training and the support they received. A staff member said, "The training was very good. I learnt a lot and it helped me improve the quality of care."
• As part of their supervision and support, staff were observed by senior members of staff while providing care to check they were following correct procedures. If improvement was needed, this was discussed with them. Annual appraisals were undertaken to aid staff with their development, monitor their performance and go through any concerns.

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.

• Staff understood the meaning of the MCA and told us they gained consent from people before carrying out any tasks, for example when assisting them with personal care. A staff member said, "If people lack capacity we support them to make decisions in their best interest."
• People and relatives told us staff sought their consent before providing personal care. A relative said, "The staff always ask [family member's] permission beforehand."
• People that lacked capacity were supported to make decisions by family members or representatives who had legal authorisation to do so.
• People that were deprived of their liberty had the appropriate authorisations in place. When their DoLS was near expiration, the registered manager applied for a renewal.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Before a person moved in to the home, an assessment of their needs was carried out to ensure the home would be able to provide them with the support they needed.
• Assessments of the person's mobility, health, continence, nutrition and mental capacity were undertaken.

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported with maintaining a healthy and balanced diet. One person said, "The food is good and I get fresh cups of coffee." A relative told us, "The food is okay." Some people told us did not always like the food. One person said, "Food is average" and another person felt food was often served cold and not to their liking.
• Food preferences were discussed with people and we noted the home made efforts to improve the quality of meals upon feedback received.
• We observed a lunch service and saw that staff supported people with their meals, chatting with them while serving. People were offered a choice of two meals on the menu. If they did not like either choice, they were able to request a meal of their preference.
• Kitchen staff told us they were able to cater for specific requests. Where people had allergies or required soft or pureed food due to the risk of choking, the home was able to meet their needs.
• Food and fluid charts were completed for people whose intake needed to be monitored. This ensured they consumed enough fluids to maintain their health.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• People's specific health needs were monitored. Nursing staff ensured people were repositioned at regular intervals if they were at risk of obtaining pressure sores. People were referred to tissue viability services if there were continuing concerns about pressure sores.
• If people were at risk of losing or gaining weight, their weights were checked regularly. They were also referred to dieticians.
• The home worked with a local surgery and a GP visited the home weekly to check on people's health and to provide effective and timely care to people. A relative said, "Yes, the doctor comes and leaves notes in [family member's] room."

Good

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; equality and diversity
• Staff understood that people came from diverse cultures and backgrounds but had equal rights to good care.
• People and their relatives told us staff in the home were kind and caring. One person said, "I feel that the staff are caring. Some are lovely and friendly." A relative told us, "The staff are very caring. They always introduce themselves and explain what they are going to do."
• People felt well treated and respected by staff and managers. Staff supported them in a caring and professional manner.
• The home had an equality and diversity policy to help protect people's characteristics such as race, religion, disability and sexual orientation. One member of staff told us, "We don't allow racism or discrimination. We respect's people's differences."

Supporting people to express their views and be involved in making decisions about their care
• People were supported to make decisions about their care and express their wishes. This helped them to retain choice and control over how their care and support was delivered.
• They and their relatives were consulted and agreed the contents of care plans.
• Some people told us they left decisions about their care with family members to act on their behalf. One person said, "My [relatives] saw the owners and they now deal with things on my behalf. The staff recognise that I am capable of making decisions and do what I can, despite the limitations of my illness."
• Staff were familiar with people's likes and dislikes, and how they preferred their needs met. A staff member said, "When I get to know a person and try to understand what kind of care they wish to have. I make them feel comfortable and support them according to their needs and wishes."

Respecting and promoting people's privacy, dignity and independence
• Staff understood the importance of respecting people's privacy and dignity. One member of staff told us, "I knock on the resident's door before going inside and then close the door and curtains. I respect their dignity and privacy." Another staff member said, "When speaking with people, I make eye contact, use their name and let them know what I am doing."
• People and relatives confirmed staff always respected their privacy. One person said, "On the whole, I feel my dignity and privacy are respected."
• Staff encouraged people to maintain their independence as much as possible. People's level of independence was detailed in their care plans, such as their ability to tend to their own personal care or walk unaided.

• Staff told us they were aware of the importance of confidentiality. They knew to whom they could share confidential information with. A staff member said, "Confidential or personal information is not shared with anyone outside the home."

Good

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 good. At this inspection, this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

• People received personalised care in the home that met their needs. People and relatives told us staff and managers were responsive to their needs and requests. One person said, "I complained about one of the staff and they were changed." A relative told us, "I would speak to [administrator]. I talk to them and they are very good at sorting things out."

• People had care plans which recorded their needs, abilities and preferences for their care. They were personalised and contained people's likes, dislikes and their personal history or life story. One person's care plan referred to their interests and hobbies such as 'making embroidery and completing jigsaw puzzles.' This enabled staff to get to know the person.

• Care plans were reviewed monthly or as and when people's needs changed.

• If people were admitted for hospital treatment, the home provided them with a 'red bag' which contained copies of their medical notes, medicines and care plans. Spare clothes were also placed in the bag. This meant people were supported at all times and received person-centred care.

• Staff completed daily notes about each person and communicated with each other during handover of shifts to share important information that required attention or following up. This ensured people's needs continued to be met.

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

• During our inspection, we observed an activity taking place in the home and people were encouraged to participate by activity coordinators. They arranged activities such as ball games, quizzes, entertainment and bingo sessions. People could also spend time in the garden when the weather was suitable.

• People were also able to have their hair done by a hairdresser in a studio within the home if requested. There were also occasional outings to the local park or café. People told us they took part in activities when they wished to. One person said, "I am encouraged to take part in activities. I play dominoes and cards. A singer comes in every month or so and I have had an offer to go to the park."

• We discussed with the registered manager how they supported people who were less able to participate in activities or requested specific activities. They told us activity coordinators and senior staff would spend time and speak with people about activities they wished to do, so they did not feel isolated.

• The activity coordinators worked in the home from 8.00am to 3.00pm, which coincided with breakfast, medicine administration, personal care and lunch services. This meant there could be a limited amount of time for activities on some days. The nominated individual told us there was time in the early afternoon. They had assessed the best times for activities to take place based on people's needs and preferences.

Meeting people's communication needs
From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.
• The provider was meeting this standard and people received information from the service in a suitable format.
• People's communication needs were documented in their care plan and provided information to staff on how to communicate with people effectively. For example, one person who was limited in their verbal communication would nod their head to say 'yes' or 'no' and staff were required to 'speak to them in short simple sentences.'
• People who were unable to speak English with staff required relatives to translate for them. Staff told us they had learned some phrases in a different language that they could use when one person's relative was not visiting. A relative said, "I will make a phonetic list of phrases to assist staff. Although one carer speaks language with similar words that are understood by [family member]."
• The nominated individual told us they would translate leaflets or notice into people's preferred language for them to read, should they need to distribute important information to them.
• However, some people told us staff whose first language was not English did not always understand them. One person said, "If I have concerns, I mostly speak to the manager myself. I want a different mattress as the one I have dips in the middle. The carers don't really ask me what I want." A relative said, "The qualified nurses are okay but some of the carers' English is just not good."

We recommend the provider seeks best practice guidance on overcoming all language barriers between staff and people to ensure people's requests are fully understood.

Improving care quality in response to complaints or concerns
• There was a complaints procedure and people and relatives told us they knew how to make a complaint.
• People felt able to approach the registered manager with concerns they had. One person told us, "I do know who to complain to and it would be dealt with. The staff do listen to me and, if it comes to it, they encourage me." A relative said, "I will raise any issues. I have complained to both the nurse and manager."
• Records showed complaints were logged and investigated by the management team with an outcome.

End of life care and support
• The service supported people at the end of their life. Systems were in place for their wishes to be recorded and acted upon in care plans. For example, people had DNACPRs (Do not attempt cardio pulmonary resuscitation) forms which they had signed. A relative said, "We did an end of life care plan together with [family member] and the home."
• The home worked with specialist end of life care professionals to ensure people's end of life needs were met. People were supported with dignity and sensitivity by staff.

Good

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 good. At this inspection, 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;
• There were processes in place to ensure action was taken to maintain the safety of the home.
• The registered manager worked with the nominated individual to make improvements. The home did not have robust fire safety systems in place. The nominated individual and provider had identified and addressed some of these issues, following an audit and inspection by an independent contractor.
• After the inspection, the nominated individual sent us an action plan showing what progress had been made and what was outstanding.
• The registered manager commenced their role in 2018 and was promoted internally. This meant they knew the home, staff and people well. The registered manager said, "I am well supported by the owners and my team. Everyone works hard and there is good communication. I have a deputy matron who helps me manage the home."
• The registered manager was also a registered nurse and worked on all floors, as well as in the office. This helped them have a good oversight of how the home was running and of people and staff.
• The registered manager attended meetings with other senior staff to obtain updates about people's health and to go through any concerns.
• Staff were clear about their roles and responsibilities to provide safe and effective care to people. A staff member said, "I understand people must receive good and proper care."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• People were supported to obtain positive outcomes for their care. For example, people were supported to maintain their physical health or manage their weight.
• Meetings were held for people to express their views about the home and staff listened and responded to their feedback.
• People we spoke with were satisfied with the home and how the staff delivered care. One person said, "I know that [registered manager] is the manager, a very pleasant person. I would discuss my concerns with my [relatives] first and I think they would be taken seriously." A relative told us, "I have spoken to the manager. Everyone here talks to her. It feels like we are part of the family. If I had any concerns I would talk to her."
• Staff met with the management team to discuss issues or concerns and share important information. Topics of discussion included people's personal care, record keeping, laundry, equipment and night care.
• Staff felt supported by the management team. A staff member said, "The manager is very supportive and so

are the owners. [Registered manager] follows up on things and makes sure we do things properly. She can be strict but that is very good."

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; Continuous learning and improving care
• The provider understood their responsibility to be open and honest with people who used the service.
• If staff did not adhere to the provider's codes of conduct or follow correct procedures, records showed the management team took action to address this.
• People told us the quality of the service at night times was inconsistent but had recently improved. One person said, "All of the staff are nice, both day and night." Another person told us, "I did not like the night staff but they have now changed. Last night was good."
• We saw from records there were still some issues with the performance of night staff and the management team had spoken about areas for improvement in a meeting with them. This meant the management team was encouraging staff to maintaining certain standards of providing dignified care to people. This ensured there was continuous learning and improvement in the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• Surveys and questionnaires were sent to people and relatives for them to provide their feedback about the service. We saw that feedback was positive. One relative had written, "What impresses me is the attention we get from all levels of staff at Churchfields."
• Staff felt engaged with the management and with people and relatives to deliver a good service. A staff member said, "There is a positive culture here. There's no disputes or bad feeling. The managers really support us. We can go to them for advice and we can give our feedback in team meetings."

Working in partnership with others
• The management team and staff worked well with health and social care professionals to help maintain people's care and support needs. For example, speech and language therapists, dentists and diabetic nurses.
• We did not receive any concerns from health and social care professionals we contacted. The management team worked with local authorities and complied with recommendations made by them.
• The home worked with other public services such as local schools and faith groups. Staff worked well with a local school, who provided volunteers to assist people with activities.