Care Quality Commission

Methodist Homes
Churchfields
Inspection report

Millers Court
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Radford
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Ratings

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

Overall summary

Churchfields can provide accommodation for up to 70 people who need nursing or personal care. The service mainly provides care for older people. Some of the people live with dementia and need additional support to be involved in making decisions about the care they receive. The accommodation is provided in two purpose built properties. They are detached two storey properties that are next to each other on the same site. A total of 40 people can receive nursing care in Upper Court and Lower Court. Residential care is provided in Park Lane where 30 people can live.

There were 50 people living in the service at the time of our inspection.

This was an unannounced inspection carried out on 3 March 2015. There was a manager who had just taken up their post. They were not registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager had applied to be registered.

Our inspection on18 June 2014 found the registered person was not meeting all the essential standards that we assessed. After the inspection, the registered person sent us an action plan and said that the shortfalls had been put right by 1 August 2014. Our inspection on 3 March 2015 found that the registered person had made sufficient improvements and was no longer in breach of the regulations in question.

However, we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered person had not completed robust quality checks so that problems could be quickly identified and resolved. You can see what action we told the registered person to take at the back of the full version of this report.

Some of the arrangements used to manage medicines were not robust. Staff knew how to safeguard people from harm and they helped to promote people's health and safety including avoiding accidents. There were enough staff on duty and background checks had been completed before new staff were appointed.

Some of the arrangements to protect people's legal rights were not robust. Staff had not been fully helped to complete their responsibilities. However, they knew how to assist people in the right way. This assistance included people who were at risk of not eating and drinking enough. People had received all of the healthcare assistance they needed.

People were treated with kindness, compassion and respect. Staff recognised people's right to privacy and promoted their dignity. Confidential information was kept private.

Although care plans were not user-friendly, people had been consulted about their care. People had received all of the practical assistance they needed. Staff knew how to support people who had special communication needs or who could become distressed. People were supported to celebrate diversity by fulfilling their spiritual needs and by embracing their cultural identities. Staff offered people the opportunity to pursue their interests and hobbies. There was a system for handling and resolving complaints.

People had not been fully consulted about the development of the service. The service was run in an open and inclusive way that encouraged staff to speak out if they had any concerns. However, people had not benefitted from the manager and registered person engaging with good-practice initiatives.

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?

Requires Improvement

The service was not consistently safe.

Some of the arrangements used to manage medicines were not robust.

Staff knew how to recognise and report any concerns in order to keep people safe from harm.

People had been helped to stay safe by managing risks to their health and safety.

There were enough staff on duty to give people the care they needed.

Background checks had been completed before new staff were employed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Some of the arrangements to protect people's legal rights were not robust.

Staff had not been fully helped to care for people in the right way.

People were helped to eat and drink enough to stay well.

People had received all the medical attention they needed.

Is the service caring?

Good

The service was caring.

Staff were caring, kind and compassionate.

Staff recognised people's right to privacy and promoted their dignity.

Confidential information was kept private.

Is the service responsive?

Good

The service was responsive.

People had been consulted about their needs and wishes.

Staff had provided people with all the care they needed including people who lived with dementia, had special communication needs or who could become distressed.

People had been supported to celebrate diversity by fulfilling their spiritual needs and embracing their cultural identities.

People were supported to make choices about their lives including pursuing their hobbies and interests.

There was a system to receive and handle complaints or concerns.

Summary of findings

Is the service well-led?

The service was not consistently well-led.

Quality checks had not reliably ensured that people always received the care they needed.

People had not been effectively asked for their opinions of the service so that their views could be taken into account.

The registered person had not made the necessary arrangements to have a registered manager running the service.

People had not benefited from the manager and registered person taking part in good-practice initiatives.

There was an open and inclusive approach to running the service and staff were confident that they could speak out if they had any concerns.

Requires Improvement

Churchfields

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 was planned to check whether the registered person was 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.

We visited the service on 3 March 2015. The inspection was unannounced. The inspection team consisted of two inspectors, a professional advisor and an expert by experience. The professional advisor was someone who had the necessary knowledge and skills to assess how well people's nursing care needs were being met. An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of service.

During the inspection we spoke with 12 people who lived in the service, a nurse, four care workers, the activities manager, the chef and the manager. In addition, we met with the operations manager who was supporting the manager during their introduction to the service. We observed care and support in communal areas and looked at the care records for nine people. In addition, we looked at records that related to how the service was managed including staffing, training and health and safety. During our inspection visit and afterwards by telephone we spoke with five relatives.

Before our inspection we reviewed the information we held about the service including the Provider Information Return (PIR). This is a form in which we ask the registered person to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications of incidents that the registered person had sent us since the last inspection. In addition, we received information from local commissioners of the service who gave us their views about how well the service was meeting people's needs.

Requires Improvement

Is the service safe?

Our findings

Some of the arrangements for managing medicines were not reliable. We saw that there was a sufficient supply of medicines and they were stored securely. However, on some occasions staff had not correctly recorded when prescribed medicines had been dispensed. Although other records indicated that the medicines had been given in the right way, this administrative shortfall had reduced the registered person's ability to ensure that people safely received their medicines. These mistakes had occurred even though staff who administered medicines had received the training and guidance in how to safely manage medicines.

People said that they felt safe living in the service. A person said, "I like the staff because they're kind." Another person said, "I have never seen any nastiness." Relatives were reassured that their family members were safe in the service. One of them said, "I go to the service regularly and I'm completely satisfied that my mother is safe and well."

Records showed that staff had completed training in how to keep people safe. In addition, staff said that they had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. Staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They were clear that they would not tolerate people being harmed and said they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved.

Staff had identified possible risks to each person's safety and had taken action to promote their wellbeing. For example, people had been helped to keep their skin healthy by using soft cushions and mattresses that reduced pressure on key areas. Staff had also taken action to reduce the risk of people having accidents. For example, people had been provided with equipment to help prevent them having falls. This included people benefitting from using walking frames, raised toilet seats and bannister rails. Some people had rails fitted to the side of their bed so that they could be comfortable and not have to worry about rolling out of bed. Each person had a personal emergency evacuation plan to ensure that staff knew how best to assist them should they need to quickly leave the building.

Providers of health and social care services have to inform us of important events that take place in their service. The records we hold about this service showed that the provider had told us about any concerning incidents. We saw that when accidents or near misses had occurred they had been analysed and steps had been taken to help prevent them from happening again. For example, when a person had fallen the manager had arranged for staff to provide additional assistance when the person was walking.

We looked at the background checks that had been completed for two staff before they had been appointed. In each case a check had been made with the Disclosure and Barring Service. These disclosures showed that the staff did not have criminal convictions and had not been guilty of professional misconduct. In addition, other checks had been completed including obtaining references from previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

Records showed that the provider had checked that each nurse had maintained their registration with the relevant professional body. This meant that they had demonstrated their good conduct, undertaken refresher training and were deemed to be competent to provide clinical nursing care.

There was a separate team of staff based in each of the buildings. This had been done to help staff become known to and familiar with the care needs of the people who lived there. Each team had their own senior staff who were responsible for organising the care provided and who were accountable to the manager. The manager and registered person had established how many staff were needed to meet people's care needs. We noted that the greater needs of the people living on Upper and Lower Court had been reflected in higher staffing levels there. In addition, both of these floors had a nurse on duty at all times to ensure that people's health care needs were properly addressed.

We saw that there were enough staff on duty at the time of our inspection throughout the service. This was because people received all of the practical assistance they needed including people who received care in bed. When people

Requires Improvement

Is the service safe?

used the call bell to ask for assistance staff responded promptly. Records showed that the number of staff on duty during the week preceding our inspection throughout the service matched the level of staff cover which the registered provider said was necessary. Staff said that there were enough staff on duty to meet people's care needs. People who lived in the service and their relatives said that the service was well staffed. A person said, "There always seem to be plenty of staff around. I don't feel like I ever have to wait much." A relative said, "I suppose more staff are always welcome but I can't honestly say that the service is understaffed because I see people being well cared for."

Requires Improvement

Is the service effective?

Our findings

Our inspection on 18 June 2014 found that the registered person had not ensured that staff suitably recorded how care was planned and delivered. This was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. After the inspection the registered person told us that they had addressed this shortfall. At our inspection on 3 March 2015 we examined how well staff were recording all aspects of the care that people received. We noted that this was being completed in the correct way so that there was a clear account of the assistance each person had received. We found that the registered person had made sufficient improvements and was no longer in breach of the regulation.

The manager and senior staff were knowledgeable about the Mental Capacity Act 2005. This law is intended to protect the rights of people who are not able to make or to communicate their own decisions. Care records showed that the principles of the law had been used when assessing people's ability to make particular decisions. For example, the manager had identified that some people who lived in the service needed extra help to make important decisions about their care due to living with dementia.

When a person had someone to support them in relation to important decisions this was recorded in their care plan. Records showed that staff had consulted with relatives and representatives so that decisions were made in the person's best interests. There were arrangements to ensure that if a person did not have anyone to support them they would be assisted to make major decisions by an Independent Mental Capacity Act Advocate. These healthcare professionals support people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

The manager and registered person had taken most of the actions necessary to guarantee that only lawful restrictions were placed on people who lived there. However, effective steps had not been taken to fully protect the legal rights of one person who was at risk of needing to be deprived of their liberty. This was because the manager and registered person had not checked that their application to obtain the necessary authorisation was being considered by the local authority. This shortfall had resulted from them not having all of the systems they needed to ensure that consent was obtained in a timely way so that people's legal rights were protected. The oversight reduced the reassurance people could be given that their care would always be provided in a lawful way.

The manager and registered person said that staff needed to meet regularly with a senior member of staff to review their work and to plan for their professional development. However, records showed that this system was not working well. This was because nearly all of the planned sessions were overdue. In addition, there was no clear plan to address the problem. This shortfall reduced the manager's and registered person's ability to provide staff with the guidance and support they needed. However, staff had received training in how to care for people in the right way and we found that they knew how to fulfil their roles and responsibilities. The training included key subjects such as first aid, how to safely assist people who experienced reduced mobility and fire safety.

People said that they were well cared for in the service. They were confident that staff knew what they were doing, were reliable and had people's best interests at heart. A person said, "It doesn't matter who the member of staff is because they all know me and want to help me." For example, people said and records confirmed that they had consistently received the support they needed to see their doctor. A relative said, "I like how the staff keep an eye on my mother and don't hesitate at all if they need to call the doctor to her." Some people who lived in the service had more complex needs and required support from specialist health services. Care records showed that some people had received support from a range of specialist services such as from speech and language therapists and occupational therapists.

We noted that people had also received advice from dietitians and that staff were assisting people to eat and drink enough. Staff were keeping a detailed record of how much some people were eating and drinking to make sure that they had enough nutrition and hydration to support their good health. People were offered the opportunity to have their body weight checked to identify any significant changes that might need to be referred to a healthcare professional. Records showed that healthcare professionals had been consulted about some people who had a low body weight. This had resulted in them being given food supplements that increased their calorie intake.

Requires Improvement

Is the service effective?

At meal times, staff gave individual assistance to some people to eat their meals. We saw that when necessary food and drinks had been specially prepared so that they were easier to swallow without the risk of choking. We noted that the chef knew about the need to prepare meals so that people could follow special diets and records showed that this was being done in the right way. All of these steps helped to ensure that people had the nutrition and hydration they needed.

Good

Is the service caring?

Our findings

People and their relatives were positive about the quality of care provided in the service. A person who had special communication needs pointed towards a member of staff, smiled and then gestured to their own heart. Relatives told us that they had observed staff to be courteous and respectful in their approach. One of them said, "I call here very regularly and I have only ever seen people being treated with kindness."

We saw that people were treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when providing support to people. We noted how staff took time to speak with people as they supported them. We observed a lot of positive interactions and saw that these supported people's wellbeing. For example, we saw a person being assisted to correct some knitting they were doing after they had dropped a stitch. In addition, we saw a member of staff dancing with a person who smiled and obviously enjoyed the experience.

Staff knew about things that were important to people and used this information to provide a caring response. They assumed that people had the ability to make their own decisions about their daily lives and gave people choices in a way they could understand. They also gave people the time to express their wishes and respected the decisions they made. For example, one person described how each morning staff assisted her to select clothes that had matching colours. She said that coordinating her clothes in this way had always been important to her.

Some people who could not easily express their wishes did not have family or friends to support them to make decisions about their care. Staff had developed links to local advocacy services to support these people if they required assistance. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Staff recognised the importance of not intruding into people's private space. People had their own bedroom and private toilet. They could lock their bedroom shut when they were out. Bedrooms were laid out as bed sitting areas which meant that people could relax and enjoy their own company if they did not want to use the communal lounges. Staff knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care. People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so.

Written records that contained private information were stored securely and computer records were password protected. Staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

Good

Is the service responsive?

Our findings

Our inspection on 18 June 2014 found that there was not enough evidence to show that people had been consulted about the care they received. After the inspection the registered person told us that they had addressed this shortfall. At our inspection on 3 March 2015 people told us that they made choices about their lives and about the support they received. A person said, "I can pretty much do what I like and the staff sort of fit around me not the other way around". In addition, people said that staff provided them with all of the practical everyday assistance they needed. This included support with a wide range of everyday tasks such as washing and dressing, using the bathroom and getting about safely. We found that the registered person had made sufficient improvements and was no longer in breach of the regulation.

Our inspection on 18 June 2014 found that the registered person had not made suitable arrangements to support people who became distressed and who needed additional support. After the inspection the registered person told us that they had addressed this shortfall. Our inspection on 3 March 2015 examined how well staff were providing people with the reassurance they needed. We found that staff were able to effectively support people who lived with dementia and who could become distressed. We saw that when a person became upset, staff followed the guidance described in the person's care plan and reassured them. They noticed that the person was not carrying their handbag. They fetched the bag and when giving it to them joked that it would be good if it was full of money. The person laughed, was reassured and became calm. The staff member knew how to identify that the person required support and they provided this in an effective way. We found that the registered person had made sufficient improvements and was no longer in breach of the regulation.

Each person had a written care plan. Records showed that people had been invited to meet with senior staff to review the care they received to make sure that it continued to meet their needs and wishes. However, the care plans did not present information in a user- friendly way so that it was easy to understand. This shortfall had limited people's ability to contribute fully to decisions about their care.

Staff said that they had received training to assist them to care for people with special communication needs. They were confident that they could communicate with and effectively support people who lived with dementia. We saw that staff knew how to relate to people who expressed themselves using short phrases, words and gestures. For example, we observed how a person who was sitting in one of the lounges pointed towards their feet and appeared to be asking for assistance. A member of staff realised that the person had dropped something under their chair. After the item was recovered for the person they smiled and gave a thumbs-up sign.

People said that they were provided with a choice of meals that reflected their preferences. A person said, "The meals are very good indeed, I've no complaints on that score at all." We saw that people had a choice of dish at each meal time. In addition, records showed that the chef prepared alternative meals for people who asked for something different. We were present when people had lunch on Lower Court and noted the meal time to be a pleasant and relaxed occasion.

Relatives said that they were free to visit the service whenever they wanted to do so. One of them said, "The staff are very welcoming. I don't feel like an outsider, rather I think that the staff want relatives to visit and to be reassured that all is well."

We saw that staff were knowledgeable about the people living in the service and the things that were important to them in their lives. People's care records included information about their life before they came to live in the service. Staff knew this information and used this to engage people in conversation, talking about their families, their jobs or where they used to live. For example, we heard a member of staff chatting with a person about their joint knowledge of the traveller community. In addition, staff were happy to do extra things for people that responded sensitively to their individual needs. For example, we saw that the chef had baked a cake to help a person who lived in the service and their partner to celebrate a wedding anniversary.

Staff understood the importance of promoting equality and diversity in the service. They had been provided with written guidance and they had put this into action. For example, people had been supported to meet their spiritual needs. We saw that arrangements had been made so that people could attend a religious service. People had been supported to dress to express their cultural identity. The manager was aware of how to support people who

Good

Is the service responsive?

used English as a second language. They knew how to access translators and about the importance of identifying community services who would be able to befriend people using their first language.

Staff had supported people to pursue their interests and hobbies. They had been offered the opportunity to take part in activities such as games, quizzes and craft work. We saw that a person who did not want to take part in group activities was given one to one time. This involved staff supporting them to complete light housework tasks that they wanted to do.

People said that they would be confident speaking to the manager or a member of staff if they had any complaints or concerns about the care provided. A relative said, "I was given a copy of the complaints procedure when my mother first moved in but I've never had to bother with it. Things are quite informal and if I need something sorted I just have a chat with the staff."

The registered person had a formal procedure for receiving and handling concerns. Each person who lived in the service and their relatives had received a copy of procedure. Complaints could be made to the manager or to the registered provider. This meant people could raise their concerns with an appropriately senior person within the organisation. We were told that a record had been kept of each complaint but that they could not be found. The manager did not know what complaints had been received, how they had been resolved and whether there were any improvements that still needed to be made. This shortfall had reduced the registered person's ability to check that complaints had been fully investigated and quickly resolved.

Requires Improvement

Is the service well-led?

Our findings

Although staff consulted with people informally about their home, other arrangements to enable people to contribute to the development of the service were not well developed. There were no regular meetings to give people the opportunity to contribute suggestions and observations. Although people had been invited to complete a quality questionnaire this exercise had not been well managed. This was because the manager had not been informed about the results and no actions had been taken to respond to people's comments. This was the case even though one of them had raised concerns about a particular aspect of the care a person had experienced. These shortfalls had reduced the provider's ability to consult with stakeholders so that the service could be developed and improved in the future.

In addition to this, the manager and the registered person had not provided the leadership necessary to enable people who lived in the service to benefit from good-practice initiatives. This was because they had not actively adopted nationally recognised schemes such as developments promoting high standards in end of life care.

Some of the quality checks completed by the manager and registered person had not been effective. We found problems in a number of areas that had not been clearly identified and/or resolved before our inspection. These included shortfalls in managing medicines, supporting staff, ensuring that people's legal rights were protected, maintaining records of complaints and responding to suggested improvements.

These shortfalls in assessing and monitoring the quality of the services provided had increased the risk that people would not safely receive all of the care they needed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was no registered manager. Although there was a manager in post the registered person had not made the necessary arrangements to have a registered manager running the service for more than two years. The law requires there to be a registered manager in post so that it is clear who is responsible for running the service to make sure that people receive the care they need. However, people said that they knew who the manager was and that they were helpful. During our inspection visit we saw the manager and operations manager talking with people who lived in the service and discussing the running of the service with staff.

There were a number of arrangements to promote good team work to help staff provide consistent care for people. There was a named senior person in charge of each shift in each building. During the evenings, nights and weekends there was always a senior manager on call if staff needed advice. There were handover meetings at the beginning and end of each shift in both of the buildings so that staff could review each person's care. In addition, there were occasional staff meetings at which all staff across the site could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way. A relative said, "I'm confident that the place is well run. I can see that staff know what they're on with and in general there's a happy atmosphere."

There was a business continuity plan. This described how staff would respond to adverse events such as the breakdown of equipment, a power failure, fire damage and flooding. These measures resulted from good planning and leadership and helped to ensure people reliably had the facilities they needed.

There was an open and inclusive approach to running the service. Staff said that they were well supported by the manager. They were confident that they could speak to the manager if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice. A staff member said, "It's always been made very clear indeed that the residents are our first concern and that we have to say straight away if something's not right."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person had not protected people who lived in the service against the risks of inappropriate or unsafe care by regularly assessing and monitoring the quality of the service provided. Regulation 17 (2) (a) (b)