Care Quality Commission

Yew Tree Care Limited

Churchfields Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Good
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

This unannounced inspection took place on 7 October 2015. At the last inspection of this service in October 2014, we found breaches of legal requirements. This was because people were not safeguarded against the risk of abuse and were not protected against risks associated with medicines. The registered person did not have effective systems in place to monitor the quality of service delivery. They also failed to maintain accurate records in respect of each person who used the service. Care plans and risk assessments were not regularly updated and reviewed when people's needs changed. The service did not have suitable arrangements in place for obtaining and acting in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards. The service's recruitment practices required improvement and suitable arrangements were not in place to support staff working at the home. The provider wrote to us and told us about changes they planned to make to meet the regulations. They said they would make changes by June 2015. These included, improving the service's quality monitoring systems, provision of training on safeguarding people, implementing a comprehensive medicines audit system to ensure the safe administration of medicines.

Summary of findings

Churchfields Nursing Home is registered to provide accommodation and nursing care for up to 32 older people, some of whom are living with dementia. At the time of this inspection, 28 people were using the service. Accommodation is arranged over two floors and there is a lift to assist people to access the upper floor. There are 31 single bedrooms and one double room, which two people can choose to share.

The service did not have a registered manager in place, however the provider had identified another person to manage the home. A deputy manager had been in charge of the home since the last inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered 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.

At this inspection, we found that some improvements had been made. Staff understood their responsibilities to protect the people in their care. They were knowledgeable about how to protect people from abuse and from other risks to their health and welfare. Medicines were managed and handled safely. Arrangements were in place to keep people safe in the event of an emergency.

There were sufficient staff to meet people's needs. Staff were attentive, respectful, patient and interacted well with people. People told us that they were happy and felt well cared for. Risk assessments were in place about how to support people in a safe manner.

Staff undertook training and told us that they received supervision to support them to carry out their roles effectively. Staff training records showed they had attended training in Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. However, improvements were needed to the systems in place to ensure that people received care and support in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to maintain good health. They had access to health care services when it was needed. People received a nutritionally balanced diet to maintain their health and wellbeing.

People's needs were assessed before they moved in to the home. Care plans were person centred and were regularly reviewed. Care plans were updated when people's needs changed.

The service did not have a registered manager but appropriate interim arrangements were in place. The service had not been consistently well managed but people were positive about the changes and improvements that were now taking place.

The provider had systems in place to monitor the service provided and people were asked for their feedback about the quality of service provided.

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 were protected as systems were in place to ensure their safety and well-being.

Staff had received training with regard to keeping people safe and knew the action to take if they suspected any abuse.

People were supported by staff who were trained to administer medicines appropriately.

We found regular checks took place to make sure the service was safe and fit for purpose.

Good

Is the service effective?

The service was not always effective. People's capacity to make decisions about their care and treatment had not always been assessed and this was not always robust. We have recommended that all resuscitation and best interest decisions be reviewed to ensure that they are properly and fully completed and that people's human and legal rights respected.

People were supported by staff who had the necessary skills and knowledge to meet their needs.

People were supported to receive the healthcare that they needed.

Requires improvement

Is the service caring?

The service was caring. Staff were kind, caring and treated people with dignity and respect.

People received care and support from staff who were aware of their needs, likes and preferences.

Good

Is the service responsive?

The service was responsive. Staff had information about people's individual needs and how to meet these.

People were encouraged to be independent and make choices in order to have as much control as possible about what they did.

Good

Is the service well-led?

Some aspects of the service were not well led. The service did not have a registered manager in post.

The quality monitoring of the service had improved but was still not effective enough to ensure that people received a safe and appropriate service.

Requires improvement

Summary of findings

We saw and visitors felt that the atmosphere in the home was friendly and welcoming. Feedback from healthcare professionals was positive and they felt the deputy manager was approachable and proactive.

The staff felt supported and enjoyed working at the home.

Churchfields Nursing 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 was planned to check 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 7 October 2015 and was unannounced. The inspection team consisted of one inspector and a specialist advisor who had specialist knowledge and experience of safeguarding vulnerable people and the application of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

Before the inspection, we reviewed previous inspection reports, information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with 10 people who used the service, four relatives, five members of staff and the provider of the service.

We looked at care records and other relevant records of six people who used the service, as well as staff records and a range of records relating to the running of the service.

Good

Is the service safe?

Our findings

At our last inspection in October 2014, we found that appropriate arrangements were not in place for the safe administration, recording and disposal of medicines. During this inspection, we found that these issues had been addressed. Medicines were securely and safely stored in two medicines trolleys with controlled drugs stored in a separate controlled drugs cupboard. The trolleys were kept locked to ensure that they could not be moved or opened by unauthorised persons.

Appropriate arrangements were in place in relation to the administration and recording of medicines. We saw that registered nurses (RN) on duty were responsible for administering medicines. We observed both RNs administering medicines to two residents each. Their practice was safe in terms of checking the '5Rs' (right person, drug, route, time & dose/ strength). We looked at a sample of Medicines Administration Records (MAR) and found that the MAR included the name of the person receiving the medicine, the type of medicine and dosage, as well as the date and time of administration and the signature of the nurse who administered it. We saw that the MAR had been appropriately completed and were up to date.

We looked at the storage, administration and recording of controlled drugs. We found that these were stored safely and a controlled drugs record was kept. We checked the controlled drugs and found that the amount stored tallied with the amount recorded in the controlled drugs register. This meant that there was an accurate record of the medication that people had received.

At our last inspection in October 2014, we found that appropriate arrangements were not in place to safeguard people from the risk of abuse. During this inspection, these issues had been addressed. All the staff we spoke with confirmed that they had completed safeguarding adults training. Training records we looked at confirmed this. The staff were clear about their responsibilities to report concerns and were able to describe the different types of abuse. They were aware of their duty to notify the Care Quality Commission and the relevant local authority about the occurrence of any safeguarding incidents. People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening. People who used the service told us they felt safe at the service. Relatives did not raise any concerns about the safety of their family members living at the service. They commented, "Oh yes definitely safe here" and "She is safe here."

Care and support was planned and delivered in a way that ensured people were safe. The care plans we looked at included risk assessments which identified any risk associated with people's care. We saw risk assessments had been devised to help minimise and monitor the risk. Where risks had been identified, there was guidance for staff about how to manage risks. Staff were aware of the action to take when people were at risk of falls, had medical conditions such as diabetes, Parkinson's disease or were at risk of developing pressure ulcers. For example, each person who needed a cushion or air mattress had their own equipment which was checked regularly to ensure it was used appropriately. There was a robust system for monitoring a person who had diabetes and a risk assessment was in place regarding a special diet for them. This was recorded in order to ensure the person's health was monitored and their specific needs were met.

We observed that the communal areas were clean and comfortable. We viewed four people's bedrooms with their permission. We saw that they were well furnished and personalised with photos and other items. They told us they liked their rooms.

The service had a robust staff recruitment system. We saw that appropriate checks were carried out before staff began work. We looked at two staff files and noted that references were obtained and criminal records checks were carried out to check that staff did not have any criminal convictions. This assured the provider that employees were of good character and had the qualifications, skills and experience to support people living at the home.

When we visited there were 28 people using the service supported by two nurses and seven care staff during the shift. In addition there was an activities organiser, cook, handyperson and domestic and laundry staff. Staff spoken with felt that staffing levels were sufficient to meet people's needs given the number of people using the service at the time. The staff rota we checked confirmed this. Therefore we found that there were sufficient numbers of nurses and staff on duty to keep people safe and to meet their needs.

Systems were in place to ensure that the environment was safe and that equipment was safe to use and fit for

Good

Is the service safe?

purpose. Equipment such as hoists, slings, mobility aids and pressure relieving aids were available. Records showed that equipment was serviced and checked in line with the manufacturer's guidance to ensure that they were safe to use. Gas, electric and water services were also maintained and checked to ensure that they were functioning appropriately and were safe to use. The records also confirmed that the maintenance person carried out weekly checks on alarms, call points, hot water temperatures and pressure relieving mattresses, to ensure that they were safe to use and in good working order.

The provider had appropriate systems in place in the event of an emergency. Staff were aware of the evacuation process and the procedure to follow in an emergency. They told us they had received fire awareness and health and safety training. Systems were in place to keep people as safe as possible in the event of an emergency arising.

The home was clean in the communal areas, people's rooms, bathrooms and sluices. Bed mattresses were washed daily by the cleaning staff prior to being remade unless a person was entirely bedbound. Staff told us they had undergone infection control training in the last 12 months. There was a sign by the visitors signing in book warning of the approaching Noro virus season and how to help prevent this coming into the home.

However, we saw no evidence of how any care staff were able to wash their hands in a person's room before or after any contact. There were no soap dispensers for staff in the rooms and no paper towels. Staff told us they had to go to the nearest bathroom on the floors to wash their hands. This left staff, people who used the service and visitors at potential risk of acquiring healthcare associated infections. This issue was discussed with the provider who assured us that they would ensure that staff followed safe infection control measures and appropriate equipment would be provided to them for this purpose. At the time of finalising this report, the provider had sent an action plan confirming that hand towels and sanitizers had been installed and were being used by the staff.

Requires improvement

Is the service effective?

Our findings

At our last inspection in October 2014, we found that the provider did not have adequate systems in place to obtain consent from people who used the service and their legal rights were not protected. During this inspection, we found that staff were clear that people had the right to and should make their own choices. Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training had been completed by staff. The MCA is legislation to protect people who are unable to make decisions for themselves and DoLS is where a person can be legally deprived of their liberty where it is deemed to be in their best interests or for their own safety.

Upon checking records we found that one set of records had a comprehensive capacity assessment and best interest documentation in relation to the use of bed rails. We were informed by the provider and saw that carrying out mental capacity assessments was a work in progress. All files had a bed rails risk assessment and a signed consent form, which had been signed by a next of kin without documenting if the next of kin had legal authorisation to sign for consent on the person's behalf.

We looked at records which had Do not attempt resuscitation and Cardio Pulmonary Resuscitation forms in place (DNACPR). We found two people had hospital initiated DNACPR forms which were completed accurately. Three forms had been signed by the person's next of kin, GP and care home nurse. However, there was no supporting capacity assessments to indicate that the person did not have capacity to make this decision. There was no best interest discussion documented nor was there any evidence to state that the signing next of kin had legal authorisation to sign such a form.

We recommend that all resuscitation and best interest decisions be reviewed to ensure that they are properly and fully completed and meet legal requirements. Also that evidence of a relative's legal right to consent to treatment is obtained and held on file.

At our last inspection of this service in October 2014, we found that staff did not receive sufficient training and supervision to effectively support people. During this inspection we found that people were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge. Staff told us that they received training relevant to the work they did. We looked at training records and found that staff had attended several courses relevant to their role. Training included for example, a Level 2 certificate in understanding dignity and respect, dementia care, safeguarding adults, infection control, continence management. Therefore systems were in place to provide staff with the training needed to safely meet people's needs.

Staff told us they felt supported by the deputy manager and senior nurses. They confirmed that they had regular supervision sessions with the nurses. Supervision sessions are one to one meetings with their line managers to develop and motivate staff and review their practice or behaviours. The deputy manager was in the process of carrying out annual appraisals. Annual appraisals for staff members provide a framework to monitor performance, practice and to identify any areas for development and training to support staff to fulfil their roles and responsibilities. Staff told us that they found supervision helpful and were able to give an accurate description of what supervision involved. However, although we found some records to confirm that staff received regular supervision with a senior person the records were not consistently completed. The provider had found that there was gap in recording supervision sessions and had put a process in place to ensure this was completed after each supervision.

People were involved in making decisions about the food they ate and were asked each day what they wanted. They were supported to eat and drink in order to maintain a balanced diet and promote their health and wellbeing. People had a monthly meeting to decide what they would like to eat. A menu was devised based on people's choice. People told us they liked the food and had a choice. Meals were flexible to meet people's needs. People's comments included, "The meals – I can't fault them. They give you two choices of meals. They bring all my food and drink upstairs" and "The food is very good and nutritious." During lunch and afternoon tea, we saw care staff sitting with people to assist them to eat and drink where required. One person had a specific dietary requirement due to their culture and religion. We found that the person was provided with a Halal diet which was cooked separately. Their crockery and cutlery were kept separately from that used by others to preserve their faith practices. Therefore people were able to have meals that met their needs.

Requires improvement

Is the service effective?

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. We looked at people's records and found they had received support from healthcare professionals when required. For example, we saw involvement from the speech and language therapist, physiotherapist, district nurse and GP. We saw that staff followed guidance provided by a speech and language therapist (SALT) for people who required specific assistance with food. Therefore, people's healthcare needs were monitored and addressed to ensure that they remained as healthy as possible.

The environment met the needs of the people who used the service. There was a lift and the building was accessible for people with mobility difficulties. There were adapted baths and showers and specialised equipment such as hoists were available and used when needed. We saw that Churchfields nursing home was clean and adequately maintained. In addition to individual bedrooms there was a large combined lounge and dining area where most people spent their time.

Good

Is the service caring?

Our findings

People and relatives told us that they were happy with the care they received and that the staff were very supportive. One person said, “Much prefer it here. They come quickly when I call them.” Another said, “Very nice. Very friendly. If it wasn’t good I wouldn’t stay.”

Comments from relatives included, “Staff sit and chat to people regularly “and “She loves it here. Given good food. Staff talk to her every day, very friendly.”

During the inspection, we spent time observing staff and people who used the service. There was a calm and relaxed atmosphere in the lounges. Throughout the day staff interacted with people in a patient, caring and friendly way. We saw staff explaining to people before carrying out tasks and seeking their permission. They took time to come to people’s eye level when talking and listening to them. They were attentive and interacted well with people. We saw that the activities coordinator spent time in the rooms with two people who were bedbound.

The staff treated people with dignity and respect. They explained that they respected people’s privacy and dignity by knocking on their doors before entering and making sure they were bathed in a dignified manner by using towels to cover them when needed.

People’s personal information was kept securely and their confidentiality and privacy was maintained. We saw that individual files were kept in the nurses’ station, which was a small room next to the lounge area. Staff told us that they would never disclose people’s personal information without permission.

People were supported by staff to make daily decisions about their care as far as possible. We saw that people made choices about what they did, where they spent their time and what they ate.

Staff provided caring support to people at the end of their life (EOLC) and to their families. This was in conjunction with the GP and the local hospice. The four staff we spoke with were able to describe compassionate EOLC. They told us they would respect people’s wishes at the end of their lives. They would support people and their families with kindness and respect during this time. Relatives were able to stay for as long as they wished including overnight stays with meals and drinks provided. Records we reviewed included details of future wishes which documented individual death and dying rituals and/ or wishes. The home had close relationships with the Macmillan Nurse based at the local health centre. Two of the registered nurses were due to attend a two day palliative care course facilitated by a local hospice in November. Therefore staff provided caring support to people at the end of their life and to their families. This was in conjunction with the GP and the local hospice.

Good

Is the service responsive?

Our findings

At our last inspection in October 2014, we found that the service did not take proper steps to ensure each person received care that was appropriate and safe. During this inspection we found that these issues had been addressed. People's needs were assessed by a registered nurse, before they came to live at the home. This included all aspects of care such as health care, mobility, nutrition, personal care, communication and medicines. Information was readily available about people's preferences, likes and dislikes and how they preferred to be supported.

People and their relatives told us they were involved in decisions about how they wanted to be cared for. Each person had an individual and personalised care plan which identified specific care and nursing needs. The care plans were updated and reviewed monthly and adapted to the changing needs of the individual. We saw that staff followed guidelines given by health care professionals. For example, requests for people to be given specialist diets for those living with diabetes or how to look after people who had Parkinson's disease.

We saw that care plans gave sufficient instructions for staff to deliver the individual care each person needed. Care plans were reviewed monthly with the involvement of people who used the service and their relatives if they wished. They were reviewed and updated more frequently if people's needs changed, for example, when a person returned from hospital. We saw that staff knew people well and were aware of respecting people's individuality.

A relative told us, "We discussed [my relative's] needs. We were involved in drawing up her care plan. They are meeting her needs." Another told us, "[my relative] came here from the hospital and loves it here. Her legs are really good now. Given good food, the staff are friendly and talk to her every day. They do everything for her." We saw that when people used their call bells or asked for assistance, staff responded in a timely manner. A person told us, "They come quickly when I call them." Therefore people received consistent, personalised care, treatment and support.

Arrangements were in place to meet people's social and recreational needs. Throughout the inspection we saw the activities coordinator engaged in a variety of activities with people, such as puzzles, scrabble, cards, bingo and listening to music. We saw that activities were provided daily by an activities coordinator who was caring and friendly. There was a weekly timetable of planned activities advertised on noticeboards. We saw that where people preferred to spend time in their bedroom, staff and the coordinator made time to go and chat with them on a one to one basis. People told us they liked the activities and they could be seen and heard chatting to each other. People were encouraged and supported to take part in a range of activities and to maintain their interests and links with the community.

There was a complaints procedure in place and the service took people's concerns seriously. We asked people if they felt confident in raising any concerns they may have. They told us they knew how to make a complaint. One person said, "I never have any problems, but if I did I would tell the staff or the nurses." A relative told us that they didn't have any complaints at present and when they had raised a concern some time ago it was resolved quickly and hadn't happened again. Therefore, people used a service where their concerns or complaints were listened to and addressed.

Requires improvement

Is the service well-led?

Our findings

At our inspection in October 2014 we found that due to the lack of robust management monitoring, people were placed at risk of receiving a service that was not safe, effective or responsive to their needs. Since that time the provider had introduced more audits and tighter monitoring of the service. There was an action plan in place to address the issues and progress was monitored by the provider. At the time of writing this report a manager had been appointed and had applied to register with the Care Quality Commission.

Systems were in place to monitor the quality of service provided. This was formally and informally. Informal methods included direct and indirect observation and discussions with people who used the service, relatives and staff. Formal systems included medicines and care plan audits. The provider undertook monthly monitoring of the service. External consultants also carried out quality audits and made reports of their findings and recommendations for improvement. This was done with the aim of ensuring that preventative action was taken by staff to reduce the impact of any issues raised and corrective actions were applied. However, we found that some of the issues identified at the audit had not been fully addressed. For example, issues related to infection control and the implementation of the Mental Capacity Act (2005) legislation. We discussed this with the provider to emphasise the importance of an appropriate person to be appointed to manage the service to provide consistent and robust management, so that people receive a safe, quality service.

People and their relatives were involved in the running of the service and their views and opinions were sought and acted on. Relatives told us they had regular meetings and contact with the provider and/or the deputy manager to ensure the needs of their relative were met. We spoke with people and family members about how they thought the service was led. People told us that they knew who the deputy manager and provider were. They were aware they could discuss any concerns they might have with them. One person said the deputy manager was “helpful”. Another person said they would speak to their relative, staff or the deputy manager if they had any problems. A survey for people who used the service was conducted in 2015. The results of this survey showed that people were overall happy with the care and service provided. Relatives told us, “We get a questionnaire from time to time. They do have residents meetings and we had a barbecue” and “I can always speak to someone if I need to. Never had to complain.”

Staff told us that staff meetings were now regularly held and all felt confident to raise any concerns they might have about people’s care. The staff we spoke with understood their roles and responsibilities for people’s care and described appropriate communication and reporting systems at the home. Examples given were staff meetings, handovers, reporting of accidents, incidents and safeguarding concerns. All of the staff we spoke to said the management team were approachable. However, staff members raised concerns about the lack of a consistent manager by saying, “We are in need of a strong, knowledgeable and supportive leader (manager) who can help us to learn and develop. We have not had this for a long time.” The staff were aware that they could raise their concerns at forthcoming staff meetings and seek reassurance from the management team and the provider. All the staff felt there was good team working and they knew and understood people’s care needs.