

Churchfield Care Limited

Churchfield Care Centre

Inspection report

Churchfield Drive
Rainworth
Mansfield
Nottinghamshire
NG21 0BJ

Tel: 01623490109

Date of inspection visit:
23 August 2022

Date of publication:
14 October 2022

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 

Summary of findings

Overall summary

About the service

Churchfield Care Centre is a care home providing personal and nursing care to people aged 65 and over. The service is registered to support up to 60 people. At the time of the inspection only one of two buildings was being used, where 16 people were supported over two floors.

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

The service was undergoing improvements; however, we found there to be ineffective auditing and checks in place to ensure people's safety, particularly around equipment.

People who were at risk of falls and a breakdown of skin integrity did not always have these managed appropriately. People with specific health conditions such as diabetes did not always have these monitored in line with best practice.

People were supported with their medicines safely, however there were issues with the documentation relating to medicines. Staff understood their duty to safeguard people from the risk of abuse. Safe staffing levels meant people were not left waiting for support.

People were supported to access appropriate healthcare. People were helped with their eating and drinking needs by staff who understood their individual requirements.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated well and respectfully by caring and kind staff. People were encouraged to be involved in their care and were given opportunities to feedback. People had plans of care that guided staff on how to care for them in a personalised way.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 22 September 2020, and this is the first inspection. The last rating for the service under the previous provider was requires improvement, published on 14 May 2020.

Why we inspected

This was a planned inspection based on the date of registration.

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

service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We have identified a breach in relation to effective auditing, delegation of duties and checks on equipment and the environment.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Churchfield Care Centre

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by two inspectors, a specialist professional advisor who had a background in nursing.

Service and service type

Churchfield Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Churchfield Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 23 August 2022 and ended on 06 September 2022. We visited the service on 23 August 2022.

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, professionals who work with the service and Healthwatch.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We observed interactions between people and staff, as most people were unable to communicate with us. We spoke with nine members of staff including the manager, clinical lead, cook, housekeeper, nursing and care staff. We spoke with a healthcare professional who worked with the service. We reviewed a range of records including care plans, medication records, audits and training data. We also looked at the services policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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

- Risks were not always being safely monitored, mitigated or managed.
- People had risk assessments in place. However, when risks were assessed as high the identified actions weren't always being followed. For example, one person was at very high risk of falls. The care plan stated their walking frame must be always with them as well as a sensor mat in place to alert staff when they were getting up. However, on observation this was not the case.
- Pressure relieving equipment was in place for people who required it. However, we found air mattresses where not always inflated correctly, there was no guidance in place as to what the settings should be and no system in place to check the settings. This meant air mattresses in place were not effective and could contribute to breakdown. This was fed back to the manager on the day of inspection and a system was put in place for ongoing checks.
- Checks on the temperature of water to ensure people were not at risk of scalds had not been carried out for a number of months.
- Fire safety checks were being carried out, fire drills took place, and everyone had personal emergency evacuation plans (PEEPS). The PEEPS were very detailed and personalised, each person had one for day and night, to enable staff to help evacuate them safely.

Using medicines safely

- People were supported to take their medicines in a safe way; but we did find some concerns with associated documentation.
- We checked the legal paperwork for people who had their medicines covertly and found the medicines dosage did not always match with other documentation. This placed people at risk of not receiving the correct dose of medicine. However, it was recorded correctly on the medicine's administration record.
- For people who received their medicines via a patch, paperwork was in place for staff to record they had checked the patch was in-situ on a daily basis. However, this was not always being completed by staff.
- Medicine room and fridge temperatures were being recorded to ensure medicines were being stored correctly. However, we found there were some gaps in the records. This meant the provider could not be assured the medicines were kept consistently at the right temperature to maintain their effectiveness.
- Staff were trained in medicines administration and had their competency checked.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of

infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, we did find some gaps in the cleaning schedules and due to the environment, there were areas that may be ineffectively cleaned. The provider was aware of this, and plans were in place to improve the environment.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider ensured people were able to have visitors in a safe way and in line with current government guidance.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place which supported staff to keep people safe from the risk of abuse.
- Staff understood what how to recognise signs of potential abuse and how to escalate these. Staff explained, "If I had a safeguarding issue I would listen to the resident and reassure them. I would act immediately and report the incident."
- The provider understood their duty to report safeguarding concerns to the relevant agencies to ensure these were appropriately looked into.

Staffing and recruitment

- Staffing levels were established by assessing people's individual care needs on a monthly basis. This ensured enough staff were available to safely support people.
- Staff told us they felt there were enough staff on each shift to meet people's needs and spend time with people throughout the day. On the day of the inspection our observations confirmed this. A relative who visited regularly told us, "There's always someone downstairs and someone upstairs, always someone there for residents to prevent any accidents."
- Safe recruitment practices were followed with appropriate pre-employment checks carried out to ensure potential staff suitability. This included Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- There was a clear system in place to identify, analyse and learn from when things went wrong.
- Incidents, such as falls, were analysed to try and identify any themes and in turn put measures in place to avoid reoccurrences.
- Incident forms were completed thoroughly, where required people's family were informed, and body maps completed. Investigations were carried out appropriately, with statements being taken when necessary.
- Lessons were learnt and shared amongst the staff team. When appropriate new processes were implemented. For example, following a safeguarding concern night staff were guided to work in pairs with one particular person, for their mutual safety.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

- At the time of the inspection the service was about to commence full refurbishment works in order to update the home as the environment had deteriorated over time.
- We found equipment, maintenance and environment checks were not being carried out consistently. For example, walking frames, bed rails and hoist had not been recorded as having been checked at any point this year.
- There was signage around the home to help people living with dementia orientate themselves.
- People had access to outside space; however, the manager told us they planned to improve the accessibility to the garden to enable easier access from communal areas.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare and staff worked with other agencies to provide care. However, we found an inconsistent approach in monitoring people's needs.
- Nursing staff supported people with their diabetic needs, however we found inconsistencies with the care provided. Care plans did not always clearly document what people's normal blood sugar levels should be.
- Food and fluid charts were in place. There was no evidence charts were checked or reviewed to ensure people were eating and drinking adequately, although we found no negative impact on people.
- Where staff identified the potential risk of choking these were communicated to the person in charge to complete referral to SALT and discuss with the GP. Any changes were communicated at handover and updated in the care plans and risk assessments.
- There was evidence of various health professionals being involved in care needs. On the day of the inspection, we observed a dementia intensive support team attending the home and talking with the manager.
- Oral hygiene risk assessments were completed and reviewed on a monthly basis. People had toothbrushes and toothpaste in their room and there was evidence documented they had their oral hygiene needs met.

Staff support: induction, training, skills and experience

- Staff were supported and had a wide range of training opportunities. However, we found not all staff had completed training in areas such as infection control, safeguarding and the Mental Capacity Act. The provider was aware of this, it was identified on their action plan and staff had been encouraged to complete these courses promptly.

- Staff told us training had improved and there had been more face to face training available since the new manager came in post.
- Newer members of staff also received support. One explained, "I have been supported through the induction with site specific training and competencies to ensure I am working in a safe way and understand the day to day needs in the home.
- Staff found the new manager to be "very supportive" and staff received regular supervision.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service assessed people's needs and choices and ensured they delivered care suitable for them in line with best practice.
- People's needs were thoroughly assessed, with family involvement where appropriate, prior to admission to ensure the service would be able to support them. The manager told us, "We look at the client needs and see if they would fit in the home and if we could meet their needs. We are not under pressure to take anyone."
- The clinical lead told us, "I am able to access the NICE guidance and frequently check for updates. Any changes to guidance will be circulated through flash meetings, clinical meetings, staff meetings and through memos to ensure all staff are able to understand and implement the changes to their practice."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with their eating and drinking needs. Where needed, they were provided with eating aids, such as plate guards to enable them to eat independently.
- We observed staff supporting people in a personalised way to eat. People were asked what meal option they would prefer immediately before serving and encouraged to eat. For example, one person was walking around a lot and staff encouraged them to sit down by offering different seats, showing them the food and offering them finger food so they could eat whilst walking.
- People provided with meals and drinks appropriate to their individual needs, they were supported to eat and drink with good position and posture, enabling them to chew and swallow effectively. Kitchen staff had information about people's specific needs.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA, where people had conditions on the DoLS the management ensured these were met.

- We saw comprehensive and detailed MCA assessments were in place. The clinical lead explained, "I complete MCA assessments with individuals and ensure I have given every opportunity for them to understand and engage in the assessment."
- Where decisions were made on behalf of someone who lacked capacity, best interests' meetings were held and documented. Best interests' decisions were taken with the involvement of relevant parties such as healthcare professionals and family members. The clinical lead told us, "I approach each decision with a view to provide the least restrictive approach and support the individuals to have decisions made in their own best interests. Allowing unwise decisions where the individual has capacity."

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; respecting equality and diversity

- People were supported in a respectful way and staff recognised people's differences.
- Staff said, "Each and every person who walks through these doors is an individual, with their own beliefs, history, skills and opinions." A relative told us, "The carers are lovely." We observed lots of kind and caring interactions between staff and people.
- Staff took their time to make sure people were supported properly. For example, during transfers staff were observed speaking with people in a calm manner and talking them through the procedure.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to be involved in decisions about their care, where people were unable to, the service ensured relatives were involved.
- People were encouraged to participate in their care planning. Staff told us, "Each person is provided with opportunity throughout every interaction to make choices and decisions, to speak about things they wish to and to feel safe in our care."
- Resident and relative meetings were regularly held so people were able to express their views about all areas of their care.
- Care plans detailed what decisions people were able to make themselves to enable staff to support them in doing so.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and promoted by staff.
- Staff encouraged people to maintain their independence as much as possible. Staff said, "We support residents with dignity and respect by encouraging them to choose their own clothing and make their own choice where possible, we involve residents in their care."
- The clinical lead said, "We promote privacy, dignity and independence by avoiding blanket restrictions and enabling individuals to achieve goals and wishes to be healthy, happy and safe...and have meaningful engagement with staff here at Churchfield."
- We observed people to be well looked after and clean, it appeared that attention to detail was important. For example, people that had food down their clothes were supported to get changed after lunch.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. 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's care was planned with their involvement, where appropriate family members were also involved. This meant care plans detailed people's preferences to guide staff on how to support them in a personalised way.
- The clinical lead told us, "We support individuals to be involved in their care planning where they are able, and include personalised details that make that person who they are to enable other staff supporting them to get to know them and support them in a consistent and individualised way."
- Staff said, "We get to know residents by looking at care plans and engaging with residents. We are provided with all the correct information on residents to support their needs."
- Care plans we reviewed were very detailed and covered all areas of people's needs, including their religious, spiritual and cultural needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication care plans in place which detailed their individual communication needs.
- At the time of the inspection there was no one living at the home with sensory loss that required information in alternative formats, however the staff had access to flash cards if required and policies were available in different languages and large print.
- The home had recently introduced assistive technology, for example using a smart speaker which they supported people to use.

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

- People were supported to take part in activities and continue relationships that were important to them.
- We observed activities occurring throughout the day such as care staff playing board games with people. Music was being played throughout the day on a smart speaker and lots of people were chatting. Most of the people living at the home appeared to be in good spirits.
- The home also arranged for children and animals to come and visit people and had themed days, for example ice cream sandwich day, wine spritzer and Guinness day and they had recently held a coffee morning.

Improving care quality in response to complaints or concerns

- People and their relatives said they had little or no concerns with the care provided.
- We saw where complaints had been received, the complaints process had been followed and where appropriate, apologies issued, and lessons learnt.

End of life care and support

- Care plans detailed people's wishes for their care at the end of their life.
- We saw relatives had sent in cards with kind words of gratitude for the care provided to their loved ones and support given to them at such a difficult time.
- We saw evidence of relative's meetings taking place to regarding future wishes and end of life needs.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had recently appointed a manager and clinical lead to run the home. During their short time there they had made many improvements; however we had some concerns around effective auditing.
- Checks on equipment and the environment carried out by staff were being signed off as completed by the manager, however we found some of these checks had not been completed. For example, checks on bed rails and hoists. This meant the provider could not be assured equipment was safe to use.
- There was no system in place to review policies. The policies we were shown were not reflective of the service and were missing local information. For example, safeguarding policy referred to Scottish regulation and the box containing the local safeguarding team contact details was blank.
- We found there had appeared to be a miscommunication over the delegation of duties. For example, it was unclear who was responsible for checking pressure care equipment and therefore this was left unchecked.

The provider failed to ensure effective oversight and governance of all areas of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed checks were in place to monitor the equipment and environment. Responsibilities and duties also had been defined to mitigate the risk of these checks being missed again.

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

- People and their relatives were actively involved in the service. Staff felt supported and the management team had involved the community in the home.
- Newsletters had been sent to relatives to update them on what was happening within the home and letting them know how to feedback. Relatives spoke positively about the manager saying, "The home has improved since [manager] has been here, they are the kind of manager that residents are their first priority... always accessible and polite and proper."
- Regular staff meetings were held, minutes showed staff were able to give feedback and make suggestions that management listened to.
- The service had made links with the local college, with plans to speak to students and also involve

horticultural students in the development of a sensory garden for people.

- Regular resident and relatives meetings were held; actions were taken from feedback and these were documented on the noticeboard. For example, people were asked if they would like a coffee morning and the day prior to the inspection this coffee morning had been held.

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

- The provider acted in an open and transparent way, understanding their legal responsibilities and the duty of candour.
- We saw evidence relatives were contacted when incidents occurred. A relative told us, "If there has been something happen they ring me straight away. There is good communication."

Continuous learning and improving care; Working in partnership with others

- The provider was working with a consultant agency to improve the quality of care. They had developed a comprehensive live action plan detailing improvements to be made.
- The management had been working with the commissioners and local authority to improve the quality of care.
- A professional working with the service told us, "I have seen significant and sustained improvements in the service since the manager took over."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 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
Treatment of disease, disorder or injury	The provider failed to ensure effective oversight and governance of all areas of the service.