Yew Tree Care Limited

Churchfields Nursing Home

Inspection report

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Date of inspection visit:
01 December 2016

Date of publication:
13 January 2017

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This unannounced inspection took place on 1 December 2016. At the last inspection of this service in October 2015, we made recommendations for the service to make improvements in order to have suitable arrangements in place for obtaining and acting in accordance with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The provider was required to appoint a suitable manager to manage the service.

At this inspection, we found that the service had a registered manager in place. 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 also found that staff had attended training in the MCA and DoLS. At this inspection, we found that improvements had been made to the systems, to ensure that people received care and support in line with the MCA and DoLS.

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.

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 a variety of training.

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 provider had systems in place to monitor the service provided and people were asked for their feedback

about the quality of service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

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.

The provider followed safe staff recruitment practices. Sufficient numbers of staff were on duty to ensure people were safe.

Regular checks took place to make sure that the equipment used was safe and fit for purpose.

Is the service effective?

Good

The service was effective. People's capacity to make decisions about their care and treatment had been assessed. Systems were in place to protect people who do not have capacity to make decisions for themselves.

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.

Is the service caring?

Good

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.

Is the service responsive?

Good

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.

Is the service well-led?

Good

The service was well-led. There was a registered manager in post.

Quality assurance systems were used to identify shortfalls in the service and action was taken to make improvements.

People and their relatives were asked to give their views about the service through surveys. Staff felt supported and able to express their views.

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 1 December 2016 and was unannounced. The inspection team consisted of one inspector.

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, three relatives, four members of staff, the registered manager and the provider of the service. We looked at care and other relevant records of four people who used the service, staff records and a range of records relating to the running of the service.

Good

Is the service safe?

Our findings

Care and support was planned and delivered in a way that ensured people were safe. People told us, "I feel safe here, oh God yes" and "I feel safe." Relatives told us, "I think [person] is safe here and well looked after." Another said "[The person] is safe here."

Care plans had been updated and included risk assessments which identified current risks associated with people's care. Where risks had been identified, there was current guidance for staff about how these should be managed, for example, relating to dependency needs, falls, continence, manual handling and nutrition. The service used recognised tools such as Waterlow and the Malnutrition Universal Screening Tool (MUST) to assess risks to people. Waterlow gives an estimated risk for the development of a pressure ulcer. Malnutrition Universal Screening Tool (MUST) is a screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. It also includes management guidelines which can be used to develop a care plan.

Staff were aware of the different types of abuse and what constituted poor practice. They had completed safeguarding training and were able to describe how they would recognise any signs of abuse or issues which would give them concerns. They were able to state what they would do and who they would report any concerns to. The service had safeguarding policies and procedures in place for recognising and dealing with abuse. Staff said they would feel confident to whistle-blow (telling someone) if they saw something they were concerned about. One member of staff told us, "I have done safeguarding training. I would raise any concerns I had. If needed I would escalate it further to safeguarding [department at the local authority]. We also have a whistleblowing policy."

We saw robust recruitment and selection processes were in place. We looked at three files of the most recent staff employed and found that appropriate checks were undertaken before they commenced work. The staff files showed pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of their identity had also been obtained. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with children and vulnerable adults. One staff member said, "They got references and a DBS check before I started work." The registered manager ensured that nursing staff maintained their professional registration with the Nursing and Midwifery Council and were eligible to practice.

People who used the service and relatives felt there were adequate numbers of staff to meet their needs. During our inspection, we saw there were sufficient staff to support people in the different areas of the home. We noted call bells were answered quickly and people did not have to wait long for assistance to be provided.

None of the people who used the service were able to look after or administer their own medicines. Registered nurses (RN) were responsible for administering medicines. Medicines Administration Records

(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 in a controlled drugs cupboard in the medicine room. 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 controlled drugs that people had received.

People were prescribed medicines on an 'as required' basis and 'as required' guidelines had been written. The registered manager told us staff responsible for the administration of medicines had their competency checked on a regular basis. Therefore, we found that appropriate arrangements were in place in relation to the administration and recording of medicines.

Systems were in place to ensure that the environment was safe and that equipment was safe to use and fit for 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 weekly checks on alarms, call points, hot water temperatures and pressure relieving mattresses were carried out, to ensure that they were safe to use and in good working order.

At our last inspection we found that staff were unable to wash their hands in a person's room before or after any contact. This was because there were not any soap dispensers or paper towels. This placed staff, people who used the service and visitors at potential risk of acquiring healthcare associated infections. At this inspection we found that staff followed safe infection control measures and appropriate equipment was provided for this purpose. Hand towels and sanitizers had been installed in people's rooms and were being used by the staff before or after any contact with the person.

Good

Is the service effective?

Our findings

People told us they were supported by staff who knew their needs. One person said, "They are sympathetic. They know how to look after people with dementia." Another told us, "It is very nice. The staff are quite pleasant." Relatives told us. "It's a good place, caring" and "There are consistent staff. They come to help when they are called."

At our last inspection in October 2015, we found that the provider did not have adequate systems in place to obtain consent from people and their legal rights were not protected.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

During this inspection, we found that staff were clear that people had the right to and should make their own choices. Staff confirmed and records showed that MCA and DoLS training had been completed. Comprehensive capacity assessment and best interest documentation in relation to the use of bed rails was in place for people who required these. Abed rails risk assessment were in place and a signed consent form, which had been signed by a next of kin documenting if the next of kin had legal authorisation to sign for consent on the person's behalf.

We found the DNACPR forms were completed accurately and mental capacity assessments to indicate that the person did not have capacity to make this decision were in place. There was information on file that best interest discussions were held and there was evidence to state that the signing next of kin had legal authorisation to sign such a form. Therefore we found all resuscitation and best interest decisions were reviewed to ensure that they were properly and fully completed and met legal requirements. Files contained evidence of a relative's legal right to consent to treatment and was held on file.

Staff received sufficient training and supervision to effectively support people. 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, food hygiene, moving and handling, dignity and respect, dementia care, safeguarding adults, infection control and 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 registered manager and senior nurses. They confirmed that they had regular supervision sessions with them. Supervision sessions are one to one meetings with a line manager to

develop and motivate staff and review their practice or behaviours. The registered manager was in the process of carrying out annual appraisals. Annual appraisals 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.

People were well supported when eating and drinking. We observed lunch which was served in the dining room as well as individually in the lounge to people who requested this. Staff chatted with people, telling them what was available for lunch and people were able to make a choice.

We saw that the food was well presented. People and visitors' comments about the food included, "The food is very nice" and "Good food." Drinks and snacks were available throughout the day. Where people required food and fluid to be thickened or pureed this was done to reduce the risk of choking. If people had difficulties with food and drink, specialist advice was sought from the multidisciplinary team and their advice was being followed. Records showed risk assessments were in place to protect people from the risk of malnutrition and dehydration. Care plans reflected people's dietary needs and special diets were catered for.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. People had received support from healthcare professionals when required. For example, we saw involvement from the speech and language therapist, physiotherapist 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 registered manager said that they had a good working relationship with healthcare professionals and that staff would provide support for anyone to attend appointments. A visiting professional told us, "I have no concerns. The nurses are responsive and the care records and charting is good. They are able to show evidence of action taken and I am able to collect my information." They told us that staff were pro-active in asking for advice and followed it. This meant people's needs were assessed and care and support planned and delivered in accordance with their individual needs and care plans.

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 were happy with the care and support they received. We observed that staff were kind and caring when providing support. Relatives were happy with the care and support provided to people and were complimentary about how the staff cared for their family member. They commented, "All the staff are caring. The staff attitude is nice" and "They always say hello to me."

Staff took time to explain to people what they were doing and communicated with people in a way they could understand. They used people's preferred form of address, showing them kindness, patience and respect. They knocked on people's doors and waited for a response before entering. A member of staff said, "Personal care is always carried out in private."

People were confident and comfortable with the staff who supported them. We saw staff chatting and engaging with people and taking time to listen. We observed there was a relaxed atmosphere and people were confident to approach staff. Any requests for support were responded to appropriately. People were supported to express their religious beliefs and to maintain their cultural or religious needs.

People's personal information was kept securely and their confidentiality and privacy was maintained. Any information was discussed at staff handovers or in daily records. Individual files were kept in the nurses' station, which was a small room next to the lounge area.

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 and to their families. This was in conjunction with the GP and the local hospice. Staff told us they would respect people's wishes at the end of their lives and would support people and their families with kindness and respect during this time. Records included details of future wishes which documented individual death and dying rituals and/ or wishes. The home had a close relationship with the Macmillan Nurse based at the local health centre.

Good

Is the service responsive?

Our findings

People and their relatives were complimentary about the staff and the service. They told us staff were kind and considerate. People were well looked after and were supported to maintain relationships with their family.

The registered manager or the deputy manager carried out an assessment of a person's needs prior to admitting them to the home, so they could be sure that they could provide appropriate support. This assessment formed the basis of the initial care plan.

People and their relatives told us they were involved in decisions about how they wanted to be cared for. Each person had a personalised care plan which identified specific care and nursing needs. 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 or dementia.

Care plans gave sufficient instructions for staff to deliver the individual care each person needed. These included instructions such as "I would like staff to use gestures or to point to things if I don't understand verbally" and "I would like staff to use short, clear sentences to explain things to me." Care plans were reviewed monthly and updated if people's needs changed, for example, when a person returned from hospital.

Staff told us they were kept up to date about people's well-being and changes in their care needs at handovers before commencing their shift. We observed staff providing support in communal areas and saw they were knowledgeable about people's needs and how to meet these. Call bells, were responded to swiftly by care staff. A person told us, "We press our bell if we are upstairs and they soon come."

There were a range of activities provided by an activities co-ordinator. The activities programme for the week included reading news headlines, quiz, exercise to music, visiting entertainers, bingo and games. Seasonal events were also organised such as summer, Christmas and Easter events with local groups.

The provider's complaints policy was displayed on a notice board. People and relatives were aware of how to make a complaint. They were confident any concerns would be dealt with appropriately by the registered manager. People told us they would tell the registered manager, staff or family member if they had any complaints. One relative told us, "I have no concerns or complaints." Another said, "I would tell the manager if I had any concerns, but I have no complaints." Records showed that complaints were dealt with in line with the provider's policy and procedures.

Good

Is the service well-led?

Our findings

There was a clear management structure in place and staff were aware of their roles and responsibilities. There was now a registered manager in place providing support and guidance to staff. The deputy manager provided clinical guidance and support. Specialist advice about dementia care, pharmacist advice and visits by representatives of the provider took place regularly. This helped the service to maintain appropriate standards of care.

Staff told us they felt able to approach any member of the management team and confirmed that improvements had been made. Staff were regularly communicating with each other and talking about people's care and support needs. We saw that staff were involved in decisions via staff meetings and were kept updated of changes in the service. They were able to feedback their views and opinions. Minutes of these meetings showed that the subjects discussed were relevant to the operation of the home.

Systems were in place to monitor the quality of service, formally and informally by the registered manager and the provider. 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. We found that the registered manager had taken action to address issues identified such as improved training, providing supervision and implementation of the Mental Capacity Act (2005) legislation. This meant that the service provided consistent and robust management, so that people received a safe, quality service.

A survey for people who used the service and their relatives was conducted in August 2016. The results of this survey showed that people were happy with the care and service provided. The following comments were made by relatives in the survey, "The staff cope well with [the person's] needs and personal requirements." "Very caring and compassionate." "[The person] is bedbound and unable to interact with other residents. The staff make an extra effort to interact with them in their room."

The registered manager had enrolled on a professional management course in order to ensure their own personal knowledge and skills were up to date. They had attended learning events and kept up to date with current practice through reading care publications and the CQC website. They regularly met with other managers at a local authority forum, where managers from care homes in the area got together to discuss issues and share best practice. This helped to support care provision, identify new training opportunities and to promote best practice. The registered manager told us that any learning was passed to staff so they in turn could benefit. This showed the registered manager was committed to improving the service that people received.