Care Quality Commission

Church Farm Nursing Home Limited

Church Farm Nursing Home

Inspection report

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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

Overall summary

We carried out the unannounced inspection on 15 and 16 December 2015. Church Farm Nursing Home is run and managed by Church Farming Nursing Home Ltd. The service provides accommodation and nursing care for up to 44 people. On the day of our inspection 44 people were using the service. The service supported people living with varying stages of dementia.

The service had a registered manager in place at the time of our 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 and associated Regulations about how the service is run.

People were protected from the risk of abuse and staff had a good understanding of their roles and responsibilities if they suspected abuse was happening. Staffing levels were sufficient to support people's needs and people received care and support when required. People received their medicines as prescribed and the management of medicines was safe.

Summary of findings

People were supported by staff who had received training that gave them the knowledge and skills to undertake their roles. People were supported to make decisions and where there was a lack of capacity to make certain decisions; people were protected under the Mental Capacity Act 2005. People were not deprived of their liberty without the required authorisation.

People were protected from the risks of inadequate nutrition. Specialist diets were provided if needed. Referrals were made to health care professionals when needed.

People who used the service, or their representatives, were encouraged to contribute to the planning of their care and they were treated in a caring and respectful manner. We saw staff were kind and compassionate when supporting people.

People were supported to pursue a varied range of social activities within the home and the broader community. People also felt they could report any concerns to the management team and felt they would be taken seriously.

People who used the service, or their representatives, were encouraged to be involved in the running of the home and systems were in place to monitor the quality of service provision. People also felt they could report any concerns to the management team and felt they would be taken seriously.

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 safe as the provider had systems in place to recognise and respond to allegations of abuse.

Risks to people's safety were appropriately assessed.

People received their medicines as prescribed and medicines were managed safely.

There was enough staff to meet people's needs and staff were able to respond to people's needs in a timely manner.

Good

Is the service effective?
The service was effective.

People were supported by staff who had received training and supervision to ensure they could perform their roles and responsibilities effectively.

People were supported to make independent decisions and procedures were in place to protect people who lacked capacity to make decisions.

People were supported to maintain a nutritionally balanced dietary and fluid intake and their health was effectively monitored.

Good

Is the service caring?
The service was caring.

People's choices, likes and dislikes were respected and people were treated in a kind and caring manner.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Good

Is the service responsive?
People were supported to make complaints and concerns to the management team.

People residing at the home, or those acting on their behalf, were involved in the planning of their care when able and staff had the necessary information to promote people's well-being.

People were supported to pursue a varied range of social activities within the home and the broader community.

Good

Is the service well-led?
The service was well led.

People felt the management team were approachable and their opinions were taken into consideration. Staff felt they received a good level of support and could contribute to the running of the service.

Good

Summary of findings

There were systems in place to monitor the quality of the service.

Church Farm 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 unannounced inspection took place on 15 and 16 December 2015. The inspection team consisted of two inspectors. Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection we spoke with four people who were living at the service and three people who were visiting their relations. We conversed with relatives by email and telephone following the inspection and we spoke with six members of staff, three visiting professionals, the owner of the home and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at the care records of five people who used the service, six staff files, as well as a range of records relating to the running of the service, which included audits carried out by the registered manager.

Good

Is the service safe?

Our findings

Relatives we spoke with told us they felt their relations were safe. One relative told us, "Oh yes, [person] is happy here. When we go out [the person] always wants to come back and if they were not happy they wouldn't." Another relative said, "Very safe indeed." Relatives told us they had confidence in the staff who cared for their relations to keep them safe. They told us they knew who to speak with if they were concerned about their relation's safety. One relative said "I would talk to the manager or anyone in the office." Our observations suggested that people felt safe and secure and we witnessed people interacting with staff in a confident and affectionate manner.

Staff we spoke with had a good understanding of the different types of abuse and how to recognise and respond to any possible abuse. The staff we spoke with understood their responsibilities in ensuring the safety of the people who lived in the home. They had received training on protecting people from the risk of abuse and understood the process for reporting concerns and escalating them to external agencies if needed. We saw posters in the communal areas of the home ensuring that staff had the relevant information about safeguarding people should they require it. Staff were confident any concerns about people's safety would be acted upon, one member of staff told us, "There is always a manager available over the phone if we have any queries."

The registered manager was confident staff would protect people from abuse. They told us, "They would be able to come to me but they have the details of the local safeguarding teams." The registered manager understood their responsibility with regard to reporting incidents in the service and had shared appropriate information with the local authority and us. They demonstrated their understanding of their role in safeguarding the people in their care. People could be assured that the registered manager in the home would respond to any safeguarding incidents. We discussed a recent safeguarding incident and saw the registered manager had worked with other health professionals to respond to the incident and protect people from any reoccurrence.

Risks to people were assessed when they were admitted to the home and reviewed regularly to ensure their safety. Relatives we spoke with felt that risks to their relations safety were well managed. They told us staff supported people to be independent but offered support when required. We found that risk assessments were in place which detailed the support people required with their mobility and we saw information in the risk assessments regarding individuals whose lack of short term memory meant staff needed to prompt them to use their walking frames appropriately. We observed several people being assisted with their mobility and noted staff encouraged people to use the equipment safely. Staff we spoke with told us they wanted to allow people to move around the home as they wished but remain safe one staff member said, "It's tricky and we try to minimise risk but let people do the things they want."

People's care records contained individual risk assessments for risks such as the development of pressure ulcers, falls and malnutrition. Where bed rails were in use a risk assessment had been completed to ensure their use was safe. Actions required to minimise risks were identified such as the use of pressure relieving mattresses and cushions for the prevention of pressure ulcers. Risk assessments had been reviewed at regular intervals to ensure they remained up to date and relevant to the person's needs. Each person had a Personal Emergency Evacuation Plan in place providing information of their care and support needs in the event of the emergency evacuation of the building.

People could be assured the environment they lived in was safe. The registered manager undertook regular environmental audits. We saw records of the audits with action plans relating to issues that had been raised and subsequently addressed. Throughout the inspection we saw there were no obvious trip hazards and corridors were clean and clutter free. Staff said they had the equipment they needed to provide safe and effective care. If equipment required repair it was reported and repair was arranged as soon as possible. One member of staff told us, "We have a book and we report things in there and the handyman deals with it."

Relatives we spoke with told us they felt there were enough staff on duty to provide the care people required. One relative said, "There always seems to be enough staff." The registered manager told us they followed the guidelines of 'Dementia Care Matters' which is an organisation that offers support to care homes which caters for people living with dementia. The home maintained a ratio of one member of staff to four people during the day. Staff told us staffing

Good

Is the service safe?

levels were increased at mealtimes to assist people. Staff we spoke with told us they were happy with staffing levels, one staff member said, "Yes we have enough and we can phone people to come in and help." Throughout the inspection staff were always visible in the three main lounges in the home and responded in a timely way to people's requests for assistance.

We found the number of staff planned to be on duty corresponded with the number achieved. The registered manager confirmed that agency nurses were occasionally used during night shifts. They told us they tried to use the same agency and the nurse on duty would always give a comprehensive handover. The registered manager told us they were continuing to recruit to reduce the need for agency staff so people had the security of being cared for by staff who were known them.

People could be assured they were cared for by people who had undergone the necessary pre-employment checks. We examined six staff files and saw the provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

People had their medicines administered by staff who had been appropriately trained in the safe handling of medicines. People we talked with said staff looked after their medicines for them and made sure they always had their medicines. One person said, "Yes they see to it. They are ever so good." Relatives we spoke with told us they felt their relation's medicines were administered safely. One relative told us, "I have received regular updates on this and it has changed a few times, every time there is a change I am part of the process and well informed." We observed a medicines round and saw the staff member followed safe practices and ensured each person took their medicines. Medicines were stored securely in line with requirements.

We examined the medicine records of 15 people who used the service. Staff had recorded that some people refused their medicines on some occasions and staff returned to offer the medicines at frequent intervals. There was evidence within the records for one person that the family doctor was aware of the person's refusal to take their medicines and the strategies to be used to encourage them to take them. Staff who administered medicines had their competency checked regularly by the clinical lead.

Good

Is the service effective?

Our findings

We saw that people were cared for by staff who received regular training relevant to their role and were supported by the registered manager and deputy manager. Relatives we spoke with felt staff were competent in their roles one relative told us, "All the staff do an incredible job. They are so professional in the way they treat people." Another said "They know what they are doing. They are superb with [person]."

Staff we spoke with told us they had training which enabled them to effectively carry out their roles and had regular updates in areas such as moving and handling, infection control, tissue viability and dementia care. The records we accessed supported what staff had told us. We found that staff had access to nationally recognised qualifications in care and a number of staff were undertaking these courses. A new member of staff said they had been provided with an induction which included mandatory training topics and medicines training along with competency checks. They were supported by an experienced member of staff and were able to ask if they were unsure about any aspect of their role.

Staff told us they were supported with regular supervision and appraisals, they told us the meetings were supportive, and useful. One member of staff told us, "Yes we have regular supervision but we are able to talk to the manager about issues in between if we need to." We saw up to date records of supervisions which were individual and showed what support staff had been offered in their role.

People could be assured that staff followed the principles of the Mental Capacity Act 2005 (MCA). The 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).We checked whether the service was working within the principles of the MCA and DoLS, and whether any conditions on authorisations to deprive a person of their liberty were being met

People could be assured they would be supported to make independent decisions about their care and support. We saw staff using effective communication skills to enable people to make their own decisions. For example, we saw that people were asked if they wanted to do things and staff waited for their response before assisting them. One person we spoke with told us, "If I want to do something I do it and if I don't, I don't."

We saw mental capacity assessments had been carried out for individuals and best interest decisions documented when people could not make decisions about specific aspects of their care and support. These included capacity assessments for the use of bed rails, the management of their medicines and personal care. We saw one person had a DoLS authorisation in place. A large number of people who lived in the home required DoLS authorisations and the registered manager told us they were working with the local authority to undertake these applications in a timely manner.

Staff we spoke with showed a good understanding of the mental capacity act and their role in maintaining people's rights to make their own decisions. One member of staff told us that they recognised that sometimes people struggled to make their own decisions about day to day care. They told us offered simple choices for people to assist them with their decision making. They said, "Some people lack capacity but we can't simply assume this, they should be able to make their own choices."

People we spoke with said they enjoyed the food served in the home. They said they had a choice at mealtimes and if they did not like something they could have something different. A relative told us the food was very good and they were able to stay and have lunch with their relation when they wished. We spoke to the home's cook who told us when people were admitted they would discuss their dietary needs with either the person or their relatives to establish if a special diet was required and the persons likes and dislikes. The kitchen team worked closely with the nurses and care staff to ensure people's needs were met. The cook told us, "People are supported here because we work together to meet people's nutritional needs."

Good

Is the service effective?

We observed the lunchtime meal and we saw tables were set with tablecloths, cutlery and serviettes. We saw people were sat in small groups and a member of staff sat with them providing assistance where necessary. People were offered choices of food and portion size. We saw some people were reluctant to sit down and eat and when this occurred staff took time to tempt them to eat and choose where they wanted to sit. Each person's needs were catered for and staff tried to maximise the amount people ate. Where people needed assistance this was provided in an unhurried manner.

When people were at risk of malnutrition, their food intake was monitored using food and fluid charts which had been regularly completed. People's weight was monitored regularly to ensure they maintained a healthy weight. Staff used a weight monitoring tool to assess any excessive weight fluctuations and referred individuals to the appropriate health professional for support should this be required.

People's health care needs were monitored on a regular basis and any changes responded to. Relatives told us their relatives were referred in a timely way to health professionals such as chiropodist, dentist or optician should this be required. One relative told us their relation had a small accident earlier in the year and staff had informed them promptly. The home retained the services of one G.P who visited the home every week. One member of staff told us the team at the home had a very good relationship with the G.P who not only visited each week and dealt with any non-urgent issues but supported the home by undertaking urgent visits if required. Staff we spoke with told us they felt confident to call an ambulance if required.

People's health needs were documented in their care plans and we saw instructions for staff to manage individuals with particular health needs. The staff asked for advice from specialist health teams to assist them in managing different health conditions and we saw evidence of this in people's care plans. On the day of the inspection we spoke with some visiting health professionals who told us the staff in the home were responsive to suggestions and recommendations. For example a medication review for a particular person was suggested at a previous visit and this had been carried out.

Good

Is the service caring?

Our findings

People who lived at the home felt the staff were caring and compassionate. One person we spoke with said, "I know the [staff] here and I am relaxed." A relative told us their relation knew the names of staff although they had memory problems associated with dementia. When asked about staff's attitude they said, "I have never come across one who isn't kind." Another relative told us "The staff are all absolutely amazing. They go the extra mile." A further comment from a relative was, "The staff are very caring and attuned to people's needs. It is nice how they interact with [person] on a one to one basis. They stop and take time to talk to [person] and make a fuss of them."

Our observations supported what people had told us. Throughout the day staff interactions with people were seen to be caring and supportive. We saw that staff interacted with people in a relaxed and caring manner and there was appropriate use of humour. Staff spoke with people in a kind tone of voice and used effective communication skills such as establishing eye contact with people before speaking with them. We saw staff were patient and understanding when supporting people. They offered reassurance when people were anxious and used their knowledge of people and their interests and relationships to calm them. We saw a person knocked over their drink at lunchtime and staff were quick to mop it up and reassure the person and offering another drink.

Staff respected people's choices with regard to how they wanted to spend their day. For example staff knew which people enjoyed joining in with group activities and those who did not. We saw staff made sure people were aware of a small concert local school children were performing during the inspection and those who wanted to attend were supported to do so. People were supported by staff who demonstrated a good knowledge of their personal interests and preferences and staff were able to discuss different people's routines with us.

People who lived at the home and their relatives felt they were supported to make decisions about their care. Relatives told us they had been given the opportunity to contribute to and discuss their relation's care plans. One person's relative told us, "Staff always fill me in." Another relative said, "Yes, we have regular consultations and up dates with staff." We were told by relatives that staff used different ways to communicate with them. If they lived some distance staff would telephone but some relatives conversed regularly with the home via email.

Staff told us people could get up and go the bed when they wanted. A member of staff told us of one person who prior to retirement worked at night and often got up in the middle of the night and requested lunch. They told us staff would make a pack up lunch for the person who would eat it and then go back to bed. The registered manager told us, "It's about making people feel it's their home". People were encouraged to bring items into the home to personalise their rooms.

People's diverse needs and wishes were assessed when they moved into the home, including their cultural and religious preferences. We saw people were supported to follow their chosen faith and religious representatives visited the home to attend individual religious needs. People were also supported to attend services in their local place of worship. The people who lived at the home also had access to advocacy services. An advocate is a trained professional who supports, enables and empowers people to speak up. The registered manager told us a small number of people were using these services as their relatives were not able to visit regularly.

Relatives told us they were confident that staff treated their relations with respect and maintained their dignity. During the inspection we saw staff respected people's privacy and dignity. Staff dealt sensitively with people's needs and respected their individual choices. We saw there were a number of quiet areas in the home for people to use if they wanted some private time.

Staff we spoke with described the steps they took to protect people's dignity and privacy. They told us they knocked on people's doors before entering and closed curtains when giving personal care. Staff told us they had regular observations of their practice by the clinical lead at the home and issues relating to the importance of maintaining privacy and dignity were regularly discussed at supervision and appraisals.

Good

Is the service responsive?

Our findings

People who lived at the home received personalised care from staff who knew their needs. Relatives we spoke with told us staff had a good knowledge of their relation's needs. One relative told us staff "definitely" understood their needs. We saw information in the care plans which supported this and discussions with staff showed their knowledge of the people they cared for.

Each person had a range of assessments and care plans tailored to their individual support needs. These were written from the person's perspective and had information about people's personal preferences. This included information about their behaviour and cognition and how best to gain their cooperation and involvement in their care. We checked whether the support and equipment identified within the care plans were in place and found they were. For example, pressure relieving equipment and records of regular checks and re-positioning were being carried out for people at risk of pressure ulcers.

There was also information about what was important to the person and a life history. One person's care record contained a newspaper article from when they were young about their achievements in the Duke of Edinburgh award scheme. This gave staff a picture of their previous achievements and life history.

Staff told us effective communication systems were in place to ensure they were aware of people's individual preferences and needs as soon as they were admitted to the service so person centred care could be provided. Staff told us they were able to read the care plans and there were regular handovers. Staff told us they were allocated to one of three areas in the home when on shift and worked in teams staying in particular areas to allow them to build a good knowledge of the people they cared for.

Where possible people were involved in the planning of their care. Where people needed support relatives told us they had been involved in decisions about their relations' care and contributed to their care plans. Staff told us they valued the input from relatives if people were unable to express their needs and preferences. One member of staff told us, "Some people can tell us about what care they need, but we also talk to relatives and friends and use information they give us so people get the right care." The home used a number of methods to encourage relatives to participate in the review of their relation's care plans. They produced a regular newsletter and discussed the review of people's care plans there. Notices and individual letters were also sent to relatives to invite them to care plan reviews.

People could be assured staff at the home worked to help people maintain their independence. For example one person who lived at the home enjoyed helping staff clean and wash up each day after meals. The person's relative and the registered manager arranged for them to have a wage packet each week and specific pieces of equipment such as gloves. Staff told us the person had undertaken this type of work for most of their life they felt it gave the person structure to their day and a continued feeling of self-worth.

Social activities took place on a daily basis and were tailored to meet people's individual needs and preferences. Relatives told us their relations undertook a range of activities that matched their capabilities one relative said, "[Person] does things relevant and appropriate to their condition, such as music and dance for example." Activities were advertised to people who lived in the home and their relatives by posters and a regular newsletter. Items included music therapy, movement to music, choirs and coffee mornings. The care staff we spoke with told us of the different activities individuals enjoyed. One or two people enjoyed knitting, others enjoyed going out into the community for coffee or walking. We saw visitors were welcomed with dogs and on the day of the inspection people were going out with friends or relatives.

People who lived at the home felt they were able to say if anything was not right for them. They felt comfortable in highlighting any concerns to the staff and believed their concerns would be responded to in an appropriate way. One person told us they knew the registered manager and would go to them if they had any concerns. They told us they felt the registered manager would listen and deal with any problems. A relative we spoke with also had confidence that any concerns would be addressed by the registered manager and said, "I would speak to [registered manager]. Oh definitely!"

The complaints procedure was on display in the home. The staff we spoke with were able to describe the process for handling a complaint. They said they would listen and try and rectify the issue if they could and would document it. Staff felt confident that, should a concern be raised with them, they could discuss it with the management team

Good

Is the service responsive?

who would respond appropriately to this. We saw records that showed that when complaints had been received they had been recorded in the complaints log and managed in accordance with the organisation's policies and procedures.

Good

Is the service well-led?

Our findings

There was a registered manager in post and they understood their role and responsibilities. Records we looked at showed that we had received all the required notifications in a timely way. On the day of our visit the registered manager was visible around the service. We observed them interacting with people on a regular basis and it was evident that they had a good rapport with people. Staff told us both the registered manager and owner were approachable and were a significant presence in the home. They said they felt comfortable making suggestions for improvements within the home and felt the management team were proactive in developing an open inclusive culture within the home. One member of staff told us, “We have a good manager and deputy; I can take concerns to them.”

Staff told us they enjoyed working at the service and felt the registered manager and owner were proactive in developing the quality of the service. One member of staff told us the owner had recently purchased some new beds specifically to assist staff with moving and handling issues. Throughout our inspection we observed staff working well together promoting an inclusive environment for people in the home. We saw staff supported each other and it was evident that an effective team spirit had been developed. One member of staff told us, “Staff want to do the best for the residents. We all get on and work as a team.”

We found staff were aware of the organisation’s whistleblowing and complaints procedures. They felt confident in initiating the procedures and told us they felt the management team would act appropriately should they raise concerns. One member of staff told us, “Concerns would be dealt with.”

People received care from staff who were effectively supported and supervised by the management team. The supervision and appraisal meetings provided the opportunity for the management team to discuss the roles and responsibilities with staff so they were fully aware of what was expected of them. Staff felt the meetings aided the efficient running of the service and helped the manager to develop an open inclusive culture within the service. One member of staff told us, “I feel supported here.”

The registered manager was supported by the owner. They told us they benefited from attending regular monthly manager’s meetings with other home managers within the company which helped to keep them up dated with company policies and current issues in healthcare. They also attended manager forums with the local authority to keep up to date with adult social care issues nationally and in the region. They felt keeping up to date with current issues helped them to continually improve the care they gave to people.

The registered manager and owner supported relatives to run a relative support group by providing a venue and offering administrative support. The home owner told us they would attend the meetings when invited but wanted the group to be able to discuss things freely among themselves. They told us they had worked with the group to address issues raised and improve the service.

We saw there were internal systems in place to monitor the quality of the service. These included audits of areas such as the environment, medicines management and care plans to ensure they were up to date and pertinent to people’s needs. The audits were undertaken by the registered manager and deputy manager on a weekly or monthly basis dependant on the area requiring auditing. Action plans were produced to ensure the areas that required improvement were addressed.

Systems were in place to record and analyse adverse incidents, such as falls, with the aim of identifying strategies for minimising the risks. This showed that the provider was proactive in developing the quality of the service and recognising where improvements