Four Seasons (Bamford) Limited

Churchfield Care Centre

Inspection report

Churchfield Drive
Rainworth
Mansfield
Nottinghamshire
NG21 0BJ

Tel: 01623490109

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 13 and 16 November 2018; the first day of inspection was unannounced. We made telephone calls to some staff on 15 November 2018.

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

Churchfield Care Centre accommodates up to 60 people in two separate buildings. At the time of our inspection one building was not in use. There were 22 people with nursing needs and six people with residential needs accommodated in one building that had capacity to accommodate up to 33 people.

At our previous inspection on 17 and 31 July 2017, we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Regulations 10, 12, 17 and 18. These related to people not being treated with dignity and respect, not receiving safe care and treatment, an inadequate deployment of staff and ineffective management of risks and governance. At this inspection we found some improvements had been made and the provider was no longer in breach. However, some improvements were still required and the service is rated as 'Requires Improvement.' This is the fourth consecutive time an inspection has rated the service 'Requires Improvement.'

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are registered persons. Registered persons have the 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, people's privacy and dignity had not always been respected. Records, including medicines administration records, required improvement. Not all staff received the support of an induction and competency checks before they were responsible for people's care. Improvements were needed in care planning when people approached the end of their lives.

People felt safe and the provider had taken steps to help ensure people were protected from harm and abuse. Staff were trained and knowledgeable on safeguarding procedures. Recruitment checks helped the provider make decisions on the suitability of staff to work at the service. Staff were deployed sufficiently to meet people's needs in a timely way and maintain checks on people in communal areas and in their rooms.

Arrangements were in place for the safe management of medicines. Procedures, followed by staff, were in place to help reduce the risks associated with infection. The premises were suitable for people and had been adapted further to meet people's needs.

Staff told us they felt supported by the provider and the registered manager; staff were trained in areas

related to the needs of people using the service. Care needs were assessed and focussed on achieving effective outcomes for people. People had access to other healthcare professionals such as GP's and speech and language therapists. People were supported to maintain a balanced and nutritious diet and their weight was monitored to ensure it stayed in a healthy weight range.

Staff checked people consented to their care and the principles of the MCA were followed. People contributed to their care plans and as such care plans were personalised and reflected people's preferences.

Processes were in place to assess any specific needs associated with the Equality Act 2010 so as to help prevent discrimination. Information was provided in an accessible format to people to help them understand choices.

Staff were kind and caring to people and knew them well. People's independence was promoted. People were supported to maintain their relationships with their relatives and relatives felt welcome when visiting. People enjoyed how they spent their time and the activities provided at the service. Other activities and resources were available for people living with dementia.

The provider had clear aims to provide care that was centred on people's individual needs. The provider had taken steps to gather views from people, relatives and staff. Processes were in place to manage and respond to complaints.

Accidents and incidents were reported and analysed and changes made to help prevent recurrence. Risks, including health and safety and risks in the environment were assessed and mitigated. Audits and other systems to check on the quality and safety of services were in place. Action was taken to learn from events when things had gone wrong.

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 felt safe, recruitment processes checked staff were suitable to work at the service and staff were trained in keeping people safe. Sufficient numbers of staff were deployed. Risks associated with medicines, infection prevention and control and risks in the environment were assessed.

Is the service effective?

Good

The service was not consistently effective.

Not all staff had an induction and competency checks before they were responsible for people's care.

Staff received training in areas relevant to people's care needs. The premises were suitable for people and met people's needs. People received care to meet their nutritional and hydration needs. People's health needs were assessed. People had access to other healthcare professionals. People were treated fairly and the principles of the MCA were followed.

Is the service caring?

Good

The service was not consistently caring.

People's privacy and dignity was not always respected.

Staff were caring and kind. Staff promoted people's independence. Relatives were free to visit and people were able to spend their time as they chose. People were involved in decisions about their care and support.

Is the service responsive?

Requires Improvement

The service was not responsive.

Improvements were required to people's end of life care plans.

People, relatives and staff were listened to. Systems were in place to manage and respond to complaints. People enjoyed the

activities available and resources were available for people living with dementia. Information was available for people in a format they could understand.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Records, including medicines administration records were not always accurate or complete. The service aimed to provide personalised care.

Systems to monitor the quality and safety of services and to identify improvements were in place. A registered manager was in post and understood their responsibilities and managed the service in an open and inclusive style. The service worked in partnership with other agencies.

Churchfield Care Centre

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 checked 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 comprehensive inspection took place on 13, 15 and 16 November 2018; the first day of inspection was unannounced. The inspection was completed by one inspector, a specialist professional advisor whose area of specialism was nursing, and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

Before the inspection visit we looked at all the key information we held about the service, this included whether any statutory notifications had been submitted. Notifications are changes, events or incidents that providers must tell us about. As part of this inspection process we also used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also checked whether Healthwatch Nottinghamshire had received feedback on the service; they had not. Healthwatch Nottinghamshire is an independent organisation that represents people using health and social care services.

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 spoke with seven people who used the service and six relatives. We also spoke with four management staff including, the registered manager, the regional manager, a quality and assurance manager and the

administrator. In addition, we spoke with the housekeeper, activities coordinator and one registered nurse. We spoke with two care staff by telephone.

We looked at the relevant parts of four people's care plans and reviewed other records relating to the care people received and how the service was managed. These included risk assessments, quality assurance checks, medicines administration records, staff training and policies and procedures.

Good

Is the service safe?

Our findings

At our previous comprehensive inspection on 17 and 31 July 2017 we found a breach of Regulation 12 and Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because care and treatment was not always provided in a safe way. This included infection prevention and control, medicines management, management and reduction of risks, including risks associated with falls and the use of equipment. At this inspection, we found sufficient improvements had been made to these areas.

People told us they felt safe living at Churchfield Care Centre. One person told us, "I feel safe and staff look after me here; all my things are safe too." Relatives shared this view, one relative told us, "[Family member] is definitely safe here; staff look after them."

Records showed the service had appropriate systems, processes and practices in place to safeguard people from abuse. Staff told us and records confirmed they had been trained in how to identify potential abuse and how to report it. When abuse was suspected the service took appropriate action to ensure people were safe and inform the local authority, CQC, and other relevant persons and agencies.

People told us, and we observed staff provided care safely and people had access to any equipment they needed, including their own slings for use with a hoist. Two relatives told us their family members had fallen less since living at Churchfield Care Centre. One relative added, "[Family member] is not very mobile but staff protect them with the bed rails and there are always two staff to help them move." Risk assessments were in place for people who were at risk from falls. Any falls were analysed and equipment used to help prevent and reduce identified risks from falls. Risks to people had been identified and actions taken to reduce risks.

We saw environmental risks had been considered and actions taken to help keep people safe. Areas of the building that presented risks to people, such as where cleaning materials were stored, were kept locked. Risk assessments were in place for foreseen emergency situations. For example, personal emergency evacuation plans (PEEP's) were in place for each person, which showed what assistance people would require should an emergency evacuation from the building be required. Records also showed a fire risk assessment was in place and systems designed for use in an emergency, such as fire alarms and emergency lighting were regularly tested. In addition, routine safety checks and servicing of equipment, such as lifts and hoists, were regularly completed.

People told us they received the medicines they needed. One person told us, "The staff put drops in my eyes and it feels much better; I take tablets too." We saw staff discussed people's medicines with them. We found medicines were stored safely and at the correct temperature to ensure their efficacy. Systems were in place for the supply and disposal of medicines. However, we found disposal bins for sharp medical devices, such as needles had not been correctly labelled in the clinic room; the registered manager took action to rectify this by day two of our inspection.

We saw communal areas and people's rooms were clean and tidy. One person told us, "Staff keep my room

clean and they do my washing." A relative told us, "[Family member's] room is cleaned daily; the bedding is lovely and clean and they change it immediately if needed." The housekeeper told us they had the equipment, materials and enough cleaning staff available to keep the home clean. Cleaning schedules showed all areas of the home were systematically cleaned to help infection prevention and control.

We observed staff wore gloves and aprons when needed to help prevent and control infections. One relative said, "Staff wear gloves and aprons all the time." Staff we spoke with were knowledge about infection prevention and control and records confirmed they had been trained in this area.

At our last inspection on 17 and 31 July 2017 we found that there were not always enough staff deployed to supervise communal areas and respond in a timely way to people. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found this breach in regulation had been met. People and relatives told us there were enough staff available to care for people. One person said, "There is always enough staff to help me and they come in twos to help me; they are always popping into my room." Another person told us, "Staff come quickly, I have the call bell next to my bed and it has an emergency button; they come quickly if you press that one." A relative told us, "You see staff being around for people; there is always enough staff." Another relative told us, "They pop into see [family member] every hour as they cannot use the call bell." Some people commented that staff appeared busy at certain times, such as dinner times, but they did not say this had negatively affected their care. Our observations showed staff were present in communal areas and were proactive in taking steps to reduce risks to people. For example, we saw staff noticed a person's footwear was not fitted correctly and they quickly readjusted it for the person. This helped to reduce the risk of falls to this person.

The provider had an assessment tool to help them calculate the number of staff needed to meet people's needs, however, at the time of our inspection this was under review and was not in use. The provider was instead providing the number of staff needed based on people's known needs and on the registered managers observations of people's needs being met. Staff rotas were planned and in place for care workers and registered nurses. The service had sufficient numbers of staff to support people to stay safe and meet their needs.

The registered manager supported staff to complete reflective accounts of their care practice if a different way of working had been identified and could produce a better outcome for people. This is an example of how the provider supported staff to learn and make improvements when things went wrong.

Other records showed lessons were learnt and improvements made when things went wrong. For example, when an incident highlighted an increased risk of choking for a person, a review was arranged with a speech and language therapist and their care plan and staff updated. This led to improvements in the person's care.

Good

Is the service effective?

Our findings

The provider used some agency nurses at Churchfield Care Centre to ensure there was always a registered nurse available. The agency nurse on duty at the time of our inspection had not completed an induction to the service nor had they been assessed as competent to administer medicines at the service. Having an induction and competency checks helps to ensure staff know the provider's policies and procedures and complete their work to the provider's satisfaction. We found the agency nurse on duty would have benefitted from this support prior to the commencement of their duties. The registered manager agreed with this and we saw an induction programme and a medicines competency check had been completed for the agency nurse by the second day of our inspection. We saw induction and competency checks were in place for the other agency nurses who worked at the service.

Other care staff told us, and records confirmed they had regular supervision and had completed an induction programme. Supervision provides staff members with the opportunity to reflect and learn from their practice, receive personal support and professional development.

Staff told us, and records showed staff received training in areas relevant to people's needs. For example, we saw staff had been trained in dementia, pressure ulcer care and prevention, assisting people to move and safeguarding.

Records showed people's needs were assessed to identify what care they needed. Recognised assessment tools were used to assess people's nursing needs and personal care needs and preferences. For example, people's continence, nutrition, skin viability, pain levels and dementia care. The assessments we reviewed were personalised and comprehensive.

People told us they felt free from discrimination. Staff were knowledgeable on people's diverse needs and told us how some of these needs were met. For example, some people liked to attend the monthly visiting church service. The provider's equality and diversity policies and procedures set out the provider's commitment to meeting people's diverse needs. These were up-to-date and showed an awareness of the protected characteristics under the Equality Act. The culture of the organisation was open to providing care that met people's needs without the fear of discrimination. For example, the service had obtained new guidance on sex, intimacy and relationships for people living with dementia. Staff were using this to better understand how to provide good quality care to this service user group.

People and relatives told us they were satisfied with the food served. One person told us, "The staff help me out and help me with my food and drinks; they also get my biscuits for me; they are really kind to me." Another person told us they could enjoy a beer with their meal if they so wished. A relative told us, "[Family member] loves the food." We saw different choices of meals and drinks were available. People living with dementia were helped to understand the different meal choices available as staff showed them the different meals plated up; we saw this helped one person indicate clearly which meal they preferred. We saw adaptions were used to help people maintain their independence with meals and drinks, for example lidded cups were used for some people's drinks.

One relative told us, "When [Family member] came here they had lost some weight and now they are maintaining it; staff are keeping an eye on them." Assessments were in place to ensure people at risk of malnutrition had their needs identified and met. We saw where this included the use of extra nutritional fortification. People's weights were monitored for weight loss and gain and actions taken to help people retain a healthy weight. People were supported to maintain a balanced diet.

Care staff were clear on their roles and responsibilities. The registered manager told us the provider had developed some roles called 'care home assistant practitioners.' Staff in these roles undertook specific training to ensure their competence to work at a senior level in the service. We saw handover meetings were documented and helped to ensure important information about people's care needs transferred between staff when they changed shifts.

People told us they had access to other healthcare professionals when needed. One person said, "Staff called the optician, the chiropodist comes; the doctor comes quickly if you I need them." A relative told us, "The doctor comes quickly and the staff are prompt at contacting the surgery if anything is wrong or they are worried. Staff accompanied them to hospital when they were admitted."

Staff told us and records confirmed, they worked with a range of other health and social care professionals to ensure people received effective care. Records showed this had involved falls prevention specialists, speech and language therapists, district nurses and GP's. Where other healthcare professionals had made recommendations on people's care, we found these were followed. For example, a speech and language therapist had recommended how to use thickening powder for a person's drinks; we found this was followed. During our inspection we saw a range of healthcare professionals visited to contribute to people's care.

The registered manager told us where communication involving other professionals needed to improve or had not always been effective, they had plans in place to make improvements.

Actions had been taken to adapt the premises to the needs of people living at Churchfield Care Centre. Handrails and a lift were installed to help people mobilise and each room was fitted with a nurse call system where people could press a button to request assistance from care staff. Different corridors were identified by different themes, for example 'seaside,' and 'film.' Having different identifiable features can help people living with dementia orientate themselves. Different lounge areas were also available for people to use around the building. The premises had been adapted, designed and decorated to help meet the needs of people using the service.

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 so that they can receive care and treatment with appropriate legal authority. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met; we found that they were. The service had policies in place that covered the MCA and making decisions in a person's best interests. Where appropriate, applications for DoLS authorisations had been made and the registered manager had a system in place to oversee the management of them. Care plans showed any

best interest decision making was specific. Staff we spoke with understood how the MCA and DoLS applied to people they cared for.

We observed staff sought consent from people before they provided care. For example, staff asked people whether they wanted any clothing protection at lunchtime. One person told us, "Staff do ask before they do anything and they cover me up and ask me if I want a drink." A relative told us, "Staff ask [person] if they want a wash and when they want it; they can have it and get up and get dressed in their own time." People's consent to their care and treatment was sought by staff in line with the MCA.

Good

Is the service caring?

Our findings

At our previous comprehensive inspection on 17 and 31 July 2017 we found a breach of Regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because people's privacy and dignity had not always been respected. At this inspection, we found some improvements had been made and further improvements were still needed. However, we found the service was no longer in breach of Regulation 10.

At this inspection we saw people's privacy and dignity was mostly respected. However, on one occasion staff did not ensure a bedroom door was closed when a person was being cared for; this resulted in the person's privacy and dignity not being promoted. The registered manager was clear this did not meet the standards of care they expected and they put in measures to ensure this would not happen again. This included supervision with the staff member.

People told us, and we observed staff at other times during our inspection, did promote their privacy and dignity, by knocking on doors and closing them. People told us how staff promoted their privacy and dignity in other ways. One person told us, "Staff put a blanket on my legs and are careful when giving me a bed bath."

People were free to spend time in their own rooms or elsewhere in the home as they pleased. One relative told us how their family member could choose where to go around the building. Another relative told us, "They know [person] likes to stay in their room."

We saw staff promoted people's independence, for example people had access to lidded cups for drinks; this ensured people could have drinks themselves without the risk of spilling liquids. Relatives told us they visited whenever they wished and we saw relatives visited at different times throughout our inspection. One relative told us, "The staff are all very good and very friendly; we are never in their way; they are more than happy to accommodate us." People's independence and relationships with relatives were supported.

People and relatives told us the staff were caring and respectful of how people wanted to be treated. One person said, "The staff are very careful and kind." A relative told us, "The staff are very caring, very much so, they are wonderful actually." We saw staff being caring and kind to people. We sat with people in one of the lounges and saw staff adjusted people's clothing when needed and asked people how they were. Relatives also told us staff offered emotional support to people. One relative told us, "Sometimes [person] gets very tearful and the staff keep an eye on them and they are very caring, and they let me know; they reassure them and put their arm around them." Another relative told us, staff sit and talk to [person] if they are distressed and come and have a laugh with them."

Whilst not all people and relatives could recall being involved in the person's care plan, one relative told us, "I have been involved in the care plan; it's all about [person]." From reading care plans we could see these were personalised and reflected people's individual needs and wishes. Records showed where care plans had been reviewed with people and their relatives. The provider had taken steps to involve people in their

care plans and their needs and wishes were met with respect.

Requires Improvement

Is the service responsive?

Our findings

Care plans for the provision of care towards the end of a person's life were not up to date. This resulted in ambiguity over some care decisions as there was no information in the person's care plan on the most appropriate place to inject pain relief medicines. Whilst pain relief medicines had been obtained and were in use, the care plan did not reflect this. In addition, the equipment available in the home necessitated the person's medicines to be injected in two separate injections; it was possible, if the appropriate equipment had been available, for the person to have all their medicines administered in one injection. We also observed staff did not plan ahead to have a suitable container available to store the used needles in once the medicine had been given. These are examples of where planning for the care provided to a person in these circumstances could have been improved.

In addition, nationally recognised guidance provides advice on when pain relief should be administered in a steady and constant dosage by use of a syringe driver. Whilst staff had taken steps to communicate with the GP over these arrangements, the care plan did not contain any details on how and when this should be managed. End of life care planning required improvement.

People and relatives told us staff provided responsive care and support that met people's needs. One person told us, "Staff know which side I like to lie on because I have an awkward arm and staff move me carefully." Relatives also told us staff knew people well and this helped any care to be personalised and responsive. One relative said, "Staff know them well; staff know what they like to wear and what they like to do in the day." People told us they were asked whether they preferred female or male carers to help them with any personal care.

People told us they enjoyed how they spent their time. One person told us, "We have an entertainer; I go downstairs occasionally to watch." Another person told us, "Staff take me shopping and to go and get my toiletries; I go to a church coffee morning occasionally too." Relatives told us they had been involved in helping their family members write about their interests and hobbies for their care plan. One relative told us, "Staff have a book which we filled in and it explained preferences and life history and hobbies." Another relative told us, "Staff know about their history because one of the carers made a book of their life; it's a bit like 'this is your life'." Whilst a third relative told us, "There are pictures on the walls about their job and their interests." People's care plans reflected their interests and hobbies and their life history. We saw people enjoy conversations with staff about the things they had an interest in. These are examples of a personalised and responsive service.

Our observations showed people had access to belongings and resources that were personalised to them. We saw people used items that can be particularly useful for people living with dementia, including empathy dolls and sensory objects. A range of activities was advertised and this included involvement from the local community, for example visits from the local church, singers and a choir. People also told us they had trips out to the local shops and local places of interest. People were able to have their nails done by the activity coordinator and the hairdresser visited regularly. People could access a range of activities.

The provider had looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. We saw menus included pictures to help people recognise different choices. In addition, if people were unable, due to living with dementia, to read a menu, staff supported them to choose what they wanted to eat by showing them sample plated meals. Activities were also advertised on posters at the home. Information was provided in formats so that people could understand it.

People and relatives told us they had not needed to make any complaints but felt they could, should they ever need to. One relative confirmed, "I would tell them if anything was wrong." Another relative told us, "I know who the manager is; I don't have any complaints." We saw the service received many thankyou cards and compliments and these were shared with staff. The provider had a complaints policy and procedure in place to ensure any complaints were investigated and managed and information on how to complain was on display.

Requires Improvement

Is the service well-led?

Our findings

At our previous comprehensive inspection on 17 and 31 July 2017 we found a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because the provider's systems and processes to check on the quality and safety of services had not always been effective. At this inspection, we found improvements had been made and the service was no longer in breach of Regulation 17, however improvements were required to how records were made.

At this inspection we found some improvements were required to how records were made. This was because we found staff signatures were not always present on medicines administration charts to confirm medicines had been administered. We discussed this with the registered manager who completed checks and confirmed people had received their medicines as prescribed, and agreed records had not always been accurately updated. In addition, we saw one member of staff record an incorrect time for the administration of one medicine. We also found one person's personal care chart had not been updated to reflect what staff told us. Records were not always accurate or up to date.

Policies and procedures for the governance and operation of the service were in place. However, we found one agency member of staff had not received an induction to the service and had not had a competency check in medicines administration despite administering medicines. Having an induction to the service and competency checks helps the provider to ensure staff have the skills and knowledge needed to provide care in line with their expectations. The induction and competency checks for new agency staff required improvement.

People were happy living at Churchfield Care Centre. One person told us, "It's very friendly here, it's alright; very caring." A relative told us, "My [family member] has made improvements while they have been here; it's remarkable. One night, staff called me to ask if they could move my [family member's] bed round in their room; they really do treat it as the residents' home."

The provider had identified and set standards around what they expected in terms of quality care centred on people's needs. This was reflected in the provider's policies and procedures for areas such as equality and diversity. The registered manager demonstrated a commitment to delivering care to these standards in our discussions with them.

People told us they found the registered manager approachable and responsive. One person told us, "[The registered manager] is so friendly and helpful." A relative told us, "I think it is well-managed. I like the manager and the administrator; they are always available, you can call any time of night or day; when they took [my family member] to hospital they kept me informed; the staff are really good with them."

Audits were completed on such areas as infection prevention and control, health and safety and on the safety of the environment. We saw that equipment was regularly serviced and a fire risk assessment was in place. Systems were in place to monitor for any trends in the services provided. For example, weights were monitored and actions taken to help people maintain a healthy weight and accidents and incidents were

reviewed and actions to reduce recurrence were identified.

A registered manager is required and was in post at Churchfield Care Centre. 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. The provider is required to submit statutory notifications to CQC. Notifications are changes, events or incidents that providers must tell us about. All relevant statutory notification had been submitted by the registered manager.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had clearly displayed this in the home and on their website.

The registered manager had taken steps to ensure people, relatives and staff were involved in the service. Relatives told us about meetings they could attend to share their views and discuss any updates about the service. Records confirmed these meetings were held. Relatives told us they felt listened to and welcome at the home. In addition, meetings were available for people living at the service; however, these were not always well attended so the registered manager used other methods to involve people. For example, we saw people had been asked questions about the quality and safety of their care and this was used by the registered manager to evaluate the quality of services provided. This included questions about meal time experiences. In addition, feedback had been gathered from visiting health care professionals; the feedback we saw had been positive.
Meetings were held with staff and staff told us they felt involved and listened to. One staff member told us, "All the staff communicate well and we know about any areas to cover and where we have to work together." There were regular opportunities for people, their relatives and staff to be engaged and involved with the service.

Accident and incident reports were analysed by the registered manager. Information surrounding any falls was thoroughly analysed, for example, time of day and location of any fall were all considered when looking at ways to help reduce falls for people. We saw the registered manager made changes to the deployment of staff when she had identified a trend of falls occurring at a particular time of day to try and prevent falls. This is an example of how systems and processes were used to help improve the quality of care and learn from when things went wrong.

During our inspection visits we saw people were visited by a range of other health care professionals. Care plans and daily notes had been updated to show the involvement and advice of other professionals, such as GP's, dieticians and speech and language therapists. The service worked in partnership with other agencies to ensure good outcomes for people