

Churchfields Care Home Limited

Churchfields Care Home

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Churchfields is a care home providing personal and nursing care to 31 older people at the time of the inspection. The service can support up to 35 people.

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

Churchfields had a strong and visible person-centred culture which ensured that staff in all roles were highly motivated and offered care and support that was exceptionally compassionate and kind. The ethos of the home made care and compassion every staff member's business. Everyone, without exception, spoke of the commendable kindness, compassion and understanding shown by staff.

The service was a family run organisation which excelled in making the service a home from home. The provider put people at the centre of everything they did. People were valued and respected as individuals allowing them to be partners in their care. There was an exceptionally strong ethos within the service of treating people with dignity and respect. People were at the forefront of the service delivery and the provider was committed to and passionate about providing a high-quality service.

We received exceptionally positive feedback from all people and relatives. The feedback reflected staff were very kind, caring and committed. People complimented the continuity of care provided by regular staff which contributed to the building of meaningful relationships. Staff exceeded in recognising what was important to people and ensured individually tailored approach that met people's personal needs, wishes and preferences was delivered. There was evidence the staff often went 'the extra mile' to meet people's needs. People, relatives and professionals, without exception said they had and would definitely recommend Churchfields to families and friends.

Staff used innovative and individual ways of involving people and others in their care. The care and support plans were reviewed and changed as people's needs changed. This included reasonable adjustments which were used to encourage independence.

The service ensured arrangements for social activities met people's individual needs and followed best practice guidance, so people could live as full a life as possible. The service had found out what people had done in the past and evaluated whether it could accommodate activities and made them happen.

The service worked closely with healthcare professionals and provided excellent end of life care. People experienced a comfortable, dignified and pain-free death. We saw feedback from relatives following end of life care was commendable. Staff had the specific skills to understand and meet the needs of people and their families in relation to emotional support and the practical assistance they need at the end of the person's life. Records showed staff had attended end of life care training. Staff told us they were supported by the management team with empathy and understanding.

The provider's vision and values put people at the heart of the service. These were centred around people having a sense of purpose and of belonging, to live well, and to find enjoyment. This was supported by ensuring people had choice on how they wanted to spend their time and with whom. They were developed with people and staff in meaningful and creative ways and were owned by everyone. The registered manager provided exceptional leadership and had developed a dedicated staff team who were committed to the vision and values of the service. The provider had effective quality assurance systems in place which were used to drive improvement.

People living at Churchfields told us they received safe care from skilled and knowledgeable staff. Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed.

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

Rating at last inspection and update

The last rating for this service was good (published 21 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Churchfields Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of three inspectors 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.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service and the service provider. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We received feedback from the commissioners. We also reviewed the provider's previous inspection reports. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people and two relatives. We looked at four people's care records and five medicine administration records (MAR). During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. 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 the registered manager and nine staff which included, care staff, domestic staff, activities coordinator, kitchen staff and a student on work experience. We spoke with the nominated individual who is also the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager and provider to validate evidence found. We received feedback from three social and health care professionals who regularly visited people who received care from the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe living at Churchfields. One person told us, "I feel safer than I did at home, I feel protected, and surrounded by people."
- People were supported by staff that knew how to raise safeguarding concerns. One member of staff told us, "Always inform management first. I can also report to safeguarding team and Care Quality Commission (CQC)."
- The provider had safeguarding policies in place and the team reported concerns accordingly.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure the risks were managed and that people were safe.
- People's risk assessments included areas such as their mobility, nutrition and medicines. Staff were familiar with and followed people's risk management plans.
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken.
- People's safety was maintained through the maintenance and monitoring of systems and equipment. The service had sought the services of an independent health and safety consultancy and competent person to ensure they were compliant with all current health and safety law.

Staffing and recruitment

- There were enough staff to meet people's needs. We saw people were attended to and supported in a timely manner and staff were not rushed.
- People, relatives and professionals told us there were enough staff. One professional said, "I never feel they are understaffed."
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff had been trained in administering medicines and their competency checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

Preventing and controlling infection

- The provider had an infection control policy in place which staff were aware of and adhered to it.
- The provider ensured staff were trained in infection control. We saw staff washed their hands and used disposable gloves and aprons where required. People's bedrooms and communal areas were clean. One relative commented, "It's always spotless and smells fresh."

Learning lessons when things go wrong

- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. Learning was shared across the organisation.
- Discussions with staff showed there had been learning following shortfalls identified during audits.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they came to live at Churchfields in line with current evidence-based guidance and standards to achieve effective outcomes.
- People's expected outcomes were identified, and care and support regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.
- People and relatives told us they were involved in the assessment and care planning process.

Staff support: induction, training, skills and experience

- New staff went through an induction which prepared them for their roles. Staff induction included the provider's mandatory training as well as shadowing an experienced member of staff.
- Staff told us they felt supported and had regular supervisions and yearly appraisals. These meetings provided an opportunity for staff to meet with their managers to agree objectives and discuss their performance. One member of staff told us, "I have regular supervision meetings. I had my supervision last week and in September. Mostly I find them useful. I am outspoken person and I do not wait for supervision to raise my opinion."
- Further training was available to staff. One member of staff said, "We are offered training constantly. Already completed training in dysphagia and wound management."

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

- The home had clear systems and processes for referring people to external services. These were applied consistently and had a clear strategy to maintain continuity of care and support. Where referrals were needed, this was done in a timely manner.
- People's care and support was planned and coordinated when people moved between different services. People had proactive care plans in place which enabled up-to date information sharing with other services.
- Health care professionals complimented staff and told us staff followed their advice and sought further guidance when needed. One healthcare professional told us, "They are very proactive. I always feel confident that they will have put safety measures in place such as hip protection or movement sensors and excluded infections before they refer to me."
- The registered manager and staff sought to improve people's care, treatment and support by identifying and implementing best practice. The registered manager had embraced the new oral health initiative in line with the National Institute for Health and Care Excellence (NICE) guidelines. This was well embedded in people's care and had a positive impact on their well-being.

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

- People were involved in decisions about their nutrition. Records showed menus were discussed in resident's and relatives' meetings, so as to improve people's experience. This included special diets, individual choices and preferences.
- We saw people had an enjoyable dining experience. Some people chose to have meals in their rooms and other sitting areas in the home and staff respected that. People had the same pleasant dining experience and support where ever they chose to have their meal. We saw people were supported with meals in a dignified way.
- Kitchen staff were aware of people's dietary preferences and ensured special diets were catered for. Alternative menus were available, if and when people changed their minds.

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

- Churchfields was purpose built and the lay out was easy for people to navigate through. The provider had completed refurbishing the whole home and it looked fresh.
- The home allowed free access to people who used equipment like wheelchairs. People could move around freely in the communal areas of the building and the courtyard.
- People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences.
- People had access to the large, beautiful gardens which had lots of sitting areas.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. 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.

- People's rights to make their own decisions were respected and people were in control of their support. Care plans contained consent to use of photographs and to care documents signed by people or their legal representatives.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "We assume capacity in the first instance and support residents in their best interest." People were given choices as staff worked to the principles of the MCA.
- Where people did not have capacity to make specific decisions, these had been made in their best interest by staff following the best interest process.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Churchfields had a strong and visible person-centred culture which ensured that staff in all roles were highly motivated and offered outstanding care and support that was exceptionally compassionate and kind. The ethos of the home made care and compassion every staff member's business. Everyone, without exception, spoke of the commendable kindness, compassion and understanding shown by staff. One relative said, "I can't rate them enough. They give outstanding care." Another relative commented, "I find Churchfields wonderful. It's just like home from home, warm, welcoming for all residents and their families." A professional told us, "They are very caring, I see whenever I visit very individualised care, they really know their residents well."
- The service was a family run organisation which excelled in making the service a home from home. The provider put people at the centre of everything they did. When we spoke to the provider, they were emotional and passionate about the service they provided. The provider told us, "When we took over this service, we had a vision and we wanted to make it a reality. Seeing our residents happy now and living life the way they want is fulfilment of that vision." We saw evidence that the provider did all they could to ensure staff had all the tools at their disposal to ensure they could give high quality care. For example, the provider had built an extension to accommodate staff comfort with training room, staff room and offices. Staff were really touched about this. One member of staff said, "I have never heard of an owner spending so much on staff comfort. Normally extensions are to put more residents."
- Staff at all levels were passionate about their roles, showing an overwhelming commitment to ensuring people were at the heart of the service. Comments we received about the service described the family atmosphere and the extraordinary impact relationships had on people's well-being. These included, "The staff are all so lovely, there is continuity which has allowed creation of some amazing relationships. The home is spotlessly clean. It's a real home from home.", "The care is second to none and that's rare" and "I cannot recommend Churchfields enough and I would be more than happy if the time ever comes to stay there."
- The provider valued and respected their staff. They believed happy staff gave the best quality of care. They told us, "We have an amazing team here who share the same vision and philosophy as us. It makes provision of high-quality care everyone's business."
 - Staff went to exceptional lengths to get to know people and engage with them in a way that valued them. Staff we spoke with told us they valued the relationships they had developed with people. For example, staff supported a person who was struggling to cope with grief. Staff discovered the person's love of vintage cars. Staff with the same interests researched and found a vintage car show locally. Arrangements were made in advance with the organisers for the person to have special attention on his visit. Staff told us the whole

enjoyment of the day was magical and helped restore the person's confidence in their interests. The person has since started to be more involved in activities in the home. New friendships had been formed and the person was already planning their next exhibition with staff in the spring.

- Another person had struggled to settle in the home and their physical health had deteriorated. They had missed their own home and independence, were very low in mood and lacked motivation. Staff went an extra mile to engage with this person and got to know them better. Staff found out the person had been very active in Amateur dramatics all their life, and up until they came to Churchfields, they had run a class in their home area. Staff explored what was happening locally and found a performance of 39 Steps. Staff arranged and took the person in their own time. The person watched the play, laughed, cried and applauded throughout the performance. This had extraordinary impact on the person and helped them settle in the home, and they started venturing out of their room and joining others for meals and activities. They went on to arrange a night out for themselves and other people to a production of War Horse. People were still talking of this amazing experience.

- Throughout the inspection there was an exceptionally caring, relaxed, happy atmosphere. Everyone enjoyed each other's company and interactions showed how people and staff valued each other. Without exception the interactions between people and staff at all levels were kind and compassionate. Staff took time to have meaningful conversations with them, using their knowledge and understanding of people to engage with them on a personal level. Staff were extremely sensitive to times when people needed caring and compassionate support. One person looked distressed, asking where they were, and staff quickly noticed. One member of staff crouched down next to the person, held their hand and spoke with them quietly explaining they were at Churchfields and this was their home. The person stroked the staff members face and looked reassured and calm. The member of staff then offered the person a drink and said, "How about a cup of tea just the way you like it?" The person smiled and said, "Sweet girl, I would love that."

- Another person who had lost their wife told staff their priority at that time was to give her a send-off she would be proud of. Their failing health meant they wouldn't be able to go to another venue, so they asked staff to organise something at Churchfields. The registered manager and staff organised the wake with the person and their family. The provider paid for food, drinks and a soloist to ensure they got it right. This had a huge positive impact on the person and their family who were delighted and this gave them huge comfort.

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

- There was an exceptional, inclusive approach to care that valued people and relatives and made them partners in care provision. The provider created opportunities for people to be involved in their care. People had staff key workers. A keyworker is a staff member responsible for overseeing the care a person receives and liaised with families and professionals involved in a person's life. This allowed staff exceptional opportunities to know people better and build meaningful relationships with them and their relatives. For example, one person's family member was getting married and they desperately wanted to attend. Due to poor health there were concerns the family could not manage the person's needs during the ceremony. The key worker and another staff member, worked closely with the person to make their wish come true, including arranging the outfit and a wedding gift. Staff knew the person would struggle to cope with the full day celebrations. The person really wanted to attend the church service and the evening reception but not the afternoon reception. The staff arranged for suitable transport paid for by the home. Staff accompanied the person in their own time, brought them back to the home for a rest and took them out again for the evening reception. The person was very delighted and still talked about the day every chance they get. This did not only have a very positive impact on the person only, but also the family. The family were thrilled and grateful by their attendance as well as staff going above and beyond to ensure the person's wish was met.

- There were many examples of staff using their exceptional caring approach to achieve significantly improved outcomes. Relatives were also extremely positive and told us how living at the home positively affected their

loved ones. One relative commented, "I am deeply grateful to all the staff at Churchfields for the quality of care, attention and compassion they showed towards my father. After four months of hospital my father was not in a good shape but after only five weeks at Churchfields he has really settled in well and has made significant progress both mentally and physically in what is a relatively short space of time. They have helped him feel comfortable and have boosted his confidence so that he feels safe and is able to be more positive than he has been for a very long time. This is a place where I know he will be treated as a human being, not a commodity so I would not hesitate to recommend it." The provider's values and ethos of individual care meant people received outstanding, personalised care built on trust, compassion, empathy and never-ending commitment from dedicated staff.

- Records showed people and relatives were fully involved in decisions about care from assessment, care planning and through to care reviews. Changes to care were discussed with people on an on-going basis and choices offered on how best to provide effective care.
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support. This was done in a sensitive manner to each person's individual needs and they did all they could to encourage support and involvement. Staff encouraged use of independent mental capacity advocates (IMCAs) whenever necessary. An IMCA is an advocate who has been specially trained to support people who are not able to make certain decisions for themselves and do not have family or friends who are able to speak for them. IMCAs do not make decisions and they are independent of the people who do make the decisions.

Respecting and promoting people's privacy, dignity and independence

- The service placed significant emphasis on promoting people's independence. There were many examples of people's confidence and independence improving as a result of the support they received. For example, one person had required to be nursed in bed following a stroke. They were known to be social and yet they had no interest in life, weren't interacting with anyone and were completely withdrawn, much to the distress of her family. Staff sought a specialist wheelchair, contacted Care Home Support and arranged physiotherapy sessions and specialist splints for contractions. This was done with such urgency and the person was out and about in a very short time. The person could move around the home, interact with others and join in activities. We saw this person and they could eat independently, actively participate in all activities from including painting and singing. Their weight had significantly improved, and staff were very pleased with the outcome.
- People were treated with dignity and respect at all times and without discrimination. The service supported and encouraged staff to notice and challenge any failings in how people are treated at the service. One member of staff told us, "We all challenge each other's practice and ensure people get the best possible care in a dignified manner. I ask them if they would like to have a shower, strip wash, bed bath or a bath. I try to encourage as much independence as possible. I cover them with a towel so they are not fully exposed." One relative commented, "The staff are amazing and look after my mum in a dignified and respectful way."
- Recruitment, training and support for staff was underpinned by the key values of kindness, respect, compassion, dignity in care and empowerment.
- People's care plans highlighted the importance of respecting privacy and dignity. Staff knew how to support people to be independent. People were supported to be as independent as possible.
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect information.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same improved to outstanding. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff used innovative and individual ways of involving people and relatives in their care. The care and support plans were reviewed and changed as people's needs changed. This included reasonable adjustments which were made to encourage independence. For example, one person's condition deteriorated over time and they were losing weight as well as their independence. The person did not have any family and the home is not a dementia specialist unit. It was important for the person to remain in the home. The registered manager and staff agreed to move the person downstairs to a bedroom closer to the living and dining areas. This allowed the person to remain independent and could easily navigate through the home. The provider sought dementia training for all staff, including domestic staff, gardeners and chefs. Staff attended a reality 'Dementia Bus' which allowed them to understand the person better. Staff told us this had an immediate impact on the way they cared and interacted with the person. Staff discovered that the person found group noise confusing and overwhelming, therefore, they found a quiet place for the person in the home to enjoy, and activities became more one to one rather than group activities. Staff supported the person to sit at quieter tables during meals, which saw the person more relaxed and eating better. The person's weight stabilised, and they were happier.
- The service had a positive approach to using technology. For example, one person due to their condition was not be able to use normal call bell. The provider equipped this person with a huge red button table alarm bell. This same person was unable to see the time on traditional clock. The provider arranged for a button clock. This device would tell the time when a big yellow button on top of the device was pressed. The person was very pleased and told us they felt much safer. One person was using adapted cutlery to aid independence with meals.
- We saw some people used skype to contact relatives abroad, listen to music and for social media. One person particularly enjoyed taking selfies with an iPad. Staff told us the person smiled every time they took selfies and it became one of their highlights of the day.
- Churchfields took a key role in the local community and was actively involved in building further links. Contact with other community resources and support networks was encouraged and sustained. For example, links had been established with a local toddler group where children came and interacted with people. Meaningful relationships had been formed and this had had a positive impact on both the people and the children. People told us they enjoyed the interactions.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Arrangements for social activities met people's individual needs, and followed best practice guidance so

people could live as full a life as possible. The service had gone the extra mile to find out what people had done in the past and evaluated whether it could accommodate activities and made them happen. For example, one person had found moving into the home difficult to adjust and become withdrawn. Staff explored the person's hobbies and discovered their love of mosaic art which had played an important role in their life. The person could no longer physically cut or work with mosaic tiles, so staff researched and came up with an idea of using eggshells. The person was very excited at the suggestion. Staff including the chef as well as relatives, got involved and saved egg shells for the person. Other people asked to be involved and the person led the group, directing on what needed to be done. Over several weeks a fantastic collage of flowers was completed, which was placed in the new dining room, to the great delight of the person. The person said they felt like a new person and told staff, "I'm not too old after all, to learn something new." Following this the person asked to go ice skating. The provider arranged for this and the person was so happy and full of life.

- Another person's condition had deteriorated and became very anxious, not sleeping or eating well. They loved animals and staff noticed how they responded well to all animals visiting the home. Staff found out the person owned dogs all their life and encouraged a relationship to form between them and the registered manager's dog. Mutual love formed between the two and staff told us, "It's a joy to watch." In line with research the provider purchased a therapy animal dog which the person cuddles, grooms and sleeps with at night. The person's anxiety levels significantly reduced and looked brighter and happy, slept and ate better. Their well-being had hugely improved.

- Activities at Churchfields were inclusive. For example, men had requested a quiet area to go in the evening to enjoy a read and maybe have a drink. The home renovated a space which was designed by the people into a pub. The pub became a firm favourite for many people throughout the day including women. People used it as a meeting area as well as playing games such as dominoes and cards. This had been a huge success and people told us they loved it. People had also developed relationships with each other through this.

- People had access to a full programme of activities which were overseen by a committed, passionate and experienced team of coordinators. Activities included animal therapy, balloon tennis, gardening, planting day and reminiscence. Professional entertainers visited and led singing and music sessions. We saw a lot of evidence where people visited external places such as Cotswold Wildlife Park. A lot of celebrations were recorded including New Year's Eve awards evening, bake off competition and tribute bands. People told us they loved these celebrations and they chose them. One professional commented, "The activities co-ordinator is very good, she takes time to find out individual resident's life histories and interests and plans activities accordingly. One day last summer the residents were sitting under a gazebo, dipping their feet in a paddling pool and [coordinator] arranged for an ice cream van to visit. What a bliss!"

End of life care and support

- The service worked closely with healthcare professionals and provided commendable end of life care. People experienced a comfortable, dignified and pain-free death. We saw feedback from relatives following end of life care was positive. Comments included, "The end of life nursing care was in my view exemplary. Staff not only cared for my father but were consistently welcoming to me and my family" and "My mother-in-law spent her last two months at Churchfields with a terminal illness and was treated with respect and excellent care. The staff were incredibly considerate in her last few days and hours, sitting with us and with her and being reassuring and straightforward throughout."

- The provider told us they were passionate about end of life care. Since they took over the service, they vowed no person would be admitted to a hospital from the home for end of life care. They had invested in a lot of staff training, guidance and team working which included the GP and healthcare professionals from a local hospice. This had resulted in people receiving a comfortable and dignified death. The provider told us no one had been admitted to hospital for end of life care or died in hospital since.

- The service strove to be outstanding and innovative in providing person-centred end of life care based on best practice. They had signed up for The Gold Standard Framework (GSF) and aimed to be accredited by the end of year. GSF is a practical systematic, evidence-based approach to optimizing care for all people nearing the end of life, given by generalist front-line care providers. The deputy manager and clinical lead were attending the programme and would lead at its implementation.
- Records showed staff had attended end of life care training. Staff told us they were supported by the service with empathy and understanding.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had communication needs assessments completed as part of the care planning process. For example, one person had an impairment of language, affecting the production or comprehension of speech and the ability to read or write. The care plan guided staff to observe for facial expressions and stated, 'Scream when in pain, smile when content'. Staff told us they followed this guidance.
- Staff were aware of people's communication needs and preferences. For example, we saw staff cleaning people's glasses and were told staff assisted people with hearing aids. Large print documents were available when needed.

Improving care quality in response to complaints or concerns

- The provider had effective systems to encourage people and staff to make complaints and we saw the complaints procedure displayed all over the home. The registered manager told us they used complaints as a learning process to improve care. The service had received one complaint which had been addressed in line with their policy and to the person's satisfaction.
- People and their relatives told us they knew how to make a complaint. One person commented, "I can talk to the owner anytime. She is always available." There were many compliments received regarding excellent care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider's vision and values put people at the heart of the service. These were centred around people having a sense of purpose and of belonging, to live well, and to find enjoyment. This was supported by ensuring people had choice on how they wanted to spend their time and with whom. They were developed with people and staff in meaningful and creative ways and were owned by everyone. For example, people and staff were involved in the planning and provision of activities and any other ways they chose to spend their time. These were trialled first, and feedback sought to ensure people were on board. The registered manager provided exceptional leadership and had developed a dedicated staff team who were committed to the vision and values of the service.
- People and relatives told us the service was exceptionally led. They said, "Very much well led. Rapport with team and the ethos of this home is out of this world" and "Good care homes are difficult to find, that fit the needs of your loved ones. This one certainly did and it's all down to the excellent management."
- People and relatives were appreciative of the changes the provider had put in place since they took over. One relative commented, "Since the home changed ownership in March 2016 there has been continuing improvements in both infrastructure and staff numbers and training. The new owner and management are extremely approachable and very ready to listen to any problems and importantly act on them." Another relative said, "This home moved from poor service to good in the six months under the new management and I believe that with the true ethos of care before profits, this home is outstanding."
- Staff were motivated by and proud of the service. Staff were complimentary of the support they received from the registered manager and provider. They told us they were empowered to excel and said, "The amount of support I have received is overwhelming to say the least" and "In my opinion this is one of the best care homes in Oxfordshire. We are proud because we all worked really hard for this- us (staff), the management and the owners." One member of staff had been empowered to explore the use of assistive technology for a person. This had given them an opportunity to lead on a project and they were very proud of what they had achieved. This had had a huge impact on one person who had felt isolated and lost trust that they could not be able to gain help. The equipment had allowed them to be more independent.
- The registered manager and provider were extremely supportive of staff both professionally and in their personal lives. Staff gave many examples of the support they had received outside work. One member of staff told us, "I dislocated my arm at my home. You cannot imagine the level of support I received from the management and the owners. They sent one of the staff to assist me with a hospital appointment. They arranged cover for them and sent them to help me." Another member of staff commented, "I really feel supported by the management. Anything I need, anything I ask I am being listened to. If I need time off for

appointment she will arrange time off for me." There were high levels of satisfaction across all staff. The provider successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivering outstanding care for people.

- Healthcare professionals were equally impressed with the leadership in the home. One professional told us, "The home owner and managers are always visible, have a good rapport with staff and patients. Staff on every level are involved in decisions. A caring culture resides in Churchfields." Another professional echoed, "This care home has gone from strength to strength since [manager] became manager and [provider] took over. [Manager] is a very good manager and well supported by the deputy manager. They have a very good relationship with the team and health professionals that visit, it is a pleasure visiting them."

- There was a strong organisational commitment and effective action towards ensuring that there was equality and inclusion across the workforce. For example, soon after taking over the service, the provider took on a member of staff who had been undermined by their previous employer and had lost confidence. Following further discussions, it became apparent the member of staff was dyslexic and struggled with reading and writing. This had hindered their professional development and caused them stress and anxiety at work, since they were required to complete people's records. They agreed on a plan that the registered manager would support them with all written work. They also sought training for them in activities NVQ and the registered manager assisted with their written work. The member of staff successfully achieved their qualification, amongst much pride and celebration by their team. The provider told us, "She excels in her job. She is a fabulous, creative person, who forms deep bonds and relationships with our residents and transforms their lives daily."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Leadership at the service was exceptional. The registered manager was supported by a deputy manager. There was a clear management and staffing structure and staff were aware of their roles and responsibilities. The registered manager told us they had the full hands on support from the provider.

- The provider and registered manager had a strong focus on staff's continuous learning and pushed them to develop within and beyond their roles. One member of staff told us, "I feel confident in my role but not only through the support from provider and manager, but also from the whole team who work tirelessly with compassion in providing the best for our residents. I have been allowed the privilege to implement such wonderful things to ensure the high quality at Churchfields is maintained. One of these recent examples is easy to use research-based call bells. I have great pride in seeing those who I work with flourish and always endeavour to provide them with good and bad feedback. This provides good guidance and in turn makes them feel worthwhile and supported which has a good impact on our residents." The provider had introduced championship roles which staff were very excited about. This was still in infancy stage with staff still establishing how best to implement changes. This would give staff an opportunity to institute and advocate for changes in their areas of interest such as infection control, medicines management and wound management, therefore, ensuring people would receive excellent research based care.

- The home supported staff to excel professionally. One member of staff had been supported to complete a practitioner's course. The service also supported staff in training with work experience

- There was ample evidence that learning from shortfalls and incidents was a key contributor to continuous improvement. For example, following a falls analysis it was clear most of the falls in the home were unwitnessed and in people's bedrooms. Through consultation with staff and healthcare professionals, the provider invested in sensor beams. This had a huge impact on people's well being as there had been no falls in people's bedrooms since.

- The views of staff and people using the service were at the core of quality monitoring and assurance arrangements. For example, a staff survey had indicated communication between staff with different roles could be improved. As a result, the provider introduced staff team building days where all staff discussed

different communication scenarios including non-verbal communication. They compiled different learning points and discussed how they would apply this to their working environment. This had resulted in improved staff communication, morale as well as teamworking which in turn had a positive impact on the care people received.

- The provider had quality assurance systems in place which were used to drive improvement. Staff completed audits which included care plans, medicine records and analysis of accidents and incidents. These provided an overview to ensure improvements were made where necessary. In addition, the provider completed quality monitoring audits which were linked to the Key lines of Enquiry (KLOEs). This gave the service a strong framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service was an important part of its community. It developed community links to reflect people's needs and preferences. For example, strong links had been established with a local school where pupils visited and completed activities with people. We saw pictorial evidence of the interactions which showed people were very happy. The provider fundraised and donated to the school to provide them with essential equipment.
- Churchfields was set up in a community where there was a shared interest around gardening and wildlife. People requested a wish to see more wildlife return to the garden, and to have a space to enjoy nature. The provider used people's input to create an eco garden with lots of plants planted with the intention of attracting nature. People told us they enjoy spotting animals and love getting involved with the gardening. The local community comes together to enjoy the surroundings and create relationships with people who have the same interests.
- There was evidence of consistently high levels of constructive engagement with staff and people who use services. For example, before any environmental refurbishments to the home, the provider facilitated a lot of consultations with people, relatives, staff and the local community. Everyone was fully engaged and kept updated with progress throughout the process. The project was staged to ensure minimal disruptions to people's lives. People were involved in the planning and design of the new courtyard as well as choosing furniture and curtains. This allowed their rooms to be personalised to each individual's taste. People were very pleased to be part of the whole project and told us they loved the way the home environment had changed. There was more choice of space for people to spend their times. One professional commented, "They (providers) are always putting good money in to the home, to ensure that the individuals have a comfortable living environment and that their needs and wishes are fully met."
- People and their relatives had opportunities to provide feedback through surveys. The information gathered was used to improve the service. For example, some comments related to menus which resulted in them being changed. There were many positive comments regarding the much-improved environment. People and their relatives had opportunities to attend meetings and raise any comments via an open-door policy at any time.
- Staff told us they felt listened to, valued and able to contribute to the improvement of care. During the inspection we observed effective team working. The atmosphere was very pleasant. Records of staff meeting minutes showed feedback was constantly sought from staff and staff were encouraged to make suggestions on how to improve people's care. The registered manager always acknowledged staff's hard work and commitment.

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

- The provider met their responsibilities in relation to duty of candour. Duty of candour requires that that

providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs.

- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.

- The home was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.