

## Church Farm Nursing Home Limited

# Church Farm Nursing Home

### Inspection report

Church Lane  
Cotgrave  
Nottingham  
Nottinghamshire  
NG12 3HR

Tel: 01159894595

Website: [www.churchfarmnursinghome.co.uk](http://www.churchfarmnursinghome.co.uk)

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15 May 2019

20 May 2019

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23 July 2019

### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service:

Church Farm Nursing Home 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. Church Farm Nursing Home accommodates 45 people across three separate areas, each of which has separate adapted facilities. At the time of our inspection, 44 people were living there. The service specialises in providing care to people living with dementia. The service promotes the use of Dementia Care Matters 'butterfly household approach' to person centred care. This focuses on providing a homely environment, free from signs and 'institutional' notices. Staff do not wear uniforms or name badges and there are no separate facilities for staff and people who live there.

### People's experience of using this service:

People living at Church Farm Nursing Home received a good service. People were happy there, and the service met their individual and diverse health and social care needs. Staff were positive about their work and demonstrated the values of respect and dignity in care throughout the inspection. They understood how to keep people safe whilst promoting independence. People were supported to lead the lives they wished and were involved as much as possible in decisions about their care. Staff clearly respected each person as an individual, supporting them with kindness and good-humour. The leadership of the service promoted a culture of quality care and continuous improvement. The governance of the service was well organised, and all aspects of the service were checked regularly to ensure standards remained high.

The service met the characteristics for a rating of "Good" in all five key questions. Therefore, our overall rating for the service after this inspection was "Good". More information is in our full report.

### Rating at last inspection:

At our last inspection the service was rated Good. The inspection report was published on 28 January 2016.

### Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

### Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

## 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.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Church Farm Nursing 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 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection visit was carried out by one inspector, a specialist advisor 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. Our specialist advisor was a nurse with experience in dementia care. The second day of our inspection was carried out by one inspector.

#### Notice of inspection:

The first day was unannounced. This was a comprehensive inspection and took place on 15 and 20 May 2019.

#### What we did:

Our inspection was informed by evidence we already held about the service. We sought the views of Healthwatch Nottinghamshire, who are an independent organisation that represents people using health and social care services. We also sought the views of external health and social care staff, and commissioners from the local authority. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group. Commissioners also undertake monitoring of the quality of services.

During the inspection visit we spoke with seven people who used the service. We spoke with nine relatives, three care staff, and three staff involved in housekeeping and administration. We spoke with the registered manager, deputy manager, the provider's head of operations, and two directors. We also spoke with two health and social care professionals. We looked at a range of records related to how the service was managed. These included three people's care records and how their medicines were managed. We also looked at four staff recruitment and training files, and the provider's quality auditing system.

Not all of the people living at the service were able to fully express their views about their care. 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 asked the provider to send us a Provider Information Return (PIR), and they did. This is a form that asks the provider information about the service, what the service does well and improvements they plan to make. During the inspection visit we asked the registered manager to send us additional evidence about how the service was managed, and they did this.

# Is the service safe?

## Our findings

This means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with said they felt the personal care they received was safe. They understood staff were responsible for keeping them safe, and felt staff did this well. One relative said, "The security and plenty of staff makes me feel [my family member] is safe."
- Staff received training in safeguarding and felt confident to raise concerns. The registered manager and deputy manager reported any allegations or abuse to the local authority safeguarding team and notified CQC about this. The provider had policies on safeguarding people from the risk of abuse and whistleblowing, and staff knew how to follow these.

Assessing risk, safety monitoring and management

- People's needs were assessed, and any risks associated with health conditions documented. These were reviewed regularly and updated. Risk assessments were holistic and included people's views and relevant information about their life history to put risk in context. The provider had a positive approach to managing risks whilst promoting people's independence. For example, one person enjoyed spending time in the enclosed garden. Staff told us the person would taste plants, which potentially put them at risk; so the provider ensured the garden planting scheme only had plants which would not present a risk to health if eaten. This meant the person continued to enjoy time in the garden.
- Risks associated with the service environment were assessed and mitigated. Maintenance staff had a clear system in place for regular checks on all aspects of the environment. This included legionella checks and checks on equipment such as hoists and slings.
- There were clear plans in place to guide staff in what to do in an emergency. For example, if there was a fire or power cut. Each person had their own personal emergency evacuation plan (PEEP). These had up to date information about people's mobility and support needs. This meant staff and emergency services would quickly know how to support people safely.

Staffing and recruitment

- There were enough staff to keep people safe. People and relatives felt there were generally enough staff to meet their needs. One relative said, "There are enough staff here now." Another relative said, "There are plenty of carers all of the time."
- The registered manager reviewed staffing levels regularly, and, when necessary, increased staff numbers to ensure people's needs were met. Our observations during the inspection visit showed us that people were supported by enough staff. This included when people needed support to eat, needed reassurance, or wanted to participate in activities.
- Staff told us, and records showed the provider undertook pre-employment checks, to help ensure prospective staff were suitable to care for people. This ensured staff were of good character and were fit to carry out their work.

### Using medicines safely

- People received their prescribed medicines safely. Staff received training about managing medicines safely and had their competency assessed. Staff told us, and evidence showed medicines were documented, administered and disposed of in accordance with current guidance and legislation. Records relating to people's medicines were clear. Each person's medicines records had key information about allergies and how people liked to be given their medicines. The provider had an electronic recording system for medicines, which staff knew how to use. We saw how this system helped ensure people were given the right dose at the right time.
- A healthcare professional said the staff were proactive in reducing people's use of unnecessary medication. They said staff created an environment which reduced unnecessary stress and anxiety. This meant people did not take medication when they did not need it and, for example, reduced the risk of falls.

### Preventing and controlling infection

- People were protected from the risk of infections. The service was kept clean, which minimised the risk of people acquiring an infection. Staff described and understood infection control procedures, and we saw they followed these, using personal protective equipment when required. Staff carried out a range of regular tasks to ensure the service was clean.
- The registered manager carried out checks in relation to cleanliness and infection prevention and control to ensure this was effective. This ensured the risks associated with infections were minimised, and the premises were clean.

### Learning lessons when things go wrong

- Accidents and incidents were reviewed and monitored to identify trends and to prevent reoccurrences. We saw documentation to support this, and where action had been taken to minimise the risk of future incidents.

# Is the service effective?

## Our findings

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

People's outcomes were good, and feedback confirmed this.

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

- People's needs and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination. For example, staff used nationally recognised best practice guidance to identify and monitor people at risk of developing pressure ulcers. Assessment of people's needs, including in relation to protected characteristics under the Equality Act were considered in people's care plans.

Staff support: induction, training, skills and experience

- People and relatives spoke positively about the staff's skills and training. They felt staff got the right training to meet their needs. One relative said, "They [staff] definitely know what they are doing when they look after the residents here." Staff we spoke with demonstrated good knowledge of people's needs, and said they had enough time to regularly read people's care plans.
- Staff had an induction and training before they started working with people. This included shadowing more experienced staff and being introduced to people before providing care and support. Staff had regular supervision and an annual appraisal, where they could get feedback on their performance and discuss training needs. Staff also had spot-checks on their skills to ensure they provided consistently good care.
- The registered manager said each of the three areas within the service had people with different support needs relating to their dementia. They ensured that staff working in each area of the service had the skills, experience and approach that was best suited to people living there. This meant people were supported by staff who had the training and skills to meet their assessed needs.

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

- People were supported and encouraged to have a varied diet that gave them sufficient to eat and drink. People told us the quality and variety of the food was good. One person said, "The food is very good and there are choices." A relative told us their family member was eating well since they moved to Church Farm Nursing Home, and had begun to put weight on, which was positive. Staff told us, and we saw that people were offered regular drinks and snacks throughout the day. For people who preferred not to sit down, we saw staff walked alongside people supporting them to eat and drink.
- People were offered choices for their meals and snacks. People told us, and records showed there was a varied menu, with options available for people with specific dietary requirements. Where people expressed views about wanting different options, or different times for their meals, their preferences were met. People who needed assistance or encouragement to eat were supported by staff. Staff knew who needed additional support to eat or special diets, for example, fortified diets or appropriately textured food and thickened drinks. We saw that people were supported to make meal choices when staff showed them two plated-up meals. Offering a visual choice helped people living with dementia to choose their meals more effectively than when staff described food options.



- People who were at risk of not having enough food or drinks were assessed and monitored, and where appropriate, advice was sought from external health professionals.

Staff working with other agencies to provide consistent, effective, timely care

- Staff told us they had regular contact with health and social care professionals to discuss people's care. Records showed staff regularly contacted health professionals for advice if they were concerned about people's well-being.
- A health professional said communication from staff was very good, and care records were kept well. They also commented that staff worked well with local healthcare professionals to reduce unnecessary hospital admissions for people.
- The service used the NHS "red bag" scheme. When a person becomes unwell and is assessed as needing hospital care, care home staff pack a dedicated red bag that includes the resident's paperwork and their medication, as well as clothes and other personal items. This meant key information about people's needs was shared with health professionals when people went into hospital.

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

- People were encouraged to make choices about decorating their personal space, and their bedrooms were personalised.
- There were adaptations for people with mobility needs. For example, handrails in corridors and bathrooms, and lots of seating areas for people who might need regular breaks when walking round the building. All bathing and shower facilities were designed to be fully accessible for everyone. This meant people were able to make choices about their personal care and promoted independence for bathing and showering.
- People had access to a secure garden area which was designed to give easy access to everyone. The provider had taken steps to ensure the environment was suitable for people's needs.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff to access healthcare services when required. Staff we spoke with were familiar with people's health needs, as identified in their care records. Care plans detailed what people's health needs were and said what staff should do to help people maintain their health.
- Staff shared information with each other during the day about people's daily needs. Staff also kept daily notes regarding health concerns for people and action taken. This enabled them to monitor people's health and ensure they accessed health and social care services when required.

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 and relatives said staff always asked before offering personal care. Staff understood the principles of the MCA, including how to support people to make their own decisions.
- People can only be deprived of their liberty to 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The provider had assessed people to see if they were at risk of being deprived of their liberty and had made DoLS applications for a number of people.

# Is the service caring?

## Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People spoke positively about the staff who supported them. Relatives also commented on how well staff knew their family members and supported them in the ways they preferred. Staff knew about people's interests, past life experiences and important relationships. Throughout our inspection, we saw staff took time to spend with people. Whether this was chatting or doing an activity, there was lots of laughter and good-humoured conversations between people and staff.
- We also saw written feedback from relatives and visitors commenting positively on the care and support provided by staff. For example, a card from relatives said, "You have all been amazing. Special thanks to [staff] for the time, care and attention you have taken to provide [our family member] with the support and 1-1 they have often needed to keep them well."
- We noted that staff always used positive language when speaking with people. Staff said this was part of their training, and the use of negative language was not constructive when supporting people with dementia. The registered manager and provider confirmed the use of positive language was a key part of their approach to dementia care. We also saw staff wore activity belts containing a variety of objects to help engage with people when they sought interaction or reassurance. We saw a number of examples of the positive impact this had on people when they were anxious or seeking reassurance.

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

- People said they felt involved in making decisions about their care. Relatives felt they were kept informed about their family member's care. Staff encouraged people to express themselves, and where possible, involved people in reviews of their personal care.
- Information about advocacy services was displayed in the service and we saw advocates had been involved in supporting people to make decisions about their care and life choices. This meant people were supported to understand their rights and have their views heard.

Respecting and promoting people's privacy, dignity and independence

- Relatives said staff always treated people with respect. This included respecting privacy by knocking on doors before entering, and ensuring intimate personal care was done with dignity. Staff had a good understanding of dignity in care and had training in this.
- People were also encouraged to do domestic activities if this was still important to their daily routine. One person we saw doing this was supported and respected by staff, who ensured the person felt valued for their work.
- Relatives told us they were encouraged to visit, and there were no restrictions on visiting times. The service had several kitchenettes, and people, relatives and other visitors were encouraged to make drinks and snacks there.
- Staff respected people's right to confidentiality. Staff understood when it was appropriate to share

information about people's care. Records relating to people's care were stored securely.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Prior to admission, people had their needs assessed, and as far as possible, they and their relatives were involved in this process. The assessments looked at a range of needs, including physical and mental health needs, and people's preferences and lifestyle choices.
- People were regularly asked for their views about their care. Relatives were also involved in reviewing family members' care with them. Records showed people's views were documented and where possible, care was tailored to suit their wishes.
- People's care plans were detailed, containing information about how they liked to be supported, their daily routines and preferences. Staff we spoke with demonstrated good knowledge of the different ways people like to be supported.
- People and relatives were positive about the support they had to take part in activities both within the service and out in their local community. We saw that people were encouraged to participate in activities to suit their mood throughout our inspection. Staff were proactive in responding to people's individual needs and encouraged them to do things which were meaningful to them and made them happy. For example, people and relatives commented on regular music sessions, which they enjoyed and contributed to their well-being
- People were supported to practice their faith if this was important to them. Staff spoke with people and relatives about any needs associated with faith or culture. This was documented in care records, and we saw evidence that people were supported with these needs.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. The registered manager said they asked people and relatives about their communication needs and could provide information in various formats. For example, large print and easy read versions.

Improving care quality in response to complaints or concerns

- The provider had a system in place to respond to complaints and concerns. Relatives were confident concerns or complaints would be dealt with. One relative said, "We have had to complain on occasions, but this was dealt with." There was a complaints policy in place.

End of life care and support

- People and their relatives were encouraged to talk about their wishes regarding care towards the end of their lives. This included where people would like to be at the end of their lives, whether they would like to receive medical treatment if they became unwell, and in what circumstances. People had advance care plans in place which included, where appropriate, records of their wishes about resuscitation. People and

relatives were supported to discuss their end of life care, and staff knew how to support people and their relatives in the way they wanted.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and relatives felt the service was well-led. They knew who the registered manager was and said they were approachable. Relatives also felt they were able to speak with staff about any queries or concerns. Staff felt supported in their work, and there was a positive team attitude.
- Where staff had specific needs in relation to their roles, the provider ensured they were supported. For example, the hand-held devices staff recorded care on could translate speech to text and change text colour to assist staff with dyslexia.
- Relatives and staff had access to in-house counselling services. Staff told us this was helpful for them to deal with the emotional impact of caring for people with dementia. Relatives who were new to the service, or who were needing support with a family member's diagnosis were also offered counselling. This meant both relatives and staff's emotional well-being was considered important to enable good quality dementia care for people.
- There was a business continuity plan in place which was detailed and included information about how to ensure provision of people's care during extreme circumstances. For example, if there was a fire or flood.

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

- The registered manager, deputy manager and provider clearly understood their roles and responsibilities.
- The provider undertook audits of all aspects of the service to review the quality of care, and identify areas where improvements were needed. This included a range of regular checks on all aspects of people's care, and the building environment.
- There was a plan arising from audits to show what action was required and who was going to do it.
- The provider held regular meetings with all staff associated with the service to discuss quality of care and develop improvement plans for the service.
- The service had an external quality audit from the local authority in November 2018 with positive feedback. This audit noted the positive interactions between people and staff, noting that staff had the skills and empathy to build positive relationships with people. There were also several action points from the audit, and we saw the provider had acted on these to improve the quality of the service.
- The provider had also had a recent audit done by Dementia Care Matters, who have an evidence-based approach to developing dementia care in organizations. This audit was very positive, detailing the person-centred approach provided by staff and the positive impact this had on people living with dementia.
- The provider was displaying their ratings from the previous inspection, both in the service and on their website, as required by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People, relatives and staff felt fully involved in the development of the service. Information gathered from a recent survey of the quality of care was used in the provider's action plan to improve the service. Staff said they felt able to make suggestions for developing the service and had regular staff meetings to discuss their ideas.
- The provider had connected with the local community by providing an information session about dementia at a local event with the town Council.

Continuous learning and improving care

- The provider had a plan detailing how the service was going to improve. For example, they had identified the need to create a new feedback process for people and relatives to share their views on the quality of care.
- The provider invested in staff training and development to improve the quality of care. For example, they provider had nurse associate development training. This encouraged staff to progress with their clinical skills and supported new nurses in the service.

Working in partnership with others

- Staff at the service were confident to liaise with other organisations to ensure people received a high-quality service. A health professional confirmed staff and the registered manager worked well with them, and said staff were willing to help and always trying to improve the service.
- The provider was also open to working with external agencies to look at ways to further enhance the environment for people living with dementia. For example, they were involved in a project exploring improving care environments for people with dementia and hearing loss.