

# Mrs Amrita Gunputh & Mr Anand Gunputh

## Churchfield Court

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



### Overall summary

Our inspection took place on 27 October 2014 and was unannounced so no-one knew we would be inspecting that day.

The home is registered to provide accommodation and personal care to a maximum of 37 people. On the day of our inspection only 34 people lived at the home. People living there had a range of conditions the majority of which related to old age.

The manager is registered with us but they were on long term leave at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection on 19 May 2014 the provider was not meeting two of the regulations we inspected. These related to care and welfare issues and medicine safety. During this inspection we found that some improvements had been made regarding care and welfare. This meant that people's needs were being better met than they were at our previous inspection. However, adequate improvement had not been made to medicine management. Some aspects of the medicine system

# Summary of findings

continued to place people at risk of ill health. We identified a breach in the law concerning medicine management. You can see the action we told the provider to take at the back of the full version of the report.

People told us that they felt safe living there. We saw that there were systems in place to protect people from the risk of harm and abuse.

People told us that they were happy with the meals on offer. We saw that people were supported to have a nourishing diet and drinks were offered throughout the day so that they were less at risk of dehydration.

Staffing levels ensured that people's needs were met in the way that they wanted them to be. People and their relatives described the staff as being kind and caring. We saw that interactions between staff and the people who lived at the home were positive in that staff were friendly, polite and helpful to people.

We found that that people received care in line with their best interests. Deprivation of Liberty Safeguarding (DoLS) is a legal framework that may need to be applied to people in care settings who lack capacity and may need to be deprived of their liberty in their own best interests

to protect them from harm and/or injury. Staff gave us a good account of what DoLS meant and had acted correctly in seeking advice from the local authority about one person regarding a DoLS issue.

Staff told us that they were provided with the training that they required. This would ensure that they had the skills and knowledge to provide safe and appropriate care to people. Staff also told us that were adequately supported in their job roles.

People told us that staff met their recreational needs by supporting and enabling individual and group activities.

We found that a complaints system was available for people to use. Relatives told us that if they raised issues that they were addressed satisfactorily.

We found that overall quality monitoring processes required improvement to ensure that the service was run in the best interests of the people who lived there. Although the provider had given us assurance following our previous inspection that better medicine management systems would be implemented the required improvements had not been made. We also found that staff did not always follow instructions given to them which placed the people who lived there risk of ill health.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

Medicines were not always managed to a safe standard which could place people at risk of ill health.

The provider ensured the safety of equipment by having it serviced regularly.

Recruitment systems prevented the employment of unsuitable staff.

**Requires Improvement**



### Is the service effective?

The service was effective.

Systems regarding Deprivation of Liberty Safeguarding (DoLS) were effective and gave assurance that people's needs regarding this could be managed appropriately.

People told us that they were happy regarding the meals and meal choices.

Staff were trained and supported appropriately to enable them to carry out their job roles.

**Good**



### Is the service caring?

The service was caring.

People and their relatives described the staff as being kind and caring.

People's dignity and privacy were promoted and maintained.

Staff ensured that people dressed in the way that they preferred and that they were supported to express their individuality.

**Good**



### Is the service responsive?

The service was responsive.

The provider was responsive to some of the issues following our previous inspection.

The provider had taken into account what local authority staff said to them and agreed to staff receiving training and support.

People had the option to participate in recreational activities that they enjoyed.

Equipment was provided to promote mobility and independence.

**Good**



### Is the service well-led?

The service was not well led.

**Requires Improvement**



# Summary of findings

Monitoring systems were not fully adequate. We identified repeated shortfalls in medicine management systems. We also found that staff did not always follow the instructions given to them.

A manager was registered with us as is required by law.

Staff told us that they felt supported. Management support systems were in place to ensure staff could ask for advice and assistance when it was needed.

# Churchfield Court

## 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.

Our inspection took place on 27 October 2014 and was unannounced so no-one knew we would be inspecting that day. The inspection team included one inspector and a pharmacist.

Before our inspection we reviewed the information we held about the home. We looked at notifications that the provider had sent to us. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We also spoke with the local authority contracting team who provided us with up to date information. The provider completed a Provider

Information Return (PIR). The PIR is a form that asks the provider to give some key information about their service, how it is meeting the five questions, and what improvements they plan to make.

On the day of our inspection we spoke with 11 people who lived at the home, two relatives, seven staff and the registered provider. We looked at the care files for two people and recruitment and training records for two staff.

We looked at the Medicine Administration Records (MAR's) for 13 people who lived at the home. We spoke with four members of staff and one person who lived at the home specifically about medicine management.

We made general observations and undertook one Short Observational Framework's for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We took these actions to give us an overview of the experiences that people had, to determine the standard of care provided, and to determine the satisfaction of the people who lived there.

# Is the service safe?

## Our findings

We had previously inspected the medicine management systems at this home on 19 May 2014 and found that the management of medicines was not safe. The provider told us that they would take action to improve. During this, our most recent inspection, a pharmacist inspector checked medicine safety. We looked at how medicines were ordered, obtained, stored, administered and handled. We found that people's medicines were not always handled or managed safely.

It was not always possible to determine if people had been given their medicines as prescribed. Although the majority of the Medicine Administration Records (MAR's) documented what people had been given we also found gaps in some people's MAR's. There was no staff signature to record the administration of their medicines or a reason documented to explain why the medicines had not been given. It is important that MAR's are completed as this is the only record to show that people have been given their medicine at the prescribed times. We also noted that one person was prescribed a medicine to be given once a day, however the medicine administration records documented that the medicine had been given twice a day for four weeks. The records documented that the person had been given a higher dose than prescribed which means that there was an increased risk of side effects. These medicine errors had not been identified by the provider.

It was not always possible to determine if people had been given the correct prescribed dose of a medicine. We looked at the MAR's for two people prescribed a medicine that needed to be carefully monitored in order to make sure that they were given a safe dose. We were unable to determine if they had been given the correct dose because arrangements were not fully in place to ensure that accurate medicine stock checks could be done.

The MAR's did not always document information that would ensure medicines were given safely. We found some MAR's with no date of birth, name of doctor or if the person had any known allergies. We also found two MAR's with the wrong start dates together with signatures for medicine administration for dates in the future. These were confusing.

Supporting information for staff to safely administer medicines was not always available. We looked at one

person who was prescribed a medicine to be given 'when necessary' or 'as required' for agitation. We found that there was no supporting information available that enabled staff to make a decision as to when to give the medicine. However, staff were able to tell us when they would give the medicine. We further noted that the person had been given the medicine every day which had not been reviewed with the prescribing doctor.

Medicines were not always stored within the recommended temperature ranges for safe medicine storage. We found some medicines that required refrigeration which had not been safely or correctly stored in the medicine refrigerator. We could not be assured that these medicines were effective and informed the service that they should not be given to people.

Medicine storage cupboards were not always used for the storage of medicines. We found personal items and money belonging to people incorrectly stored in a medicine cupboard. This increased the risk of unnecessary access to medicines. We were told that these would be removed and placed in a separate safe.

Staff we spoke with were not able to explain why there were medicine errors or problems with medicine management. We were told that action would be taken by discussing medicine issues at staff team meetings.

This is a breach of Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010.

The service provided support to people who wished to manage their own medicines whilst ensuring they were safe to do so. We spoke with one person who was looking after some of their prescribed medicines. They told us "I am quite happy looking after my medicine. I know what I am doing". The service had carried out a risk assessment to identify the risks posed to that individual.

All people we spoke with told us that they felt safe at the home. One person said, "I know I am in safe hands". A relative said, "I have no concerns regarding their safety".

Some improvement was needed regarding the systems used to prevent people being at risk from untoward events and injury. We found that the findings of risk assessments were not always included in care plans. We also found that the monthly falls analysis did not detail the action taken to prevent further falls. The deputy manager told us and

## Is the service safe?

showed us documentation to confirm that training and support regarding risk assessment was due to be delivered by the local authority to improve systems and to prevent accidents and injuries.

All the people we spoke with were satisfied with the cleanliness of the home and in particular their bedrooms. One person said, "My room is spotless". Another person said, "It is very clean here". Records that we looked at and staff we spoke with confirmed that they had received training and infection prevention audits were undertaken. The last audit undertaken by the local authority infection prevention team at the end of 2013 gave a score of good. Staff we spoke with, which included the deputy manager, told us that bathrooms and toilets were in the process of being refurbished and that some carpets had been replaced with laminate type flooring to ensure easier cleaning. These actions would reduce the risk of people acquiring infection. However, we found that some improvements to processes were needed. Following our inspection a number of people living there were affected by the norovirus. During the inspection we saw that ground floor carpets were stained and we saw that toilet seats were dirty. This did not confirm that robust infection prevention systems were in place.

We were not aware of any concerns regarding harm or abuse. We found that processes were in place to protect people from abuse. All the people we asked told us that they felt safe living at the home. One person said, "I feel safe here". Another person said, "There is nothing bad going on here at all". A relative told us that they or another family member visited the home at different times every day and they had not seen anything that worried them. All staff we spoke with told us that they had received adult protection training and gave us a good account of what they would do

if they witnessed or heard of an incidence of abuse. One staff member told us, "I have never witnessed abusive practice here. I would report it straight away if I saw anything".

Staffing levels were adequate. Our observations during the early part of the morning showed that although staff were in and out of the lounge there was only limited interaction between them and the people who lived there. However, during the rest of the day we saw that staff had more time to interact and chat to people. At lunch time we saw that there were enough staff to give people support and assist them to eat. During the afternoon we saw staff undertake an activity with people which they enjoyed. All people and staff we spoke with told us that there were enough staff to meet people's needs. One person said, "There are staff around if we need them". Another person said, "I had to use my call bell the other day. The staff came very quickly".

The people we spoke with did not raise any concerns about staff attitude or behaviour. We found that safe recruitment systems were in place. We checked two staff recruitment records and saw that adequate pre-employment checks were carried out. All staff we asked confirmed that checks are carried out before new staff were allowed to start work. This included the obtaining of references and checks with the Disclosure and Barring Service (DBS). This gave assurance that only suitable staff were employed to work in the home which decreased the risk of harm to the people who lived there.

We saw that a range of equipment was provided to promote safety. This included equipment for fire detection and prevention and the moving and handling of people. Staff told us that equipment was serviced by an engineer regularly and showed us documentation to confirm this.

# Is the service effective?

## Our findings

People told us that they were happy with the service provided and what the staff did for them. One person said, “I was not happy when I was at home. I am happy here”. Another person said, “I like it here. It is good. It is far better than the home I was in before”.

We found that people’s mental capacity ability and needs were assessed and that consideration was made to ensure that people’s rights were promoted and their freedom of movement was not restricted. People we spoke with told us that they could move around freely in the home, could access the garden and go out when they wanted to. Records that we looked at and staff we spoke with confirmed that bedrails (which could be a form of restriction) would only be used where they were absolutely needed. At the time of our inspection no bedrails were being used. Staff told us and training records that we looked at confirmed that staff had received Deprivation of Liberty Safeguarding (DoLS) training. Staff we spoke with had understanding and knowledge of DoLS and their responsibilities. Staff told us that they had made a referral and that consultation was ongoing with the local authority regarding one person’s situation. We found that people were asked to consent to their care. One person told us, “They asked me if I wanted the flu injection. I told them no, I do not so I did not have it”.

We found by speaking to people and relatives that the people who lived there were consulted about their care. If they were unable to make decisions their representatives were asked to comment so that they received care as they would have liked. One relative confirmed that they had been involved in their family member’s care planning when they first moved into the home. A person who lived there said, “The look after me alright”.

All of the people we spoke with were satisfied with the food and drink provided. One person said, “The meals are very good”. Another person described the meals as being, “Marvellous”. All people we spoke with told us that they had a choice of meal each day. Minutes of meetings that we looked at confirmed that the people who lived there were consulted about meals and menus. We observed that the meal times were a pleasant, relaxed and unhurried experience. We observed that people who required assistance were supported by staff in an appropriate way. Staff had the knowledge to ensure that food and drink

offered to people would promote good health and prevent a deterioration of their condition. We spoke with the catering staff who told us how they met people’s special dietary needs for example, the prevention of weight loss. They told us that they added butter and milk to meals which helped to ‘build people up’. We saw that adequate assessments had been carried out to determine some risks to the people who lived there for example, the risk of malnutrition. We saw that people were weighed regularly and that referrals were made to health care professionals where a concern was identified. We found that people were informed of the concerns that staff had. One person said, “They are feeding me up and encouraging me to eat more which is good because they think I have lost a bit of weight”.

During the day we saw that drinks were offered regularly to people to prevent the risk of dehydration.

The staff provided care that people were satisfied with and processes were in place to prevent the risk of people’s conditions worsening and ensured that people’s health needs were met. People we spoke with told us that they were appropriately cared for. The relatives we spoke with also confirmed that their family members were appropriately cared for. One relative said, “I am pleased with the care”. We found that where staff had identified a need referrals had been made to request specialist health input for example, the tissue viability team, psychiatrist consultants or a speech and language specialist. Relatives we spoke with and records we looked at confirmed that people were offered regular checks from the optician and chiropodist.

All people we spoke with told us that in their view the staff knew how to look after them. One person said, “They all look after me. I have no complaints”. Staff told us and records we saw confirmed that induction training was provided before staff commenced their work. We were also told and provided with documents to confirm that there was an ongoing training programme in place to ensure that they had the skills and knowledge to support people safely. Regular training increased staff knowledge and skill so that they could look after the people in their care appropriately and safely.

All staff we spoke with told us that they received regular supervision that was useful. They told us that their role and



## Is the service effective?

performance and training needs were discussed. One staff member said, “We have supervision with a senior or manager. These are helpful. Outside of these times I still feel supported by management and the team here”.

# Is the service caring?

## Our findings

All people we spoke with told us that they received a service that was caring. We saw that people were shown kindness and supported in a caring way by staff. One person said, “The staff are all very kind”. A relative said, “The staff are friendly and caring”. During our inspection we saw that interactions between staff and the people who lived there were positive. Staff spoke with people in a polite helpful way. People responded to this by smiling and chatting to the staff.

We found that people’s privacy and dignity was promoted. One person told us, “The staff are always polite”. We observed that staff ensured that toilet doors were closed when they were in use. We also saw that staff knocked on people’s doors before attending to their care. Records highlighted that staff had determined the preferred form of address for each person and we heard that this was the name they used when speaking to people. A number of people told us that they liked to spend time alone in their bedroom. One person said, “I like it in my bedroom. I read

or watch the television. Staff accepts this and do not make me go in the lounges if I don’t want to”. This confirmed that staff took action to promote people’s dignity and respected their privacy.

We saw that people wore clothing that was appropriate for their age, gender and the weather. People told us that staff encouraged them to select what they wanted to wear each day and supported them to express their individuality. One person said, “I choose what I want to wear everyday”. All staff we spoke with gave us a good account of people’s individual needs regarding their appearance.

People we spoke with told us that they felt that the staff knew them well and were aware of their needs. One person said, “The staff are very good. I think they know us all well enough. They look after me”. Records that we looked at had some information about people’s lives, family, likes and dislikes. This provided staff with the information they needed about people’s preferences and histories to give them some understanding of their needs. All staff we spoke with were able to give a good account of people’s individual needs and preferences.

# Is the service responsive?

## Our findings

All people and relatives we spoke with told us that staff consulted with them about their care, preferred routines and changes to their condition. One person told us that they had a fracture. They said, “For a short time the staff had to help me more than they usually do. They discussed this with and I was happy with the way it was dealt with”. A relative told us that their family member was not able to make full decisions independently. They said, “Things can change quickly with them. The staff notice when there are changes and discuss the issues with me”.

Relatives told us that the staff had been responsive to information given to them to ensure that people’s needs were met in the way they preferred. One relative told us that when their family member went to live at the home they told staff about the person’s personal preferences and preferred daily routines. The relative told us that where changes were needed to daily routines the staff had listened and the required changes were always made.

We found that staff considered the individual recreational needs of people. People we spoke with told us that they engaged in activities that they liked. Meeting minutes that we looked at highlighted that people were consulted about activities and outings. During our inspection we saw that people were supported and encouraged to partake in activities that they enjoyed. One person was in the garden for most of the day sweeping the leaves up. They said, “I love it in the garden. When I was at home I spent a lot of time in the garden like I do here”. After meals we saw one person wiping the tables and table mats. We saw that they were smiling and humming and looked very happy when undertaking that task. Another person told us that they liked to do their jigsaw. They told us that they also liked to use their internet in their bedroom to communicate with their family. One person told us about a recent trip out. They said, “It was really good”. During the afternoon we observed a game of skittles taking place. A number of people joined in the event. We saw that they enjoyed the experience they were talking, smiling and laughing. We saw that one person did not join in the skittle game. They said, “Staff always ask me to join in, or if there is anything I what I want to do. I honestly don’t want to do anything. I enjoy sitting, watching and seeing other people do things”.

We saw that a complaints system was in place. Staff we asked told us what they would do if a person or relative was not happy about something. We found that relatives knew how to access the complaints procedure as some complaints had been made. People we asked told us that they would speak to staff if they were not happy. One person told us, “The owner always tells me that if I am not happy about anything I can go straight to them if I want to. I think that is good”. Relatives we spoke with told us that if they raised any issues in general they were dealt with to their satisfaction.

The provider had taken into consideration people’s individual mobility needs. We saw that equipment was available to prevent mobility restrictions. A passenger lift was available that enabled people to move between floors and hoisting equipment was available that enabled people to be safely moved from one place to another.

We found that religious input was available where people wanted this. A church was situated opposite the home and representatives from local churches visited the home. One person told us that they walked over the road to the local church every Sunday and how much they enjoyed attending the church service. Another person told us that they had followed their religion since they were a child and being able to continue to follow their religion was very important to them. They said, “The priest comes to see me every week. We pray and I have holy communion. I really value the visits”. This showed that staff knew it was important to people that they were supported and enabled to continue their preferred religious observance if they wanted to.

We found that the provider had listened to what we said to them during our previous inspection about the excessive heat in the lounge areas. We saw that an air conditioning system had been installed to address the issue. Staff told us that this had improved the situation. One person said, “It is much better now”.

The provider had welcomed local authority ‘quality team’ staff to work with the staff at the home. The quality team had and were going to provide some training for staff in areas such as care planning and record keeping. This showed that the provider had been responsive to local authority suggestions for improvement to better the lives of the people who lived there.

# Is the service well-led?

## Our findings

The provider had a clear leadership structure which staff understood. People and relatives we spoke with expressed satisfaction with the leadership of the home. The provider visited the home daily during the week. People we spoke with knew the provider well. One person said, “The owner is very nice, they speak to us to find out if things are alright”. All staff we spoke with told us that if there were any issues they felt confident to approach the provider who listened to them and acted. A staff member said, “We needed some new equipment. The provider agreed and made the money available”.

The provider had taken action to ensure that managerial support was provided to lead the service. A manager was in post and was registered with us as is the legal requirement. At the time of our inspection the manager was on long term leave. The provider had ensured that managerial cover was available which included a deputy manager, senior care staff and the administrator.

We found that support systems were in place for staff. Staff told us that management were approachable and helpful. One staff member said, “The management team are helpful. There is always someone we can go to if we need to”. All staff we spoke with confirmed that if they needed support outside of business hours there was a person on call they could telephone.

We found and were told of situations that confirmed that staff did not always follow instructions which did not give assurance of a well led service. The provider told us after our inspection of May 2014 that they would ensure that systems would be implemented to make the required improvements regarding the management of medicines. However, during this inspection we found that the systems had not been successfully followed by staff as we identified concerns regarding medicines that placed people at risk of ill health. We saw a shower chair in a bathroom that was badly cracked which could have caused skin damage. The person in charge told us, “Staff were not supposed to use

that chair. It had been put out of action. I do not know why it is still in the bathroom”. Following our inspection, during the time that we were analysing our evidence, we were told by the local authority that there had been a norovirus outbreak. We were informed by external health care professionals that although the situation was well managed regarding some aspects, in others it was not. Staff did not communicate adequately to alert ambulance crews of the outbreak when a person had to go to hospital. This increased the risk of norovirus transmission into the community.

We saw that some audit systems were in place relating to infection prevention and health and safety. Those audits should prevent any risks to the people who lived there. However, we identified that improvement was needed to promote people’s safety and wellbeing concerning medicine audits. We found that arrangements were not in place to document action taken when problems were found with medicine checks. We were shown the weekly ‘spot checks’ that the service undertook. We were told that any problems would be further discussed with the member of staff or at a team meeting. However, we found that when a problem was identified there was no record of what action was taken to confirm this. Staff we spoke with could not tell us why these systems had not worked.

Providers are required to inform us of any untoward event that occurs in their service as a ‘notification’. A norovirus outbreak affected a number of people and staff and had an impact on the running of the service. The provider notified us of this event. This meant that the provider met their lawful responsibility in regard to notifying us of this event.

We found that systems were in place that enabled people and relatives to make their views known about the running of the home. We saw meeting minutes and people confirmed that regular meetings were held for people to raise issues and give their views on the service provided. One person said, “We do have meetings and can talk about things that we want. We asked for outings and menu changes and these were arranged”.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>The registered person did not protect people against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the registered activity.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.