Yew Tree Care Limited

Churchfields Nursing Home

Inspection report

37 Churchfields
South Woodford
London
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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Churchfield Nursing Home is a residential nursing home providing accommodation and personal care to 31 people, at the time of the inspection. The service is a three-floor building. Each floor has separate adapted facilities.

People's experience of using this service and what we found
Risk assessments were not completed for people with certain health conditions to ensure they were safe at all times.

Pre-admission assessments were not robust to ensure people's support needs were captured to determine if people can be supported in a person-centred way. We made a recommendation in this area.

Not all areas of the care plans were person centred. Care plans were not in place for people with dementia to ensure they received personalised support.

Quality assurance systems were not robust to identify the shortfalls we found during the inspection.

Some complaints had not been managed in a timely manner and the tone of language used when responding to some complaints would require a more courteous approach. We made a recommendation in this area.

Systems were in place to prevent and minimise the spread of infections. Medicines were being managed safely. Pre-employment checks had been carried out to ensure staff were suitable to support people. People told us they felt safe at the home and staff were aware of how to safeguard people from abuse. There were appropriate numbers of staff to support people when required.

Staff were trained to perform their roles effectively. People had choices during mealtimes and had access to healthcare services. People were supported to have maximum choice and control of their lives and were being supported in the least restrictive way possible and in their best interests; the policies and systems in the service support this practice.

People participated in regular activities and their communication needs were met. Staff had a good relationship with staff and were friendly and caring.

People received care from staff who were caring and had a good relationship with them. People were encouraged to be independent and to carry out tasks without support.

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

Rating at last inspection
The last rating for this service was good (report published 30 August 2019).
We also carried out a targeted inspection in January 2021 to respond to risks and check on the home's infection prevention and control measures. This inspection did not change the home's 'good' rating

Why we inspected
We carried out this inspection following a routine review of information we held about this service. Our intelligence indicated that that there may be a higher level of risk at this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to risk assessments and good governance. You can see what action we have asked the provider to take at the end of this full report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe. Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was not always responsive. Details are in our Responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led. Details are in our Well-Led findings below.	**Requires Improvement**

Churchfields 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 (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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector 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
Churchfield Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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. The registered manager was not available at the time of the inspection. We were supported by the deputy manager and the provider.

Notice of inspection
The inspection was unannounced.

What we did before the inspection
We reviewed relevant information that we had about the service. We spoke to the registered manager to seek assurances on how the home is being managed. We looked at notifications that we received about the

home. We spoke to six people and seven relatives.

This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with the provider, the deputy manager, four care staff, activities coordinator, the chef and the cook. We reviewed five care plans, which included risk assessments, and four staff files, which included pre-employment checks. We looked at other documents such as medicine and quality assurance records.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at a range of policies and training certificates.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- There was a lack of risk assessments in place to ensure people were safe at all times.
- We saw some people had comprehensive risk assessments in place such as on their current circumstances and health conditions. This also included measures to minimise risks. However this was not consistent, as for some people there was a lack of robust risk assessments in place to mitigate identified risks.
- People with current and previous medical conditions such as breathing difficulties, hypertension and at risk of stroke lacked robust risk assessments, which did not include the signs and symptoms of these conditions and what actions staff should take if they occurred.
- For another person who was at risk of dehydration, a risk assessment was not in place and their urine output was not recorded robustly as part of their risk assessments.
- Robust risk assessments had not been completed for people with diabetes. Assessments included what staff should do if peoples blood sugar levels went down but did not include assessment on what action to take if blood sugar levels went up.
- Risk assessments had also not been completed for people that took blood thinning medicines to minimise the risks associated with excessive bleeding and bruising as a result of taking these medicines.
- This meant that there was a risk that people may be exposed to harm as risks were not mitigated.

We found no evidence that people had been harmed. However, risk assessments were either not in place or were not robust enough to demonstrate safety and risk was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Premises safety checks in other areas had been carried out. Checks had been completed on gas safety, electric, fire safety and portable appliance by qualified professionals.

Using medicines safely

- Medicines were being managed safely. We saw evidence that people received their medicines as prescribed, including those to be given when required (known as PRN medicines). There were PRN protocols to assist staff to understand when to administer such medicines and how to assess whether they were effective. A person told us, "Breakfast, lunch and if in pain, staff will give me a tablet. None missed."
- There were safe systems in place for ensuring the accuracy of information relating to medicines use and monitoring. We saw communication with people's GPs concerning medicines reviews.
- Medicines were stored safely and securely. Controlled drugs, which are drugs subjected to high levels of

regulation were administered as prescribed and were also stored securely.

Systems and processes to safeguard people from the risk of abuse
● People were protected from the risk of abuse because there were processes in place to minimise the risk of abuse and incidents.
● People and relatives told us people were safe. A relative told us, "Yes, [person] is safe, is always clean and comfortable, the general care is being done well." A person told us, "Think I am happy here, got no problems. Yes, I feel safe."
● Staff told us that people were safe. A staff member told us, "People are safe. I have no concerns about people's safety."
● Staff understood their responsibilities to protect people's safety and were aware of what abuse was and who to report abuse to, internally and externally, such as the management team or CQC.

Staffing and recruitment
● Pre-employment checks such as criminal record checks, references and ID checks were carried out before employing staff.
● There were appropriate numbers of staff to support people safely. Staff had a positive approach to supporting people and we observed staff responded to people's needs in a timely manner when required. A relative told us, "They don't use agency, always got a full complement of staff. Any one sick, they always call someone in, staffing is not a problem and I would notice as I am there so much."
● We checked the staff rota and found that there were appropriate numbers of staff on duty to support people. We observed call bells were answered promptly. A staff member told us, "I have no concerns, there is enough care staff here too look after people safely."

Learning lessons when things go wrong
● There was a system to learn lessons following incidents.
● Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
● People and relatives told us that infection prevention and control was maintained by the home. A person told us, "It is excellent they are doing everything they can in the circumstances. We do lateral flow tests, everything you expect them to do to keep people safe they do." A relative commented, "The home has coped very well during COVID-19. They kept me informed, scrupulous about testing and sanitizing."

Good

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

- Pre-admission assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the service was able to support them. Care plans were also being reviewed by the management team to ensure changes to people's needs were identified and information was accurate.
- However, pre-admission and reviews would need to be made more robust to ensure risks associated with people's health conditions and dementia were captured. This would ensure people received safe and effective care at all times.

We recommend the provider follows best practice guidance on pre-admission assessments.

Staff support: induction, training, skills and experience

- Staff had been supported and trained in essential areas to perform their role effectively.
- Records showed some staff had completed training on safeguarding and moving & handling. Care staff had not been trained on basic life support or first aid. We fed this back to the provider, who informed that this training would be completed.
- People and relatives told us that staff knew people well. A relative told us, "[Person] has been there over a year, all in all they have done marvellously well. [Person] got (was not well) and they nursed [person] back to health. I am very pleased with the care." A person commented, "Think I am happy here, got no problems."
- Supervisions had been carried out regularly to ensure staff were supported. Staff told us that they were supported. A staff member told us, "[Registered manager] is a good manager, [registered manager] supportive and is approachable."

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 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.

● People's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and professionals.
● The MCA and associated Deprivation of Liberty Safeguards (DoLs) were being applied in the least restrictive way and correctly recorded.
● Records showed that relevant authorisations were in place and applications had been made for some people.
● Staff requested people's consent before carrying out tasks. A staff member told us, "I always ask for consent and permission."

Supporting people to live healthier lives, access healthcare services and support
● People had access to the healthcare services they required, such as GP and hospitals. A GP also visited the home weekly to review people's health and we observed a district nurse visiting the home to help a person with their dressing. A person told us, "Saw a GP last week as had a bad cough. He came and checked me and said it was not dangerous. I have just finished the antibiotics. You tell the staff and they tell the head nurse and she come and says I have phoned the doctor, he is coming."
● Staff requested healthcare support when this was needed and followed the advice given.
● We found there was no detailed oral healthcare plan. Oral healthcare plans should include people's oral conditions and if people required support with oral healthcare and if referrals to a dentist was required. The deputy manager told us that care plans were being made digital and detailed oral healthcare plans would be included as part of that.

Supporting people to eat and drink enough to maintain a balanced diet
● People were offered choices for their meals and liked the food. A person told us, "They [staff] make sure you eat enough and encourage me to eat, it is excellent and compliment to the chef. I like all the foods." Another person commented, "Chef is very helpful with different types of cuisine. If you are not happy, they will do something else for you, like pasta or have lamb done in a different way."
● We observed staff offered people choices and engaged with people during mealtimes. They were supporting people when needed and asking them if they enjoyed their meal. We saw one person was not eating their meal and a staff member came and sat with the person and supported them to have their meal.
● People were offered two meal choices and had choices if they did not prefer anything on the menu. A staff member told us, "People have choices during meals, we always ask them."
● The chef kept a record of people's dietary requirements and we observed the kitchen area was kept clean and tidy.

Adapting service, design, decoration to meet people's needs
● The premises and environment met the needs of people who used the service and were accessible.
● There was two communal areas and a dining area. There was a garden that was maintained if people wanted to go outside.
● We observed people's rooms were decorated with their preferences.

Good

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 remained the same. This meant 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 were protected from discrimination within the service.
- People and relatives told us staff were caring. A person told us, "They [staff] treat me with respect, always say why what they have come to do and would like to do. Staff are kind." Another person commented, "Staff are excellent. Over the years, I have seen staff come and go but they have good staff retention. All seem very good, caring and engaging, nice people, nurses all engaged. I have got no complaints."
- We observed relationships between staff and people were friendly and positive. Staff spoke with people in a kind manner and their approach was positive. A relative told us, "Staff are very polite, very friendly and very good at what they do."
- Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual orientation and all people were treated equally. A person told us, "It is very good care. I like the fellowship, we help each other, staff perform very well, they are kind, they encourage me to write letters and to answer to prayers."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- We observed that staff knocked on people's doors prior to entering and did not observe anything that would have negatively impacted on a person's dignity.
- Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity. A person commented, "Not rushed by staff. My door is closed when being dressed, they always ask, always knock on the door."
- We saw people were independent with eating meals with staff nearby to support them if needed. People mobilised independently and went to their rooms and other parts of the home when they wanted to. Care plans included information on the level of support people may require and tasks they can carry out independently.

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

- People's families were encouraged to be involved in making decisions about their care and support where this was appropriate.
- Staff told us they would involve people in decisions when supporting them. A staff member told us, "We always give them options. If they [people] want to have shower in the morning or afternoon or dressing, we just ask them."

Requires Improvement

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 deteriorated to requires improvement. This meant people's needs were not always met.

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

- Care plans were inconsistent.
- Care plans detailed people's support needs with personal care, nutrition, continence and during the night. Care plans included information on how to support people and also included people's background information such as their upbringing.
- However, care plans had not been completed for people with dementia to include their level of dementia and how support can be personalised to ensure they received person-centred care. We were shown that the home was transitioning towards digital care planning and that care plans on dementia would be included on the digital care plans.

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.

- People were supported with regular activities to support people's interests that were relevant to them.
- We observed people took part in group activities and also 1:1 activities throughout the day. The home had activity coordinators, who planned activities. A relative commented, "Activity coordinator is so nice. She sits and plays games, they [people] do all sorts, arrange group bingo. There is plenty going on."
- Records included people's preferences with activities and the activities that people participated in. There were group activities carried out, which meant that people were supported to develop and maintain relationships with each other. A relative told us, "Staff go and read to [person], they do music sessions, and staff always engage with [person]." A staff member commented, "There is regular activities, exercises, singing and churches."

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's ability to communicate was recorded in their communication care plan, to help ensure their communication needs were met. The plan included information on how to communicate with people effectively. We observed that staff knew people well and communicated with them in a way that was respectful and met their communication needs.

Improving care quality in response to complaints or concerns

● The service had a complaints procedure. Complaints had been investigated. However, we found some complaints had not been responded to in a timely manner in accordance to the providers complaints policy. We also discussed with the provider to consider the tone of language used when responding to complaints to ensure it was more courteous.

We recommend the home follows best practice guidance on complaints management.

End of Life care and support

● The service supported people at the end of their life. Systems were in place for their wishes to be recorded and acted upon in care plans. People had DNACPRs (Do not attempt cardiopulmonary resuscitation) forms which they had signed.

● The home worked with specialist end of life care professionals to ensure people's end of life needs were met. People were supported with dignity and sensitivity by staff.

Requires Improvement

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 deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was not an effective quality assurance system in place to identify shortfalls and act on them to ensure people were safe.
- Audits had been carried out on medicine management, infection control systems , health and safety and care plans. However, these audits had not identified the shortfalls we found with risk assessments and care plans.
- This meant there was a risk people may not receive high quality care to ensure they were safe at all times.
- Records were not always kept up to date. Risk assessments had not been completed in full in order to ensure staff had the relevant information to provide high quality care at all times. We also found robust oral healthcare plans and care plans on dementia had not been kept to ensure people were supported effectively.

We found no evidence people had been harmed however, the above issues show the home failed to ensure robust audit systems were in place to identify shortfalls and act on them to ensure people were safe at all times. The failure to maintain accurate, complete and contemporaneous records meant that people were at risk of receiving unsafe and inappropriate care. This was a breach of regulation 17 (Good governance) of 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; Continuous learning and improving care

- Quality monitoring systems were in place.
- Surveys had been completed to obtain feedback from people, relatives and staff members.
- Staff were aware of how to support people considering their equality characteristics.
- Staff meetings were held. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team to ensure people received high quality support and care.
- Residents meetings were also held and during these meetings, people discussed their preferences with meals and activities. People were also updated on COVID-19.

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 and deputy manager were aware that it was their legal responsibility to notify CQC of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;
● Staff were clear about their roles and positive about the service. A staff member told us, "I like it here. I am used to working here. I enjoy working with people. We work as a team and help one another."
● People and relatives were positive about the service. A person told us, "I would recommend it. So far, I have got no complaints. Would say they are 10 out of 10. Sometimes I tell them if I have a little problem, they give me a cuddle, they talk to me nicely." Another relative commented, "It's been very good. [Person] has been there for some time. For me it is very good. [Person] says it is good and they take good care of me. Mainly it is the taking good care of the people. Staff are very good, their response is very good. All the basic needs are there; [persons] upkeep, health hygiene, medically all very good, gets medication on time, carers are very friendly"

Working in partnership with others:
● The service worked in partnership with professionals to ensure people were in good health.
● The provider told us they would work in partnership with other agencies, such as health professionals and local authorities, if people were not well, to ensure people were in the best possible health. Records confirmed this.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not done all that was reasonably practicable to mitigate risks to service users to ensure they were safe at all times. Regulation 12(1)(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider was not robustly assessing, monitoring, improving the quality and safety of the service users and mitigating the risks to ensure people were safe at all times. Regulation 17(1)