

Mrs Amrita Gunputh & Mr Anand Gunputh

Churchfield Court

Inspection report

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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 

Overall summary

Our inspection was unannounced and took place on 5 and 16 October 2015. The inspection was carried out by one inspector and a pharmacy inspector.

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

The manager was registered with us. 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 inspections in May and October 2014 the provider was not one of the regulations we inspected. This related to medicine safety. During this, our most recent inspection, we found that improvements had been made regarding medicine safety.

People felt safe living in the home. Systems were in place to protect people from the risk of harm and abuse.

Summary of findings

People were happy with the meals offered. People were supported to have a nourishing diet and drinks were offered throughout the day to prevent the risk of dehydration.

People and their relatives felt that the staff were kind and caring. Interactions between staff and the people who lived at the home were positive. Staff were friendly, polite and helpful to people.

People received care in line with their best interests and processes were in place to ensure they were not restricted unlawfully.

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

A complaints system was available for people to use. Relatives felt that if they raised issues they were addressed satisfactorily.

We found that quality monitoring processes had improved to ensure that the service was run in the best interests of the people who lived there.

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 safe.

Systems were in place to keep people safe and prevent the risk of harm and abuse.

Medicines were managed safely and ensured that people received their medicine as it had been prescribed by their GP.

Recruitment systems prevented the employment of unsuitable staff.

Good



Is the service effective?

The service was effective.

People and their relatives felt that the service provided was good and effective.

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

Staff understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards which ensured that people were not unlawfully restricted and that they received care in line with their best interests.

Good



Is the service caring?

The service was caring.

People and their relatives told us that the staff were kind and caring.

People's dignity, privacy and independence were promoted and maintained.

Visiting times were open and flexible and staff made people's relatives feel welcome.

Good



Is the service responsive?

The service was responsive.

People and their relatives confirmed that the staff knew the people well enough to meet their needs.

The staff offered recreational activities to meet people's individual preferences and needs.

Complaints processes gave people assurance that complaints would be fully dealt with.

Good



Is the service well-led?

The service was well-led.

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.

The provider had monitoring processes in place to ensure that the service was being run in the best interests of the people who lived there.

Good



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 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.

Our inspection was unannounced and took place on 5 and 16 October 2015. The inspection was carried out by one inspector and a pharmacy inspector.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service

does well and improvements they plan to make. The form was completed and returned so we were able to take information into account when we planned our inspection. We asked the local authority their views on the service provided. We also reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with nine people who lived at the home, four relatives, four staff, the deputy manager, the registered manager, the provider and a visiting health care professional. We looked at the care files for two people and recruitment and training records for two staff.

Is the service safe?

Our findings

When we last inspected the home in May and October 2014 we found that improvements were needed relating to the safety of medicines. Following our October 2014 inspection the provider sent us an action plan telling us they would make improvements in this area. A pharmacist inspector checked medicine safety at this inspection and found that the provider had made improvements in line with their action plan. The management of medicines was safe and people received their medicines as they had been prescribed.

People told us that they were happy with the way their medicine was managed. A person said, "I like the staff to do my tablets. They always give me them and on time". Another person said, "The staff always ask if I have any pain, if I do they offer me my tablets".

We found only senior carer staff, who had received training, administered medicines. We observed that medicines were administered safely and the senior care staff followed appropriate procedures. We saw that staff ensured people had a drink to help them take their medicines and that people took their medicines before they signed the medicine administration records. Medicines were stored securely. The treatment room was in good order and the room and the fridge were maintained at an appropriate temperature to ensure medicines remained effective. However, we observed during inspection, the treatment room had no locks. We were reassured by the manager that a risk assessment will take place to review if locking the treatment room was necessary.

No one living at the home had their medicines given to them covertly. However, we found that one person had sometimes refused to take their medicines. Their GP had been made aware of this and with reassurance and patient support by care staff this person usually took their medicines. We were reassured by the registered manager that if in the future the person needed their medicine to be given covertly, they would ensure that a mental capacity assessment was undertaken and that best interest agreements were in place for this activity.

Staff had received on-going training to ensure they remained competent. We saw that spot checks and regular

weekly medicine audits had taken place. Two members of staff had not recently had their competency reassessed the registered manager told us that this would take place when they returned from their annual leave.

People and the relatives we spoke with told us at they had not experienced or seen anything that concerned them. A person started laughing when we asked them about abuse and said, "Nothing like that goes on here". Another person told us, "The staff are nice and kind. There is no bad treatment". A relative told us, "I have never seen anything concerning". All staff we spoke with told us that they had received training in how to safeguard people from abuse and knew how to recognise the signs of abuse and how to report their concerns. A staff member told us, "If I am concerned about anything I report to my manager". The registered manager had reported to us and the local authority any safeguarding concerns as they are required to by law to help protect people from abuse.

Relatives told us that they felt that people were safe. A person told us, "I feel safe here," Another person said, "I am safe". We saw that a range of equipment was provided to promote safety. This included equipment for fire detection and prevention. Records we looked at and the registered manager confirmed that the equipment was serviced by an engineer regularly.

Staff told us that they had received health and safety and moving and handling training. Training records confirmed that staff had received the training and the registered manager told us that further training and/or refresher training had been arranged for staff. We saw that risk assessments had been undertaken to explore risks regarding pressure sores and accidents to try and reduce them. A relative said, "They [Their family member] had falls before coming in here. They are not so bad now and an alarm has been installed so that staff know when they are walking, to help prevent falls".

The falls analysis from July 2015 to the day of our inspection highlighted a number of falls. Although there were no real patterns or trends relating to the falls a number had been un-witnessed and recorded as 'found on the floor'. The registered manager had been open about the number of falls and had informed the local authority. The registered manager gave us a detailed account of how they monitored incidents, falls and accidents. We saw that aids to support people, when they were mobilising were available. We saw that staff supported and reminded

Is the service safe?

people, to use their walking sticks and frames. We saw from records that referrals had been made to occupational therapy and physiotherapy professionals for advice and guidance on how to prevent people from falling. Staff confirmed that where there was a concern regarding people falling then referrals were made to external professionals.

A person told us, “Staff are always round when I need them”. Another person said, “I used my call bell in the night. The staff came running straight away”. A relative said, “There seems to be enough staff when we visit. Staff we spoke with had mixed views about staffing levels. One staff member told us, “In general there are enough staff”. Another staff member said, “We did have problems a while ago as there were a number of people who required a lot of

care and support. Two of those people no longer live here and it has made a difference”. During our inspection we observed that staff were available at all times in the dining rooms to help assist people to eat and to supervise lounge areas.

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 were 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.

Is the service effective?

Our findings

People told us that they were happy with the service provided. A person said, “I was in another home before it was not very nice. It is much better here”. Another person told us, “I came here and it meets my needs. I am happy here. It is my home now”. A relative told us, “It is a good place I am happy with their [Their family member’s] care”.

A staff member told us, “I had induction training when I started. I went through policies and procedures and introduction to people”. Staff files that we looked at held documentary evidence to demonstrate that induction processes were in place. A staff member told us, “I have more support here than where I worked before, it is good”. Other staff we spoke with told us that they felt supported on a day to day basis. They told us that they received regular one to one supervision to discuss training they needed and their performance. A staff member told us, “We have a lot of training. I feel confident to do my job”. Staff training records that we looked at confirmed that staff had received mandatory and some specialist training for their role. The registered manager told us, and showed us documents, to confirm that refresher training for health and safety and moving and handling had been arranged.

People and their relatives also told us that they 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. A relative told us that they had been involved in their family member’s care planning when they first moved into the home.

A person said, “I go out when I want to and can go into my bedroom or the garden. Other people we spoke with also told us that they could move around freely in the home, could access the garden and go out when they wanted to. Staff told us that they had some knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) and how this impacted on their work. Staff we spoke with gave us an account of what lack of mental capacity meant and what determined unlawful restriction and what they should do if they had concerns. However, not all staff had received MCA and DoLS training. The registered manager told us that they would arrange this. The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when

balancing autonomy and protection in relation to consent or refusal of care. DoLS requires providers to submit applications to the local authority to deprive someone of their liberty. Staff confirmed that where it was determined a person lacked mental capacity to make decisions about their care and support they involved appropriate family members, advocates or health/social care professionals. This was to ensure that decisions that needed to be made were in the person’s best interest. The registered manager had referred a person to the local authority regarding DoLS. These actions prevented people having their everyday rights unlawfully restricted.

People were happy with the food and drink offered. A person told us, “I think the food is nice”. Another person said, “The food is good”. A relative told us, “Mum loves the food. It always looks and smells nice”. However, another relative told us that they felt there could be more choice at teatime and that the sandwiches could be made to look more attractive. 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 and that when they wanted different meals provided that was arranged. We saw that mealtimes were relaxed and an unhurried experience. We saw that tea pots were available on tables so that people could help themselves. We also saw 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 including diabetic diets. We saw that hot and cold drinks were offered regularly to people to prevent the risk of dehydration. Records highlighted and staff we spoke with confirmed that people were weighed regularly and that referrals were made to health care professionals where a concern was identified. One person said, “The staff try and fatten us up”.

A person said, “The doctor is called if I am not well”. A relative told us, “The staff always do what they have to if they [Their family member] are ill and they let me know”. Other people and relatives we spoke with confirmed that staff supported people to access health or social care services when needed that included chiropody, eye tests and specialist health care staff including the community

Is the service effective?

matron and the Community Psychiatric Nursing (CPN) team. We saw that a district nurse visited one person during our inspection who told us that the staff referred people to them as soon as input was required.

Is the service caring?

Our findings

All of the people and their relatives we spoke with told us that the staff were, “Nice,” “Kind” and, “Caring”. A person told us, “The staff are all very nice”. Another person said, “The staff are really lovely”. A relative told us, “The staff are all very good”. A staff member told us, “I think all the staff here are caring. We treat people as we would expect our own family to be treated”. We observed some interactions between staff and the people who lived there and saw staff chatting with people in a friendly, caring way. We heard staff asking people how they were, asking about their family and showing a genuine interest in them.

We found that the provider encouraged a happy, friendly atmosphere within the home. Our observations showed that the people who lived at the home had made friends with each other. We heard them asking how people were and at meals times there was a lot of friendly banter between them.

A person said, “I feel the staff are polite and respectful”. Other people also told us that staff were polite. Staff we spoke with gave us a good account of how they promoted people’s privacy and dignity. They gave examples of giving people personal space and ensuring doors and curtains were closed when supporting people with their personal care. Relatives we spoke with told us that the staff were always polite and promoted their family member’s privacy and dignity. A relative said, “The staff are all very polite and respectful to them [Their family member] and us”.

A person said, “I like to do what I can myself and I do”. People we spoke with told us that staff encouraged them to be independent. Staff we spoke with all told us that they only supported people do things that they could not do. We observed staff encouraging people to walk rather than them using wheelchairs for them to retain their mobility independence. We heard staff encouraging people to eat and drink independently.

A person said, “I like to look my best”. People told us that they selected their own clothes to wear each day. We saw that people wore clothing that was suitable for the weather and reflected their individuality. A person said, “I always choose what I want to wear. Care records that we looked at highlighted that people’s appearance was important to them. A relative said, “The hairdresser comes regularly and they [Their family member] likes to have their hair done”.

People we spoke with all told us that they liked having visits from their family. A person said, “I like it when my family come. They can come any time”. Relatives told us that they could visit without any restrictions. A relative said, “I visit when I want to and am made to feel welcome by staff”.

We saw the provider’s confidentiality policy. Staff we spoke with told us that they read this when they started to work at the home. A staff member told us, “I know that we should not discuss anything about the people here outside of work and that records must be locked away at all times”.

People confirmed that staff communicated with them in a way that they understood. We saw that staff spoke with people in a calm way. They made sure that they faced people when they spoke with them. They waited to make sure that people had understood what was said to them and repeated what they said if they thought they had not. This demonstrated that staff knew it was important to communicate with people in a way they understood.

We did not see that information was displayed giving contact details for independent advocacy services. The registered manager told us that they did not know where it had gone as there had been ‘flyers’ on display and available to give people this information. They told us that they would make sure that the information was displayed again. The registered manager confirmed that advocates had been used where people needed support to make decisions. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes.

Is the service responsive?

Our findings

A relative told us, “Before they [Their family member] came here an assessment was carried out and we were asked questions about their life, condition, likes and dislikes. A person said, “When I came here the staff asked all about my health and life”. The registered manager told us and records that we looked at confirmed that prior to people receiving service an assessment of need was carried out with the person and/or their relative to identify their individual needs, personal preferences and any risks.

A person said, “I think the staff know me well and what I need”. A relative told us, “I think they [The staff] know her well and meet her needs. Another relative said, “I was worried when she [Their family member] first came to live here as I thought she may not like living in a care home. We were all surprised how quickly she settled. I think that is because the staff had all the information they needed to make her feel at ease”. Staff were able to tell us about people’s individual support needs and interests. The staff we spoke with knew about people’s daily routine preferences, how they liked their support to be provided, and their families and about people’s past working life and interests.

People and their relatives told us that they were involved in care planning this was confirmed by the registered manager. One person said, “The staff involve me”. Another person said, “The staff always ask my view and help me decide”. A relative told us, “The staff very much involve me and ask my view”. Although some relatives we asked were not aware, or could not remember seeing their family member’s care plan, they all told us that staff involved them in deciding how support would best be provided to make it appropriate and safe. Staff told us that people’s care plans were reviewed regularly. The care plans that we looked at had been reviewed and updated to ensure that they were current and appropriate.

A person said, “I go to church often”. Other people we spoke with also told us that they were supported to attend religious services if they wanted to. There was a church opposite the home and some people told us they attended there every week. This demonstrated that the provider knew it was important that people had the opportunity to practice their preferred faith if they wished to.

A person told us, “There are things we can join in and I like to”. People we spoke with confirmed that they were offered some leisure time pursuits. We saw that people watched films on the television and engaged with a staff member in activity during the afternoon. We saw some people reading free local newspapers. A person said, “I like reading this. One of the staff brings the newspapers in everyday for us to read”. A relative had told us that they felt that in-house every day, activity provision could be better. Records of meetings and people we spoke with confirmed that staff asked them if they wanted new activities introduced. We spoke with the registered manager about activities who agreed that in-house activities could be better. They told us, “We ask people what they want to do but often when we offer what they have asked for they refuse to join in. I am going to a resource centre this week to get some equipment and new ideas”. We found that day trips into the community were offered regularly and that people had enjoyed these. A person said, “We went out the other day we had a good time”. A relative said, “They [Their family member] went out for a pub lunch last week. It is good that people get the chance to do things like that”.

People who used the service and their relatives told us that they were aware of the complaints procedure. One person said, “I would tell the staff”. A relative said, “If I needed to I would raise any issues with staff”. Another relative told us, “If I have had issues I have spoken with staff and they have addressed and resolved them”.

Is the service well-led?

Our findings

People, relatives and staff we spoke with felt that the service was good and well-led. A person told us, “It is very good here”. A relative told us, “I think it is a good service”. Staff we spoke with told us that in their view the service was good.

The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by a deputy manager and senior care staff. A person said, “She [The registered manager] is nice”. The registered manager was available and was visible within the service. We saw them in the lounges and dining rooms during our inspection. We saw that people smiled and spoke with the registered manager which showed that they were familiar with her. All of the people spoken with knew who the manager was. The majority of relatives we spoke with knew who the registered manager was and felt they could approach them with any problems they had.

The provider visited the home at least three days a week to oversee how the service was being run and to ensure that people and their relatives could speak with them if they wanted to. A person told us, “The owner is nice. I can speak with him if I want to”. A relative told us, “We were not happy with the mattress. We raised this and a new one was purchased quickly”. The registered manager told us that the provider always listened and acted if new equipment or items were needed. They said, “Anything really we ask and we get. We have just had some new profile beds which are safer for the people and staff to care for them”.

We found that the provider adhered to what was required of them. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They returned their PIR within the timescale we gave and it was completed to a reasonable standard. Providers are required to inform the Care Quality Commission, (the CQC) of important events that happen in the home. The registered manager had a system in place to ensure incidents were reported to the CQC which they are required to do by law. This showed that they were aware of their responsibility to notify us so we could check that

appropriate action had been taken. Providers are also required to display their inspection rating. We saw that the provider’s rating was available on their web site and also on display in the front entrance corridor of the home.

We saw that the provider had Closed Circuit Television (CCTV) in use that covered a small proportion of the premises. The provider told us that they had installed CCTV following a break in some years ago. The registered manager and provider were not aware that there was Care Quality Commission (CQC) guidance available regarding CCTV. The registered manager and the provider agreed that they would look at the guidance and that they would ensure that this was followed.

We saw documentary evidence to show the registered manager carried out checks on the service quality. We found that checking processes and audits had improved medicine safety which meant that people would be less at risk of not having their medicine as it had been prescribed. The registered manager told us that they felt that they had improved in this area but were aware that more improvement was needed.

People and relatives told us that the provider had asked them about their care. We saw completed surveys on care files. The overall feedback was positive and confirmed that people were satisfied with the service. Meetings were held for people who lived at the home so that they could tell staff if they were happy with the service provided or ask for changes. Minutes of meetings that we looked at highlighted that people were asked about outings, activities and menus. We spoke with people who told us that they had been listened to in that new meals had been introduced and requested outings had been planned.

Staff told us that they felt supported by the provider. A staff member told us, “I feel well supported by the managers. I am happy working here”. We looked at a selection of staff meeting minutes and found that the meetings were held regularly. Staff also told us that the service was well organised, and that they were clear about what was expected from them. People and relatives we spoke with felt that the staff were well led and worked to a good standard. A person said, “The staff do a good job”. A relative told us “The staff are fine. I have no issues with them”. Another relative said, “I have no issues with the staff.

The staff we spoke with gave us a good account of what they would do if they were worried by anything or

Is the service well-led?

witnessed bad practice. One staff member said, “If I saw anything I was concerned about I would report it to the manager. We have policies and procedures regarding whistle blowing”. We saw that a whistle blowing procedure was in place for staff to follow.