Yew Tree Care Limited

Churchfields Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

About the service
Churchfields Nursing Home supports people aged 65 or over, some of whom have dementia care or mental health needs. It is registered to accommodate and support up to 32 people. At the time of the inspection, 26 people were living at the home. The home has three floors with adapted facilities and en-suite rooms.

People's experience of using this service and what we found
We found improvements had been made in the home following our last inspection. Risk assessments for people were more thorough and detailed to protect them from coming to harm. Risks such as those related to people's health conditions and mobility were monitored and managed so staff could support them safely. Medicines for people were managed and administered safely. Safeguarding processes were in place to protect people from the risk of abuse.

The provider recruited staff appropriately and checked they were of suitable character to support people. There were enough staff working in the home. Systems were in place to prevent and control infections. Lessons were learned following accidents and incidents in the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to achieve positive outcomes. They received care and support that was personalised for their needs.

People took part in activities, followed their interests and were supported to see their family and friends. We made a recommendation for the provider to look into improving the range of activities because we found some people had little to do during the day.

Systems were in place to manage and respond to complaints. People's communication needs were met. Feedback was sought from people and relatives to help make continuous improvements to the home.

The provider and management team carried out quality audits to ensure the home was compliant with health and social care regulations and to identify areas for improvement. The management team learned lessons when things went wrong in the home. People's dignity, privacy and human rights were respected at all times. Their equality characteristics were understood and respected.

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 the service was Requires Improvement, (published on 22 January 2022) and there were breaches of regulations.

We issued requirement notices to the provider for breaches of regulation 12 (Safe care and treatment) and regulation 17 (Good governance). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Churchfields Nursing Home on our website at www.cqc.org.uk

Why we inspected
We carried out an unannounced comprehensive inspection of this service on 30 November 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe and Well-led which contain those requirements, and the Key Question of Responsive.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

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 Health and Social Care Act 2008.
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 1 inspector, a specialist advisor for nursing care and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Churchfields Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Churchfields Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection

Registered manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.
At the time of our inspection there was a registered manager in post.

Notice of inspection
The inspection was unannounced.

What we did before the inspection
We reviewed the information we already held about the service. This included the last inspection report and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection
We spoke with the registered manager, 6 nursing and care staff, 2 activities coordinators, the chef, the administration manager, the building manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.
We carried out observations of people's care and support and spoke with 6 people and 7 visiting relatives for their feedback on the home.

We reviewed documents and records that related to people's care and the management of the service. We reviewed 8 care plans, which included risk assessments. We looked at other documents such as those for medicine management and infection control. After the inspection we continued to seek clarification from the provider to validate evidence found.

Good

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 Requires Improvement. At this inspection this key question has changed to Good. This meant people were safe from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection 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 and was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

● At our last inspection in November 2021, we found robust risk assessments were not in place to ensure people received safe care. People were not being appropriately protected against risks and action had not been taken to prevent the potential for harm because risk assessments did not contain sufficient information for staff to follow.
● At this inspection, we found risks assessments relating to people's health and care needs were more robust. They contained detailed information about specific risks to people for staff to be aware of. These included risks related to people's health conditions, such as hypertension and diabetes. For example, if people were diabetic, their risk assessments contained information on the signs and symptoms of high or low blood sugar levels and the action staff should take to mitigate these risks. Other assessments included risks around people's nutrition such as choking, skin integrity, mobility and medicines.
● Risk assessments for each person included guidance for staff on what actions to take to prevent the person coming to harm. For example, one person's assessment stated, "[Person] is at risk of breaks in their skin. Staff to wash [person] gently as skin is very fragile and it can create a wound. Staff to check skin daily and report any concerns." This showed risks to people were assessed, monitored and managed to keep them safe.
● Gas, water, electrical, fire safety systems and mobility equipment for people had been serviced by professionals. Each person had a personal emergency evacuation plan, in the event of a fire or other emergency.

Systems and processes to safeguard people from the risk of abuse
● There were systems to protect people from the risk of abuse. We reviewed safeguarding procedures and records. The registered manager raised alerts and worked with local authority safeguarding teams during investigations.
● Staff had received training in safeguarding people from abuse. Staff were able to describe the procedures they would follow should they identify people at risk of abuse. This included whistleblowing to external agencies such as the local authority or the police, if they were unable to report concerns about people's

safety to the provider.
● People and relatives told us the home was safe. One relative said, "[Family member] is very happy here compared to the previous place they were in. It's much safer here. I know the staff are very friendly, everyone says so and you can see it. It's more intimate here." Another relative told us, "[Family member] is in safe hands here now."

Staffing and recruitment
● There were enough staff to support people in the home. The provider had assessed the staffing levels needed and had implemented a rota, so that the numbers of staff required in the day and at night were available at all times.
● Staff told us there was enough staff. We saw that when people required more intensive staff support, staff were available to provide this.
● The provider carried out appropriate recruitment checks to ensure staff were safe to work with people. This included criminal background checks, obtaining references, proof of identify and eligibility to work in the UK.

Using medicines safely
● Medicines were managed safely in line with national guidance. Medicines were administered by staff who had received the relevant training and who underwent annual assessments of their competency.
● Medicines care plans and risk assessments were in place and staff provided person-centred medicines support to people. People received their medicines as prescribed, for example medicines that needed to be taken before food.
● There were protocols for medicines to be taken 'when required', such as pain relief medicines. However, staff did not always document the reasons for administering them. The registered manager told us they would address this with staff. We observed staff being patient, kind and professional in their approach during medication administration.
● Safe and appropriate management systems were in place to ensure medicines were managed safely. Medicines were kept securely in locked cupboards. Refrigerators which stored certain medicines were checked to monitor their temperature.
● Medicine Administration Records (MAR) contained sufficient information such as photographs of each person and details of any allergies they had to ensure safe administration of their medicines. MAR sheets were completed accurately. Medicine stock levels tallied with the balances recorded to ensure all medicines had been accounted for and used correctly.
● Medicine audits were carried out to identify any concerns and address any shortfalls, gaps and errors. There were processes to ensure medicines were ordered for the beginning of the next cycle.
● Controlled drugs, which are at risk of being misused, were securely locked away and managed safely, separate from other medicines. Staff were aware of good practice guidance around medicines were able to confidently talk about them.

Preventing and controlling infection
● The provider had systems to prevent and control the spread of infection.
● People were admitted safely to the service. Staff used personal protective equipment (PPE) effectively and safely and told us they had sufficient PPE for their use.
● The provider was accessing COVID-19 testing for people using the service and staff when required.
● Safety through the layout and hygiene practices of the premises was promoted. The home was was cleaned and disinfected daily by domestic staff.
● There were processes to make sure infection outbreaks can be effectively prevented or managed.

Visiting in care homes
● The provider was facilitating visits for people living in the home in accordance with the current guidance. However some signage and notices for visitors were no longer applicable and we discussed this with the management team to follow this up.

Learning lessons when things go wrong
● There were procedures for the recording of incidents and accidents. The registered manager investigated incidents and action was taken to keep people safe.
● The management team drew lessons from incidents they investigated and shared these with staff, for example if people had a fall and risk assessments needed to be reviewed. This meant the provider had systems to learn lessons when things went wrong in the home.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.
In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● People's ability to consent to decisions made about their care were assessed and recorded. Their choices and decisions were respected. This included aspects of their care, such as their medicines, relationships and personal care.
● People's care plans included the involvement of the person, their relatives or other representatives to ensure care and treatment provided by the service and other professionals was delivered with their consent. Records showed if people required decisions to be made in their best interest. For example, consent or authorisation was obtained for the use of bedrails to reduce the risk of people falling out of bed and injuring themselves.
● DoLs applications for each person were made where it was assessed their liberty could be deprived. The registered manager kept a log of DoLS applications that had been made, were in progress or had been approved.
● Staff understood the principles of the MCA and had received training. They told us they asked for people's consent at all times before providing them with support.

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 Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

● We found the range of group activities and stimulation for people could be explored further to enhance the experience of people.

● There was not a weekly activity schedule on display although two activity coordinators and a part time coordinator worked in the home. The management team told us and showed that information about planned activities was stored in the digital system.

● We saw the activity staff entertain and engage people in newspaper, art and music activities, plus some chair exercises. Records showed the home used a local mobility taxi service for some people who wished to use it and go out.

● Staff also interacted and spoke with people during the day, although we found many people to be sitting in the lounge for most of the day without much stimulation or movement. The management team told us this was due to people's preferences and individual needs.

● Staff told us the garden was used during suitable weather for occasions and parties and people could sit outside. One person said, "I've enjoyed my lunch and am choosing me tea, from the pictures. I'm colouring now I've done quite a lot so far. Tomorrow I'm getting my hair done by the hairdresser who comes in. I am happy here." A relative told us, "I don't think [family member] does many activities here. I'd like [family member] to do stuff, and be a bit more active. They did get a singer in a while ago and they enjoyed singing along."

● Some relatives told us they took their family members out to a local park or café. We found people to be comfortable and content in the home and all relatives gave positive feedback about the staff and the care. However, we saw responses from surveys for the home which showed some people and relatives had made comments about improving the activities in the home.

● Some action had been taken by the management team in response. For example, individual assessments of what type activities some people were most suited to were carried out. However, more development was required to suit the needs of all people in the home.

We recommend the provider seeks best practice guidance on activity planning to provide more meaningful experiences and activities for people.

After the inspection, the provider showed us they had implemented weekly activity schedules and would plan more outings and entertainment now that COVID-19 restrictions had eased.

● People were being supported to develop and maintain relationships with their family and friends. This helped to avoid people feeling isolated or lonely. People were able to have visitors and we saw many

relatives visiting their family members during the day.
● People could follow their interests. For example we saw one person in their room playing an interactive board games on a large screen. Other people enjoyed listening to the radio or watching television.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● At our last inspection we found care plans were not always consistent in setting out people's specific needs and preferences. This had improved at this inspection.
● The provider had implemented a digital system for care planning and recording. Staff used devices, which were linked to a central system to update care plans and log tasks. This meant all staff and managers were able to view updates as they happened.
● Care plans gave a person-centred profile of the person. They provided more detailed information about people's health care needs, their preferences, interests, hobbies, communication abilities and relationships. For example, one person's care records stated, "[Person] is very friendly to staff and residents and interacts well, joining in daily activities, watching TV, listening to music and enjoying visit of their friend who visits regularly."
● We noted some care monitoring records, such as turning charts for people at risk of pressure sores contained some gaps. We saw evidence people were being turned in their beds to relieve pressure but some of the gaps were unexplained. Another person required their leg being turned but staff were not able to explain the reason for this and it was not clearly explained in the person's care plan. We discussed these areas with the registered manager to look into and address with staff to ensure people's needs were being met at all times.
● Care plans were reviewed monthly and updated with any changes to people's preferences or health. Staff told us they communicated with each other to ensure people received the support they needed. Staff told us the digital system was helpful and provided alerts for actions that needed to be taken. Handover meetings took place so staff could update staff coming on to a shift of how people were and any issues.
● We observed staff communicating with people in a warm and friendly manner, showing caring attitudes and engaging in natural conversation.
● People and relatives told us the staff were friendly and responsive. One relative said, "We visit at least once a week. Everyone here seems quite attentive. [Family member] is clean, their clothing is well presented well always. I get on well with the staff and get a cup of tea straight away when I drop in."

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 communication needs were set out in their care and support plans. For example, if the person was able to verbally express their thoughts and feelings or if they needed staff to speak to them slowly and clearly.
● Staff told us they followed and understood people's communication plans. One person's plan stated, "[Person] speaks in a very low tone and staff have to be very attentive and listen to them." However, we did note that one person was not able to express themselves verbally and their communication plan did not clearly set out what measures staff use to communicate with them. The registered manager explained the person's relative always visited and spoke with staff and some staff could also speak the same first language as people, for example Urdu or Punjabi.
● Pictures and symbols were also used, for example to show people food menu items, which helped to

communicate what was available for them to eat.
● The provider could supply information to people in easy read or large print formats to help them understand what the information was trying to say, such how to make a complaint.

Improving care quality in response to complaints or concerns
● The provider had a complaints procedure for the home should people and relatives not be happy with the service.
● Records showed the registered manager investigated complaints and followed the complaints policy to resolve and respond to concerns within the required timescales.
● Outcomes and actions from the complaint were put in place to ensure improvements were made in the home.

End of Life care and support
● People's wishes for end of life care and support were explored and respected in the event of changes in their health. The management team discussed their wishes with them and involved their relatives. These were recorded in people care plans.
● The registered manager worked with external end of life care professionals to ensure people received the care they wished for.
● Staff were provided training in end of life care, so they had the knowledge and skills needed to deliver quality care to people nearing the end of their lives.

Good

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 Requires Improvement. At this inspection this key question has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider did not have effective systems to assess, monitor and improve the quality and safety of the service and monitor risks to people to keep them safe. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

● At our last inspection, there was not an effective quality assurance system in place to identify shortfalls and act on them to ensure people were safe. At this inspection, the provider had made improvements. For example, risks to people were assessed more thoroughly. People's care plans were detailed for staff to be able to support people effectively.
● The provider had implemented a more effective digital care planning system and we saw that it contained detailed assessments of people's needs and person-centred care plans.
● The registered manager carried out audits and monitoring checks to ensure the quality and safety of the home was being improved and maintained. These included audits of infection control, medicines, care plans and staff training records. They used the digital care planning system to identify outstanding areas of work that required action.
● The registered manager told us they felt supported by the provider to help manage and improve the service. "I am well supported by the directors and by the local authority, who give guidance."
● There was a system for continuous learning and improving the service. The registered manager met with senior staff to review incidents and learn lessons. We were assured the registered manager would look into the areas we identified for improvement during our inspection.
● Feedback from people and relatives was also analysed to implement improvements to better the experience of people. For example, encouraging staff to speak clearly and confidently with people and relatives to overcome language barriers.
● Staff told us they were clear about their roles and responsibilities and were encouraged and supported by the registered manager to perform in their roles. One staff member told us, "[Registered manager] is really nice and very supportive."

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 notified the Care Quality Commission of any allegations of abuse, serious injuries or incidents involving the police, as they are legally required to do.
● The registered manager was open and transparent with people and relatives when things went wrong. Records showed they had notified and liaised with the local safeguarding authority regarding concerns of abuse.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;
● Staff told us there was an open-door policy and could approach the registered manager with any issues. One staff member said, "The manager is very helpful." Another staff member told us, "Manager is very understanding because she was also a carer."
● People, staff and relatives were positive about the home and the management team. Comments from people and relatives we spoke with included, "Fantastic, the care is second to none" and "They did a wonderful job looking after [family member]." One person said, "I can have visitors any time really. They are very amenable to visitors, which I like, as they can see how I'm doing and keep an eye on me."
● People and relatives were engaged with and were kept updated on any changes or situations in the home. Relatives were invited for individual discussions with the management team to go through any specific concerns they had for their family members. People and their relatives also had discussions with staff about care planning and how they wished their care to be delivered.
● Staff meetings were used by the management team to share important information and discuss any issues and topics included safeguarding, and following policies and procedures.
● People's equality characteristics, such as their cultural needs and disabilities, were considered and recorded in their care plans.
● The provider sent out surveys and questionnaires to people and relatives for their feedback about the home. The registered manager had analysed the feedback to make improvements.

Working in partnership with others:
● The provider worked with other social care agencies and professionals, GPs and pharmacists to maintain people's health and wellbeing.
● The provider kept up to date with new developments in the care sector and shared best practice ideas with the service.