Mrs Amrita Gunputh & Mr Anand Gunputh

Churchfield Court

Inspection report

236 All Saints Way
West Bromwich
West Midlands
B71 1RR

Tel: 01215885450

Date of inspection visit:
25 September 2017

Date of publication:
03 November 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Churchfield Court provides accommodation and personal care to a maximum of 37 people who People had a range of conditions relating to old age. At the time of our inspection 33 people lived at the home.

At our last inspection, in October 2015, the service was rated good. At this inspection, the rating remained good.

The manager was registered with us as is required by law and was present on the day. 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.

Staff delivered safe care to people and supported people to take their medicines safely and as they had been prescribed. Staff had received training in how to protect people from abuse and harm. Risks to people's safety and well-being were assessed and instruction was available for staff to follow to prevent people being at risk of accidents and injury. Staffing levels met people's needs and kept them safe.

People received effective support from staff who knew how to meet their individual needs and wishes. People were supported to have choices in their daily lives. Staff ensured that people were supported in the least restrictive ways. People were offered food and drink they enjoyed and had access to appropriate healthcare services.

People received support in a kind and caring manner. People were encouraged and enabled to be involved as much as possible in making decisions about how their support needs were met. Visitors were made to feel welcome and people were enabled to have contact with their family.

People and their relatives were involved in the assessment and review of their needs. People were offered activity sessions they enjoyed. Arrangements were in place to obtain the views of people and their relatives. A complaints procedure was available for people and their relatives to use if they had the need.

The service was well-led. Checks and monitoring of the quality of the service were undertaken regularly to ensure that the service was run in the best interests of the people who lived there. People and staff confirmed the registered manager and provider led the service well. The registered manager was visible within the service and had a good insight of people's needs.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced comprehensive inspection was completed by one inspector and an expert by experience on 25 September 2017. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider completed 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 provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

We spoke with ten people who used the service, two relatives, four members of care staff, the cook, an external health care professional, the deputy manager, the registered manager and the provider. We looked at two people's care records, 15 medicine administration records and two staff files. We also looked at records relating to the management of the service that included completed provider feedback forms and quality monitoring checks. Some people were unable to tell us their views of the service so we used a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

A person shared with us, "I have never been treated badly at all". A relative confirmed, "I have not heard of any abuse here and I am sure it does not go on here". Staff we spoke with confirmed they had received training in safeguarding. A staff member said, "I have had safeguarding training. I would report any concerns to the manager and they would take the action needed. I am confident of that". The registered manager had informed us and the local authority safeguarding team of any concerns of harm or abuse as they were required to in order to protect people from harm.

A person shared with us, "I am a bit unsteady on my legs but I have my walking frame and the staff help me to walk so I do not tumble". Another person confirmed, "I feel safe". We saw risk assessments had been undertaken to reduce any risks of accident or injury to people. For instance we saw a risk assessment highlighting the risk of trips and falls as numerous people used walking aids. The risk assessment highlighted that walkways should be clear to people should have their walking aids to hand. A staff member told us, "We [staff] keep people safe by watching them and helping them to walk. Most people here have a walking frame. It is important that they have the frames by them and use them to prevent falls". We saw that people had their walking frames by them. We observed when people stood up staff ensured that their walking frames were available and they reminded people to use them. The registered manager told us and records we viewed confirmed that equipment such as that for fire detection and hoisting people was tested and serviced regularly. These actions helped to enhance people's safety. However, we saw two bottles that contained cleaning substances that could be hazardous to health in the hairdressing room. These were not locked away safely to prevent harm. We told the registered manager about this. On investigation the registered manager told us that these cleaning substances had been used by cleaning staff that day who had not returned them to the locked cupboard as they should have done. The registered manager dealt with the risk immediately to prevent any risk of harm to people and reminded staff how they should manage such substances.

A staff member said, "All my checks were carried out before I could start work. These were references and my Disclosure and Barring Service [DBS]". The registered manager confirmed before new staff were allowed to start work references had been sought and a check with the DBS was completed. We checked two staff files and found that the required pre-employment checks had been made. These included a completed application form and a check with the DBS. The DBS check would show if potential new staff members had a criminal record or had been barred from working with adults. These systems prevented the risk of unsuitable staff being employed.

A person confirmed, "I think there are enough staff and they [staff] are all very good". A relative shared with us, "I come here all times of the day and there has never been a time when there are no staff about". A staff member said, "Staffing levels are better than they used to be. I think there are enough staff to look after people". The registered manager told us they had changed some staff shift times to ensure that an extra staff member was available very early morning and until after tea time. The registered manager explained, "The staff at those times ensure that people can get up when they want to and there is more support available at tea time". The registered manager provided us with staff rotas and staff we spoke with

confirmed the new staffing arrangements. During the day we saw staff were available to support people and when people requested assistance staff responded quickly. However, at times there were no staff permanently in the main lounge. We spoke with the registered manager who told us they would monitor staff deployment within the home to ensure support was available at all times and that people were safe.

A person told us, "The staff give me my tablets. They are very good about that. They never forget". Another person said, "I do have pills and I take regular painkillers too. "They [the staff] bring them at around the same times. The staff have informed me if there are any side effects to any medication".

Staff told us they had received medicine training and had been assessed as competent to manage medicines safely. The Provider Information Return [PIR] stated, "Medication competency assessments are completed by management on senior [staff] administering medication every six months". We saw that systems were in place to order medicines and return any unused medicines to the pharmacy. This meant that medicines were available for people to take as they had been prescribed and there was no accumulation of medicines no longer needed. We saw that medicines were stored safely in locked cupboards to prevent unauthorised access to the medicines.

Medicine Administration Records [MAR] we saw confirmed people were supported to take their medicines as they had been prescribed. We saw guidance for staff in relation to medicines prescribed on an 'as required' basis was available. This meant that medicine systems were safe. We found that the MAR had been signed correctly throughout the month. However, on the last day of the month, the day before our inspection, a number of MAR had not been signed. We spoke with the registered manager about this. The registered manager immediately undertook a medicine check relating to all MAR that had not been signed. They asked people so as to check if their medicines and eye drops had been given to them the day before. The outcome was whilst some MAR had not been signed people had taken their medicines as they were prescribed. The registered manager said there had been an issue with the pharmacist sending the new month's medicines late. As a result the staff member had to check the new medicines into the home and do medicine administration. The registered manager assured us that they would raise the issue with the pharmacist so the medicines delivered in future would be on time. They also said if the medicines were delivered late again they would ensure that an extra staff member was on duty to assist with medicine administration.

Good

Is the service effective?

Our findings

A person said, "I think it is very good here". A relative told us, "It is a great place. He [family member] is happy and is looked after well". A staff member shared with us, "People's needs are met. It is a good service".

A person shared with us, "The staff are all good they know what they need to do and do it well". Another person said, "I think the staff are knowledgeable. I have seen them use some of the equipment and they seem to know what they are doing". A relative told us, "From what I have seen staff are trained and know how to care for my dad". A staff member confirmed, "All staff receive training. Our training for this year starts soon". Other staff told us they had received the training they required to enable them to undertake their job roles effectively. Our observations showed staff knew how to support people's individual needs. For example, one person had poor hearing. We saw that staff stood by them, spoke clearly and by their ear so that the person could hear what the staff member said.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS].The registered manager told us people had capacity and did not require a DoLS. We saw that mental capacity assessments had been undertaken to assist the registered manager to make that decision. The registered manager also told us they had applied for DoLS for some people in the past but local authority staff had informed them the DoLS was not required at that time. Staff told us they had received MCA and DoLS training. A staff member told us, "We [staff] know we should not restrict people and that we must give choices and ask people for their permission before we do anything. We saw staff offered people choices throughout the day and gave people time to make their choices. For example, staff asked people if they wished to join in activities, what they wanted to do for the day, where they wanted to sit and what they wished to eat. We heard staff asking people if they could give support. For example, we heard staff ask people discreetly if they needed to visit the toilet and if they could support them when walking. We saw that staff waited for people to agree before they gave support.

A person said, "The food is lovely. The cook knows exactly what I like to eat and that is what I have". Another person told us, "I have put some weight on since I have been here, the food is brilliant. They [the staff] come round the day before and there are options or you can ask for something different for meals and they don't seem to mind if I change my mind later". A relative shared with us, "My dad loves the food". We saw that offered people were offered choices at breakfast and lunch time. We saw that hot and cold drinks were offered to people throughout the day to prevent a risk of dehydration and ill health. We saw that where people needed assistance to eat and drink staff supported them in an appropriate manner. For example, we heard a staff member say to a person, "When you're ready", when it was time for another mouthful of food. The staff member explained to the person what the food was and what the sauce was called.

The cook told us that they had been on a course the week before and records we saw confirmed this. The course content included foods to prevent a risk of choking, the best ways to serve soft diets to make them attractive and how to provide healthy food options. The cook knew of each person's food likes, dislikes and risks. The registered manager had monitored people's weights each month to prevent risks associated with low body weight. Where there were concerns relating to choking, weight loss or possible obesity referrals had been made to speech and language and dietetic services. We noted that tables in one lounge where people wanted to eat their lunch were not of an appropriate height. We discussed this with the registered manager who assured us that they would purchase some suitable tables or move a table and chairs from the dining room.

A person said, "The doctor comes to see me if I am ill". Another person shared with us, "The nurse comes to see me regularly to replace my dressings. I haven't needed to see a doctor since I have been here. I know there is one that comes regularly though". A relative said, "The staff sort their [person's name] appointments. I have no concerns". The Provider Information Return [PIR] highlighted, "We seek support from members of the multidisciplinary team and complete referrals for the dietician, physiotherapist, community matron, palliative care, heart failure and respiratory teams". A health care professional told us, "The staff always refer promptly if there is a concern and follow my instructions". Staff confirmed they worked closely with a number of external health care professionals to ensure a multi-disciplinary approach was adopted in relation to people's on-going health and well-being.

Good

Is the service caring?

Our findings

A person shared with us, "The manager is nice and the carers [staff] are lovely. I get on very well with them all". Another person said, "They [staff] all seem very happy". A relative told us, "All the carers [staff] are marvellous with people. They are always friendly, polite and helpful". Another relative stated, "They [person's name] seem very happy here and that's makes me happy".

A person told us, "I am lucky as I am still able to make choices about how I wish to live". Another person shared with us, "I make my own decisions and plan my care". A relative confirmed, "They [person's name] make their own choices. I am also involved in care planning". Staff told us people were encouraged to express their views and be involved as much as possible in making decisions about their support needs. Records we saw confirmed people were involved in reviewing their care plans. People's care plans had been updated to reflect people's needs and wishes. For example, one person liked to go into the garden every day and staff knew this and enabled them to do so. Where people were able they had signed their care plans to show that they were happy with what was included. The care plans we saw confirmed people's likes and dislikes and their preferred daily routines. For example, people told us they liked to get up and go to bed at certain times and staff supported them to do so.

A person told us, "I like my privacy in my bedroom and I spend time when I wish in there". Another person told us, "The staff always knock and ask before coming in to our rooms". A third person shared with us, "The staff know what we can do for ourselves so they leave us to it unless we call for help". A fourth person said, "I was independent before and am still quite independent". A relative told us, "They [staff] are very hard working, they are always polite and respectful". We saw there were areas in the home where people could sit quietly away from other people if they preferred to or wanted some quiet time alone or with their visitors. We observed staff were keen to protect people's privacy and communicated with people using respectful language and in a dignified manner. We heard staff encouraging people to walk and eat independently where they were able to.

A person confirmed, "I choose the clothes I want to put on each day". Another person said, "I go out shopping for my own toiletries and clothes if I need them". Another person said, "The hairdresser comes in once a week I like having my hair done". We saw people were dressed in clothing that reflected their individual preferences and the weather. Ladies had their hair nicely styled and some wore jewellery and nail varnish. This showed that staff knew that people's appearance was important to them and they supported people to maintain their appearance as they wished.

A person shared with us, "My family come most days there are no times when they cannot". A relative confirmed, "We [family] can visit whenever we want to. We are always welcomed by staff and offered a drink". The Provider Information Return [PIR] stated, "We encourage visitors to the home to help maintain relationships that are important to people. We support individuals to make phone calls to friends/family". The registered manager and staff confirmed visiting was open and flexible. We saw that staff offered visitors a drink during the day and were polite and friendly to visitors.

A person said, "I don't have the need for an advocate". Other people told us they were supported by their family to make decisions. This was confirmed by relatives and staff we spoke with. We saw information was available so people and their relatives had contact details for advocacy services should they wished to access these additional impartial support. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes.

Good

Is the service responsive?

Our findings

A person said, "The staff know me well all my little likes and dislikes". A relative told us, "I am involved in reviews and am kept informed". We saw people had been involved in their assessments and reviews so that their individual preferences and abilities were updated, known and recorded. Staff demonstrated they knew people well and gave examples of their particular likes and dislikes. These included, food and activities people enjoyed.

People we spoke with told us activities were available for them to participate in. The registered manager said, "We have still a way to go with activities in-house and are moving on well. I don't think we need any other external trips as we offer these regularly". The registered manager showed us new activities equipment they had purchased and evidenced an annual subscription to an activities provider to give staff new ideas for activity provision within the home. During the day we saw exercise sessions and a quiz were held. We saw people participated in these doing exercises and answering quiz questions. There was a lot of laughter and smiles. External trips offered included those to a wildlife centre, Black country Museum and shopping trips. Some people told us that they did not want to join in activities as they would rather listen to music or read the newspaper and this is what they did.

A person told us, "I enjoy the church service here". Another person said, "I am asked if I wish to be involved in church services but I don't want to and am not pressured to". One person told us they were supported to go to church every Sunday as this is what they wanted. They told us that they valued the experience. During the day we saw that a vicar came to visit one person on an individual basis. This showed that staff enabled people to meet their religious needs.

The Provider Information Return [PIR] stated, "We hold regular meetings allowing people and/or family to express their views. We distribute questionnaires, quarterly to people, family and external agencies as part of our quality assurance monitoring, Feedback is analysed for any trends in comments and action is taken". A person told us, "There are meetings but I don't want to join in". Other people confirmed meetings were held regularly. People had told staff in meetings what food and trips they wished to go on. People confirmed to us staff had taken action to provide they requested. This included particular outings and preferred food. A person shared with us, "I filled out the form to give my view. I think the service is very good". A relative told us, "I filled in a survey [provider feedback form] recently". Other people and their relatives told us they had been given the opportunity to give feedback on the service by use of provider feedback forms. We looked at completed feedback forms and found responses were positive. We also saw many complimentary comments had been made in thank you cards in relation to support provided, the staff and the overall service.

A person confirmed, "I would speak with the manager if I had a complaint. I don't have any complaints though". A relative told us, "I am aware of the complaints procedure and would be comfortable to use it". Information about how to make a complaint was available for people to refer to. Staff we spoke with knew how to respond to complaints if they arose and knew it was their responsibility to respond to concerns and to report them to management. No complaints had been received since our previous inspection.

Good

Is the service well-led?

Our findings

The provider had a management structure people, their relatives and staff understood. A registered manager was in post as is required by law and was supported by a deputy manager and senior care staff.

A person said, "The manager is [registered manager's name] I speak to her a lot and I like her". A relative shared with us, "I know the manager and have communicated her on many occasions. She is very approachable". A staff member confirmed, "The manager and deputy manager are good and supportive". The registered manager had worked at the service for many years so people and their relatives were familiar with them. We observed the registered manager and deputy manager were visible within the service. People spoke with the registered manager and deputy manager in a relaxed way and smiled. The registered manager told us about plans to enhance the service for example, further enhancing activity provision. This confirmed an open and transparent management culture.

The Provider Information Return [PIR] highlighted, "Management report any concerns to the local authority and/or the Care Quality Commission". Providers are legally required to inform us of incidents that affect a person's care and welfare. For example, any accidents, untoward events or deaths. The provider had notified us of the events they were required to. It is also a legal requirement that our current inspection report and rating is made available. We saw there was a link on the provider's web site to our last report and rating and the report was on display within the premises. This showed that the provider was meeting those legal requirements. We requested that the provider completed a 'Provider Information Return' [PIR]. The PIR was completed to a good standard and returned to us within the timescale we gave. The PIR reflected our inspection findings.

The registered manager and staff told us regular audits were undertaken. Records we saw confirmed that in-house audits had been undertaken relating to the whole service. Examples included checks relating to infection prevention, people's money held in safe keeping, medicine management and care planning. The provider had secured input from a consultancy company who had undertaken a full health and safety audit. One issue identified during the audit was data in relation to cleaning and other substances that could be harmful to health had not been updated. The registered manager told us they had started to update the data and showed us evidence to confirm this.

Staff confirmed that they had regular staff meetings where instruction and updates were given and feedback and prompts given where the registered manager had identified shortfalls. We looked at minutes of staff meeting minutes that confirmed that the meetings were held regularly.

Whistle blowing process encourage staff to report occurrences of bad practice or concern without fear of repercussions on themselves. A staff member explained, "Whistle blowing is for staff to report any concerns without being scared we would be sacked". Other staff we spoke with told us they would have confidence to report concerns or if they witnessed bad practice. We saw that policies and procedures regarding whistle blowing were in place and these are what staff told us they would follow if there was a need to.