Akari Care Limited

Church House Care Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

The inspection was unannounced and took place on the 10 March 2015.

Church House is required to have a registered manager. 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 the time of our inspection visit the home manager who had not yet been registered with the Care Quality Commission was not working in the home. Following this inspection we were informed that the manager had now left the home and the registered provider was appointing a new manager.

The regional manager and a registered manager from another of Akari's services were present during the inspection visit.

Summary of findings

Church House Care Home is a 44-bed nursing home situated about a mile from Nantwich town centre. The home has a conservatory, quiet sitting areas and a large lounge area which looks out on to the front garden and car park. It has off road car parking facilities available.

On the day of our inspection there were 38 people living in the home.

We spoke with a number of people living at the home. The overall feedback was that there were not always enough staff in the home to meet everyones' needs. We heard of examples where people had requested help but been left waiting for some time. We had concerns that people at risk of falling were not able to access help from staff in a timely way. Staff told us they did not always feel they could provide anything more than basic care and had little time to spend with people to enhance the quality of their life.

This is a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 18 [1] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst people expressed concern regarding staffing levels we did observe during our visit that there were relaxed and friendly relationships between the people living in Church House and the staff members working there.

We identified shortfalls in the induction of new staff and the on-going training and supervision of staff members employed.

This is a breach of regulations 22 and 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 [2] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although the service had a range of policies and procedures regarding the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards we found that these were not being followed.

We looked at six care records in detail. We saw in all files, Do Not Attempt Resuscitation Forms (DNAR). These were signed by the GP; however the DNARs were not accompanied by supporting evidence such as completed mental capacity assessments or records of Best Interest Meetings.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a safeguarding procedure in place. This was designed to ensure that any possible problems that arose were dealt with openly and people were protected from possible harm. Staff members told us they understood the process they would follow if a safeguarding incident occurred. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of abuse.

We looked at the files for the recently appointed staff members to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults.

A tour of the premises was undertaken; this included all communal areas including lounge and dining areas plus and with consent a number of bedrooms. The home was well maintained and provided an environment that could meet the needs of the people that were living there. The home had recently undergone a refurbishment. This included redecoration, new furniture, carpets, curtains, new beds and wardrobes.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy.

Meetings for the people using the service and their families were taking place and we saw that the most recent meeting had been held on the 27 February 2015.

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?

Requires improvement

The service was not always safe.

We received a number of negative comments from both the people using the service and the staff members stating that there wasn't enough staff on duty.

We found that appropriate safeguarding procedures were in place and staff members understood how to safeguard the people they supported.

The arrangements for managing medicines were safe. Medicines were kept safely and were stored securely. The administration and recording of when people had their medicines was safe.

Is the service effective?

Requires improvement

The service was not always effective.

We identified concerns with the induction, training and on-going supervision of staff members.

We looked in detail at the care records to see how their nutritional needs were monitored and found that some improvement was required in this area.

The home was well maintained and provided an environment that could meet the needs of the people that were living there.

Is the service caring?

Good

The service was caring.

We asked the people living at Church House and visiting family members about the home and the staff members working there. We received a number of positive comments about their caring attitudes.

The staff members we spoke to could show that they had a good understanding of the people they were supporting and they were able to meet their various needs. We saw that they were interacting well with people in order to ensure that they received the care and support they needed.

Is the service responsive?

Requires improvement

The service was not always responsive.

We looked at care plans to see what support people needed and how this was recorded. We saw that each plan was personalised and reflected the needs of the individual. We also saw that the plans were written in a style that would enable the person reading it to have a good idea of what help and assistance someone needed at a particular time.

People who use the service were not always asked for their consent in relation to the care and treatment provided to them.

Summary of findings

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. We looked at the most recent complaints and could see that these were or had been dealt with appropriately.

Is the service well-led?

Requires improvement

The service was not always well led.

There was no registered manager in place.

Meetings for the people using the service and their families were taking place and we saw that the most recent meeting had been held on the 27 February 2015.

Church House had its own internal quality assurance system in place. . This included audits on care plans, medication, hand hygiene, infection control, the kitchen, personal monies held on behalf of the people using the service. This helped to ensure any issues identified were dealt with quickly.

Church House Care Home

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.

We carried out an unannounced inspection on the 10 March 2015. The inspection was carried out by one adult social care inspection manager and two adult social care inspectors.

Before the inspection we discussed the areas of concern regarding the overall management of the home with the other agencies involved, including Cheshire East council. We also checked the information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information we hold prior to visiting.

During our inspection we saw how the people who lived in the home were provided with care. We spoke with 12 people living there, three family members, a visiting auditor from the company and approximately 12 staff members including the regional manager and registered manager from another home [some staff members spoke to more than one member of the inspection team]. The people living in the home and their family members were able to tell us what they thought about the home and the staff members working there.

We used the 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 to us.

We looked around the home as well as checking records. We looked at a total of four care plans. We looked at other documents including two staff files, policies and procedures and audit materials.

Requires improvement

Is the service safe?

Our findings

We spoke with a number of people living at the home. We asked one person "Is it good here"? They replied, "They could do better. There are not enough of them really". We asked if staff attended promptly if they used the nurse call bell and they replied, "Not really, it depends if they are busy". Other comments received included, "Not sure about levels [staffing] but think they are probably pushed and need more staff", "They have a lot to do, they don't have enough of them", "They probably do need more staff" and "They need more staff, they are always being called away then you have to wait". Another person told us they had fallen recently, "I turned round…. And my leg went, I slipped. It was in the middle of change over time and I was there for ages. They took me to hospital". This person told us they had been told by the nurse on return to the home not to get up and go to the toilet on their own. However, they said, "I have to wait 'cause they are dealing with other people" We asked how long they may be waiting and they told us, "It could be up to an hour". We discussed staffing levels with the regional and registered managers who both stated that the home was appropriately staffed for the number of people living in the home and for their assessed needs. To demonstrate this they provided us with the staffing structure matrix that had been completed to confirm this.

On the day of our visit there was two nurses and six members of the care staff team on duty between 8.00am until 8.00pm. This was an average daily number because of the fact that some of the staff, including agency staff members were starting and finishing at different times. From the staffing rotas we looked at we could see that this was the usual number on duty between the above hours. During the night, 8.00pm until 08.00am there was one nurse and either three or four care staff members on duty.

In addition to the above there were separate ancillary staff including an administrator, cleaning, kitchen and laundry staff.

We spoke with staff regarding staffing levels. One staff member told us that they had enough staff but there had been issues over staffing over the past year. The combination of low pay and the sickness levels at the weekends meant they could be short staffed at times. In addition some of the agency staff used did not work as hard as the home's staff. Having made the earlier comments above this staff member still believed that the quality of care was good. Other staff members considered that they needed more staff on duty, they told us, "Things are not being done and there is minimal care. Their (people living at the home) nails are not done, we can't spend the time. I go home worried sick some nights", "Staffing levels could be better, some people have a lot of needs" and "The only thing to improve needs to be to increase the staffing levels. More in the morning, need to go to seven or eight care staff in the morning to help with the workload and to stop people rushing" and "Would like more staff". One of the staff members did tell us that they had raised this in staff meetings but had been told that they had the right levels for the number of people in the home. Another member of staff said that there were sometimes too few staff to meet people's needs because the manager changed the rota at short notice and would not attempt to cover shifts if a member of staff did not arrive for duty. This staff member felt that staffing levels and organisation needed improvement but did say that the two managers covering in the absence of the current manager, who was on leave, had ensured that staffing levels were sufficient to meet people's needs. Another member of staff also told us they felt that there were too few staff to meet everyone's needs in a timely way. When we spoke with them at 12.30pm they had only just had a break and they told us this was a regular occurrence. A fourth person told us that they felt the staffing within the home was poorly organised and there were not enough staff," They told us that "quite regularly" there were only two care staff on each floor.

This is a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 18 [1] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our visit we observed relaxed and friendly relationships between the people living in Church House and the staff members working there.

We saw that the service had a safeguarding procedure in place. This was designed to ensure that any possible problems that arose were dealt with openly and people were protected from possible harm. The managers we spoke with were both aware of the relevant process to follow. They said they would report any concerns to the

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Is the service safe?

local authority and to the Care Quality Commission [CQC]. Homes such as Church House are required to notify the CQC and the local authority of any safeguarding incidents that arise.

Apart from one member of staff who told us they had not yet received training in safeguarding, the other staff members confirmed that they had received training in protecting vulnerable adults and that this was updated on a regular basis. They all told us they understood the process they would follow if a safeguarding incident occurred and they were aware of their responsibilities when caring for vulnerable adults. They were also familiar with the term 'whistle blowing' and each said that they would report any concerns regarding poor practice they had to senior staff. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of abuse.

Risk assessments were carried out and kept under review so the people who lived at the home were safeguarded from unnecessary hazards. We could see that the home's staff members were working closely with people and, where appropriate, their representatives to keep people safe. This ensured that people were able to live a fulfilling lifestyle without unnecessary restriction. Relevant risk assessments, for example, medication and mobility were kept within the care plan folder.

In addition to the individual risk assessments kept in people's care plans there was also a general risk assessment file being maintained. This covered areas such as the action to be taken if there was a flu outbreak, if a staff member became pregnant or if there was a torn carpet. All of the risk assessments were being checked monthly as part of the overall auditing process within the home.

We found that the people living in the home had an individual Personal Emergency Evacuation Plan [PEEPS] in place. This was good practice and would be used if the home had to be evacuated in an emergency such as a fire. It would provide details of any special circumstances affecting the person, for example if they were a wheelchair user. These were kept in the emergency evacuation folder that was kept next to the fire control panel. This folder also contained other relevant information including the home's fire zone plan, emergency evacuation procedure, emergency contingency plan, service user and staff register and the on call list. We saw that this folder was being checked monthly as part of the overall auditing process within the home.

We observed that the staff members were kept up to date with any changes during the handovers that took place at every staff change. This helped to ensure they were aware of issues and could provide safe care. In addition to the above there was a daily record check undertaken by the nurse or senior carer who signed to say that the daily records for the people living in the home had been completed properly and to the standards expected.

We looked at the files for recently appointed staff members to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw from these files that the home required potential employees to complete an application form from which their employment history could be checked. References had been taken up in order to help verify this. Each file held a photograph of the employee as well as suitable proof of identity. Although we saw from these files that the new staff members had completed an application form and references had been requested we did see a difference in the references named on the application form and those actually received in one of the files looked at. We discussed this with the administrator who had dealt with this and they told us that the named reference did not provide sufficient information so another was requested. There was no explanation within the file regarding this so the administrator confirmed that in the future if a similar situation occurred a note would be made which would then provide an audit trail.

As part of the home's auditing system a record for checking that the registration (Personal Identification Numbers) for any nurses working in the home were still in date was maintained. This was an annual process and registered nurses in any care setting cannot practice unless their registration is up to date.

We looked at how medicines were managed within the home. Examination of people's medicine administration charts (MARs) showed that staff had recorded when new

Requires improvement

Is the service safe?

stock was delivered and when medicines were administered. We checked the stock of medicines available for some people with the record of what had been given and the balance tallied. This confirmed that that an accurate audit trail was maintained. We saw that medicines were stored safely in a locked trolley, fridge or cupboard, in a locked room. The temperature of the fridge and room had been monitored and recorded to ensure that medicines were kept within the correct temperature range, to maintain their efficacy. Photographs of people prescribed the medicines were placed on the MAR chart to reduce further the risk of error and ensure staff gave the correct medicines to the right people. Medicines that were controlled drugs were stored and recorded correctly.

We checked the care records for two people in detail. In one file it was recorded that the person was allergic to a certain medicine. When we checked with the staff that were responsible for administering medicines they were aware of this allergy.

From our observations we found that the staff members knew the people they were supporting well. There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

The home smelled clean and fresh and our observations during the inspection were of an environment which was safe without restricting people's ability to move around freely.

Requires improvement

Is the service effective?

Our findings

We spoke with people living at the service and they told us, "The staff are good. I have all of the facilities needed and I use the call bell if I need staff", "I am happy enough, staff are good, just not enough of them", "The staff are mostly ok", "The staff are good when they come but you have to wait a while, they are very busy".

A visiting family member we spoke with told us that in their opinion they seemed to have enough staff. They told us they visited at different times and said "I have never experienced a problem".

The provider had their own induction training programme that was designed to ensure any new staff members had the skills they needed to do their jobs effectively and competently. We looked at the induction record used for a newly appointed staff member and saw that it was based upon eight standards; the role of the health and social care worker, personal development, communicating effectively, equality, diversity and inclusion, principles of safeguarding, person centred support and health and safety in a care setting. In addition to the above new staff members completed an 'in house' induction that provided basic information such as the location of fire exits. Following this initial induction and when the person actually started to work they would shadow existing staff members and would not be allowed to work unsupervised for a period. Shadowing is where a new staff member works alongside either a senior or experienced staff member until they are confident enough to work on their own. Although this system was in place we did find that it was not working as well as it was designed to do. We spoke with two members of staff who had only recently begun to work at the home. One told us their induction had been poor as training was not in place and had not been organised. They went on to say that on their first day they had been put to work with an agency nurse who was also new to the home. The other member of staff said they had shadowed someone for a day and had received training in moving and handling but were still waiting for further training in other topics.

We saw in the nurse's office that details of a number of training sessions which staff had signed up for were on display. Training sessions were planned for a range of topics including, Equality and Diversity; care planning and record keeping; safeguarding; nutrition and hydration, dementia, infection control and tissue viability awareness.

We asked staff members about training and they all confirmed that they received regular training throughout the year. Courses included fire safety, safeguarding, moving and handling, health and safety and basic life support. The provider used computer 'e'learning for some of the training and staff were expected to undertake this when required. A number of these training packages had been produced by an independent training provider. Whilst the use of 'e' learning is widely accepted as a suitable staff training method we did have some concerns regarding the system in place. For example we saw that one staff member had achieved a moving and handling theory pass with a score of only 55%. One staff member we spoke with told us, "I feel well supported".

We subsequently checked the staff training records and could see that whilst staff had undertaken a range of training relevant to their role the percentages of staff members who had actually completed the specific courses varied from 0% for tissue viability to 77% for moving and handling. According to the training statistics provided to us during the inspection the overall training completed by staff members was only 34%.

One person living in the home had a specific medical appliance that required attention from the nursing staff. We had concerns that some of the nurses had not received training in how to manage this appliance, which would be problematic if it needed attention when they were on duty.

We checked the supervision records for staff and could see that these were not being held regularly. Supervision is a regular meeting between an employee and their line manager to discuss any issues that may affect the staff member; this may include a discussion of the training undertaken, whether it had been effective and if the staff member had any on-going training needs.

This is a breach of Regulations 22 and 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 18 [2] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed this with the regional manager who explained that this issue had partly been caused by the fact that there had been a lot of new staff appointed recently. We were told that the issues regarding training and

Is the service effective?

supervision were in hand. A staff training plan had been produced and would be worked upon until the percentages increased and sustained. We were given a copy of this plan.

During our visit we saw that staff members took time to ensure that they were fully engaged with the individual and checked that they had understood before carrying out any tasks with the people using the service. They explained what they needed or intended to do and asked if that was alright rather than assume consent. We observed staff moving people using the hoist and saw that they were confident in its use and ensured that they explained and gained the cooperation of the person being moved before carrying out the task. We observed staff members supporting people throughout the day and saw that they took their time and did not rush the person. All contact was carried out in a dignified and respectful way.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report in our findings. The Mental Capacity Act 2005 and DoLS arrangements provide for the protection of people who are no longer able to make a decision for themselves usually because of an illness such as dementia. At the time of our inspection none of the people living in the home had a DoLS in place. We have since been told that this will be reviewed.

Staff that we spoke with were unable to say if anyone living at the home was subject to a DoLS authorisation and had not received training in relation to this subject. The training records we looked at showed that at the time of the inspection 46% of the staff employed had received training in the MCA and DoLS. The regional manager was aware that all relevant staff will need to complete training in these areas.

Although the service had a range of policies and procedures regarding the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards we found that these were not being followed.

We looked at six care records in detail. We saw in all files, Do Not Attempt Resuscitation Forms (DNAR). These were signed by the GP; however the DNARs were incomplete because they were not accompanied by supporting evidence. For example there was no record of any Best Interest Meetings to support the decisions and the forms for Mental Capacity Assessments that were provided in the files had not been fully completed so it was unclear whether the people for whom the decisions had been made, had capacity or not to make their own decision. We were concerned in particular about one person because other comments and records in their care file indicated that they did have some level of capacity and when we spoke with them they were able to tell us about life in the home and displayed a level of awareness about their situation and condition.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Visits from other health care professionals, such as GPs, speech and language therapists, dieticians, chiropodists and opticians were recorded so staff members would know when these visits had taken place and why.

The chef we spoke with explained that they found out what people liked to eat on admission or were told by the nursing staff. There was a flexible menu in place which provided a variety of food to the people using the service. Special diets such as gluten free and diabetic meals were provided if needed and the kitchen staff had a list of any specific dietary needs. We saw that menus were available offering people different options at each mealtime. For example, for breakfast people had a choice of a full English breakfast, various hot sandwiches or cereals, porridge and toast. Comments were variable about the food provided at the home. These included, “Food is good, the chef is very good, he always comes to chat and asks what I would like to eat”, “Food is good, I had breakfast in bed”, “Food is good”, “Three biscuits and cranberry for breakfast, that’s all I can manage at this time. Then I have nothing until lunchtime so I can enjoy it”. One person told us that the food was good most of the time and another told us that they never got soup, which they liked and would like to see more of. They also told us they also liked fish and chips and fried rice but these were never served. We saw that the menus were displayed in large print on the notice boards for people to look at. We have since contacted the home regarding the previous comment. Fish and chips are served regularly but fried rice isn’t

We looked in detail at the care records for two people to see how their nutritional needs were monitored. Some improvement was required in this area. The risk

Requires improvement

Is the service effective?

assessment for one person identified them as at risk of malnutrition and their care plan stated that they should be referred to their GP if they lost more than two kilograms in weight. However, the records showed that this person had not been weighed monthly and when they had been weighed after a period of two months, they had lost four kilograms. The score for the risk assessment that had been updated after this weight loss had been recorded, did not take into account the recent weight loss, so the score had remained the same and had not flagged up the increased risk to the person. The care plan that had been reviewed after the weight loss had been recorded did not refer to it. This was discussed with the regional manager at the end of the inspection who agreed to look into the issue.

A tour of the premises was undertaken; this included all communal areas including lounge and dining areas plus and with consent a number of bedrooms. The home was well maintained and provided an environment that could meet the needs of the people that were living there. The home had recently undergone a refurbishment. This included redecoration, new furniture, carpets, curtains, new beds and wardrobes. The home provided adaptations for use by people who needed additional assistance. These included bath and toilet aids, hoists, grab rails and other aids to help maintain independence. We observed that large eye-catching prints decorated the hallways and communal areas, with pictures of familiar objects such as trams, phone boxes and buses, giving people an opportunity for reminiscence and conversation. A board with the day, date, season and weather was displayed in the main lounge to help people with orientation to their surroundings.

Good

Is the service caring?

Our findings

We spoke with the people using the service and they told us, "Very good here", "Very happy here, the care is very good. The staff are wonderful", "Staff are fine, they do have a lot to do and are needed at one end and at the other so it adds pressure but they are very good", "staff are alright but if you ask them for anything it's always 'in a minute' as they are doing something else" and "I am happy here, no problems". A person who had only recently moved into the home told us, "I had no qualms choosing this home. It's very good and my friend has received care here for two and a half years and she gets very good care".

We also spoke to visiting family members during our inspection. Comments received included, "I visit every day and can often hear the staff talking to other residents. They are so kind and caring it has brought a tear to my eyes", "The care is excellent". This person also told us that the staff had organised an overnight stay for them and the night staff brought them a pot of tea and chocolate biscuits". Other people told us, "The care and the staff are good" and "My [family member] has seen the Speech and Language Therapist [SALT] today as he is not eating. We are very happy with the care. The staff are lovely".

Visitors were free to visit at any time, this was confirmed by the people using the service.

During this inspection we observed staff chatting with the people they were caring for in a relaxed and friendly manner. We overheard conversations between staff and people living at the home and heard that staff were encouraging, kind and tried to involve people in making decisions for themselves. Examples of this were phrases such as, "Can you manage?", "What do you want me to put on your porridge?" and "I won't be long, do you want to carry on with that till I get back"? We also observed one staff member assisting a person with their breakfast, this was being done in a respectful and gentle way.

We saw from records, that where incidents and accidents had happened within the home, staff had kept family members informed.

One person told us they were registered blind and we checked their care records to see what information had been given to staff about this. Apart from a statement in the person's social assessment to say that they were unable to read due to poor vision, there was no information about this, and no plan of care to direct staff as to how to maximise this person's quality of life. This was discussed with the regional manager at the end of the inspection who agreed to look into the issue.

The staff members we spoke with showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. We saw there was good communication between the members of staff and the people who were receiving care and support from them. We also observed that the relationships between the people living in the home and the staff supporting them were warm, respectful, dignified and with plenty of smiles. Everyone in the service looked relaxed and comfortable with the staff and vice versa.

We undertook a SOFI observation in the dining room over lunch and saw that people were being supported appropriately and that staff members were moving around the dining room attending to people's needs, offering choices and encouraging people to eat their lunch.

We saw that the people living at the service looked clean and well-presented and were dressed appropriately for the weather on the day and those in bed looked comfortable.

The quality of décor, furnishings and fittings provide people with a homely and comfortable environment to live in. The bedrooms seen during the visit were all personalised, comfortable, well-furnished and contained items of furniture belonging to the person.

The provider had developed a range of information, including a service user guide for the people living in the home. This gave people detailed information on such topics as medicine arrangements, telephones, meals, complaints and the services provided.

We saw that personal information about people was stored securely which meant that they could be sure that information about them was kept confidentially.

Requires improvement

Is the service responsive?

Our findings

During this inspection we spent time walking round the home, observing people's daily routines and how staff met people's care needs. At the beginning of the morning we saw that a number of people were still in bed. Everyone looked comfortable, clean and warm. Drinks and nurse call bells were close at hand. We observed that staff members were helping some people in their rooms to have breakfast and were seen sitting next to people's beds, chatting whilst they assisted.

Everyone in the home at the time of our inspection had received a pre-admission assessment to ascertain whether their needs could be met. As part of the assessment process the home asked the person's family, social worker or other professionals, who may be involved, to add to the assessment if it was necessary at the time.

We looked at care plans to see what support people needed and how this was recorded. We saw that each plan was personalised and reflected the needs of the individual. We also saw that the plans were written in a style that would enable the person reading it to have a good idea of what help and assistance someone needed at a particular time. We looked in detail at the care records for four of the people living at the home. Their care plans were generally detailed and provided specific information about their health and personal care needs. For example, the record for one person stated that they could eat and drink independently but needed help to cut up their food. The records detailed what foods and drinks they liked, what times they liked to get up and retire to bed. One file provided details about the person's social interests and family members but the social history for another person had not been completed.

We saw from the daily progress sheets that staff were responsive to what people told them and had acted promptly where people had experienced changes in their condition. For example, the record for one person stated that they appeared lethargic and their vital signs (temperature, heart rate and blood pressure) had been checked. On another occasion the person had complained of pain in their thigh. Staff recorded that they had checked the area for signs of trauma such as discolouration or swelling, had checked the person was able to move their leg and had administered a pain killer. Records showed that people had been seen by other healthcare professionals such as opticians, podiatrists and audiologists. However, there were other occasions where staff had not referred to the GP when they should have, for example when someone had lost weight. This is discussed in more detail in the effective section of this report.

We saw that staff were monitoring the food and fluid intake for some people. On examination of people's care files, we did find that there were a number of different charts that all required similar information. On closer inspection, some of the entries that staff had made contradicted entries made on other charts. For example one chart for one person stated that they had refused a drink at 8.35am and 9.05am but another chart for the same person stated that they had been given 100mls of tea at 8,35am and 100mls of juice at 9.05am. We saw that in addition to the food and fluid charts staff members also used positioning charts to monitor that people being nursed in bed were being turned regularly. This was done to minimise the risk of pressure sores developing. We saw that some of these charts were not up to date and in two bedrooms we found that there was no chart in place for this to be recorded. If there are discrepancies in records there is a risk that staff won't have the accurate information they need to monitor whether people's care needs are being met. We spoke with the regional manager about this and she agreed to address the issues.

The home employed an activities co-ordinator. Their job was to help plan and organise social and other events for people, either on an individual basis, in someone's bedroom if needed or in groups. Activities organised included music and keep fit, quizzes, bingo, film shows, coffee mornings as well as one to one activities such as nail care in each person's room. In addition to the above, professional entertainers visited the home and specific events such as visiting animals and pancakes on Shrove Tuesday were also arranged. The activities programme and details regarding specific events were displayed on the notice boards. Care files provided a record of social activities that people had taken part in, for example, reminiscence sessions, church services, film showings and special lunches. Although activities were arranged, some people still told us there was not enough to do and they were bored, "It's like being in prison". We asked them how they spent their time. "I stop in the lounge until dinner, then go back to the lounge. I just watch telly and more or less drop off to sleep". This person told us they wanted "more freedom". Other people told us, "I sometimes get

Requires improvement

Is the service responsive?

involved in activities" and "There's a woman comes to do things. She doesn't work Saturdays or Sundays. She gets quite annoyed with me – she wants to know why I am walking".

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. A copy of the procedure to be followed was on display on the notice board in the entrance area. We asked people if they knew how to make a complaint or raise a concern if something was bothering them. One person told us that if they had cause for complaint they would speak to "one of the two in charge – I can't remember their names but they are always around". Another person said, "I would speak to either the nurse or the navy blue uniform". We asked if they felt staff would listen to their concerns and they said "Not really, they don't think there is anything wrong with me". Staff members told us they would try to resolve minor complaints as soon as possible but would report them to the manager if they were of a more serious nature. We looked at the complaints file and saw that the most recent complaint made on the 10 February 2015 was being dealt with but had not yet been fully completed. The previous complaint we looked at had been dealt with appropriately.

We recommend that the people using the service are consulted about activities to see how their individual interests can be met.

Requires improvement

Is the service well-led?

Our findings

We spoke with one member of staff who did not feel well supported by the manager. They told us there had been no staff meetings and they felt there was a culture whereby the manager "passed the buck". At the time of our inspection the manager in question was on leave and the regional manager and a manager from another Akari home were temporarily in charge. The member of staff said both these managers were approachable and "very good – they have a plan A, B and C so we know where we are up to". Another member of staff felt staffing was poorly organised. "We were told staff would have designated residents to look after but that isn't working". They told us that when they raised concerns about this, "Things are buried under the carpet". This person said she felt the home had been better run under the previous manager and it had "gone down" since she left. Another member of staff felt they did get support from the manager, and told us they had attended staff meetings, where they had been given the opportunity to raise any issues and make suggestions about the home.

Following this inspection we were informed that the manager's employment was terminated as she had been on a probationary period which was not being made permanent.

The regional manager explained that as part of the quality assurance process the home manager was expected to complete a 'walkabout report' on a daily basis to make sure that the home was running smoothly and that people were being cared for properly. As part of this process the people using the service were asked if they had any problems. The regional manager then audited this to ensure it was taking place. The purpose of this was to ensure that information about the safety and quality of the service provided was gathered on a continuous and on-going basis via feedback from the people who used the service and their representatives, including their relatives and friends, where appropriate. We looked at a sample of these and could see that they were being completed appropriately.

We looked at a selection of care records and noted that some files had care file audit forms completed, to show that someone had checked them to make sure the information was up to date and accurate. We did see that the audit forms were not dated so it was unclear how long ago the audits had been carried out. However we saw that there was a main care plan audit file being maintained that showed the most recent audit had been undertaken in February 2015.

Meetings for the people using the service and their families were taking place and we saw that the most recent meeting had been held on the 27 February 2015.

In order to gather feedback about the service being provided the home manager sent out resident/relative surveys in October and November 2014. We looked at those returned and could see that the manager had made comments about any areas of concern identified. They had not however collated these and produced any feedback to the people who had received the survey forms. We have since been informed that this has now been done and the results have been made available to the people using the service.

Church House had its own internal quality assurance system in place. This included audits on care plans, medication, hand hygiene, infection control, the kitchen, personal monies held on behalf of the people using the service. We did identify that the most recent audit on the medication system undertaken on the 17 February 2015 was incomplete and was a stock check only. This was discussed with the regional manager at the end of the inspection who confirmed that she would address this issue. Previous audits seen had all been completed properly which ensured any issues identified had been appropriately addressed.

In addition to the above there were also a number of maintenance checks being carried out weekly and monthly. This involved the completion of record books that covered a variety of areas such as; health and safety, moving and handling, fire safety, catering and water quality. Each book contained the checks undertaken within each area covered by the specific book. For example the health and safety record contained checks on the call system, the safe operation of window restrictors, a visual check on any wheelchairs, shower chairs, portable electrical appliances, extractor fans and any step ladders used within the home. In addition this book also contained a monthly bedroom checks, including any bed rails and further environmental checks including external paths and walkways. We looked at all of the books being maintained and could see that they were all being completed appropriately, any issues identified were recorded and

Requires improvement

Is the service well-led?

dealt with and all of the checks we saw were up to date. The books were being audited by the regional manager on a monthly basis in order to ensure they were being maintained appropriately.

The staff members told us that regular staff meetings were now being held and that these enabled managers and staff to share information and / or raise concerns. We looked at the minutes of the most recent meeting held on the 12 January 2015 and could see that a variety of topics including the completion of any relevant charts, care plans and supervisions had been discussed.

The provider also had its own quality assurance company to audit their homes. Coincidentally an audit was being undertaken at the same time as our inspection visit was taking place. We spoke to the representative from the company who explained that they were carrying out an 'impact' [Independent Monitoring of Performance and Compliance Tool] audit. This covered a variety of topics including, health and safety and the environment, individualised care and treatment, nutrition and catering, safeguarding and the management of the home.

Monitoring of the standard of care provided to people funded via the local authority was also being undertaken by Cheshire East's Council quality monitoring team at the time of our inspection visit. They had last visited on the 3 February 2015 and found that the issues they had identified previously were being dealt with.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **The registered person had failed to ensure that there were sufficient numbers of staff deployed to meet the needs of the people using the service at all times.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **The registered person had failed to ensure staff members were receiving appropriate induction, training and supervision.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **People who use the service were not always provided with suitable arrangements for obtaining their consent in relation to the care and treatment provided to them.**