

Akari Care Limited

Church House Care Home

Inspection report

Coole Lane
Austerson
Nantwich
Cheshire
CW5 8AB

Tel: 01270625484

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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 

Summary of findings

Overall summary

This inspection took place on the 5 and 11 July 2017 and was unannounced. We previously carried out an unannounced inspection at this home on 11 and 12 August 2016, where we identified shortfalls to the care provision and we identified breaches in number of areas. Following that inspection, we asked the provider to take action to make improvements and we served two warning notices.

At this inspection we found that some improvements had been made in certain areas but sufficient improvements had not been made in all areas. We found that the registered provider was no longer in breach of Regulations relating to safe recruitment, staffing and the safe management of medicines. However they remained in breach of Regulations relating to good governance, consent to care and person centred care. We identified a further breach relating to the safe management of risk.

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 31 people living in the home.

A new manager had recently been appointed and they were not yet registered with the Care Quality Commission. 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.

Overall people spoken with were complimentary about the care they received at Church House.

We saw that risk assessments had been undertaken in a number of areas including moving and handling, falls, pressure ulcers and choking amongst others. We also observed that staff used specialist equipment to move people safely and saw that action was taken to manage the risk of people developing pressure ulcers. However, we found some examples where risk assessments had identified actions to reduce the risk but staff had not always ensured that these were followed.

At this inspection we checked whether staff understood how to protect people from harm or abuse. Staff spoken with were aware of safeguarding procedures and were able to tell us what to report and how they would report concerns of this nature. We found some shortfalls regarding the safety of the premises specifically relating to fire safety and referred these issues to the local fire service. We subsequently received information to inform us that these issues were being addressed

We found that improvements had been made to staffing levels and there were sufficient staff to meet people's needs in a timely manner. We found that improvements had been made to the management of medicines. A new electronic medication management system had been introduced.

At this inspection we found that the service was still not always working within the principles of the MCA and DoLS. Whilst overall people told us that staff sought their consent to provide care, we found one example where staff had not respected a person's wishes regarding their care. The home manager had identified that further training was required in this area.

Staff had received an induction and some training. However this was an area that the manager was focused on making further improvements. A training programme had been implemented and plan has been made to provide all staff with regular supervision.

People we spoke with told us that the food was good. We observed the meal being served at lunchtime, which looked appetising. Pictorial menus were on display in the dining room and choices were available. We saw from the care records that people's nutritional and hydration needs were recorded, there was evidence that staff were monitoring people who were at risk of losing weight.

People were supported to maintain good health and receive health care support. We saw records to confirm that people had received care from chiropodists, dieticians and their doctor when required.

We spent time with people using the service and their visitors during our inspection. We observed interactions between staff and people which were overall positive, responsive to needs and caring. People told us that staff respected their dignity and privacy.

Whilst some improvements had been made and further improvements were planned, we found that people did not always receive care that was responsive to their needs. We reviewed people's care records and found that they were not always detailed enough or provided individualised information about people's support needs. Where charts and information indicated concerns we saw examples where there was no evidence that staff had taken appropriate action. The new manager told us that he was focused on making improvements to the responsiveness of the care provided. Changes had already been made to the staffing levels and organisation of the staff.

People were positive about the activities on offer. People said that they felt able to raise any concerns with staff. The provider had a complaints procedure in place, which was on display in the reception at the home.

There had been two changes to the management of the home since the last inspection. The current manager had only been in post for three weeks. An internal audit and whistleblowing concerns raised in June 2017 had identified that further improvements to the home were required. The registered provider had taken responsive action in the last few weeks and told us they were focused upon making the necessary improvements to the quality of the care. However, we were concerned about the length of time taken to address the concerns raised at the last inspection.

Following the last inspection we saw that some improvements had been made and the registered provider had met some of the previous breaches to the regulations. However, they remained in breach of other regulations. A detailed home improvement plan had been developed with the provider's quality assurance team following an audit and the home manager was implementing this action plan.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Staff had not always followed actions identified to reduce risks to people.

Improvements had been made to staffing levels and there were sufficient staff to meet people's needs in a timely manner.

Staff were aware of safeguarding procedures and were able to tell us what to report and how they would report concerns of this nature

Improvements had been made to the management of medicines.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

The service was still not always working within the principles of the MCA and DoLS.

Action was now being taken to ensure that staff received appropriate induction, training and supervision.

People told us that the food was good and staff supported people to meet their nutritional needs.

People were supported to maintain good health and receive health care support.

Requires Improvement ●

Is the service caring?

The service was caring.

People told us that staff treated them in a kind and caring manner.

People were supported to express their views and were involved with decision about their care.

Good ●

We observed that people's privacy, confidentiality and dignity was maintained

Is the service responsive?

The service was not consistently responsive.

People did not always receive care that was responsive to their needs.

People's care records were not always detailed enough or provided individualised information about people's support needs.

There was an activities coordinator employed at the home and people were very positive about the activities available.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

There had been two changes to the management of the home since the last inspection.

Action was being taken to make improvements to the service, but we were concerned about the length of time taken to address the concerns raised at the last inspection.

We found that staff were motivated and positive about the new manager's approach.

A detailed home improvement plan had been developed with the provider's quality assurance team following an audit and the home manager was implementing this action plan.

Requires Improvement ●

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.

This inspection took place on 5 and 7 July 2017 and was unannounced. The inspection was carried out by two adult social care inspectors and an expert by experience on the first day and two adult social care inspectors on the second day. 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 service was aware of our visit to conclude the inspection on the second day.

The registered manager had received a Provider Information Return (PIR) before our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We looked at any notifications received and reviewed any information that had been received from the public. A notification is information about important events, which the provider is required to tell us about by law.

We contacted the local authority before the inspection and they shared their current knowledge about the home. We checked to see whether a Health Watch visit had taken place. Health Watch is an independent consumer champion created to gather and represent the views of the public. They have powers to enter registered services and comment on the quality of the care. A recent visit had not taken place but we read the latest report available.

We used a number of different methods to help us understand the experience of people who used the service. During the inspection we spoke with 17 people who lived at the home and three relatives/visitors, to seek their views. We spoke with 14 members of staff including one nurse, seven care staff, the registered manager, deputy manager, regional manager, cook, activities coordinator and the maintenance person. We also contacted a health professional who visited the home regularly.

We looked at the care records of five people who lived at the home and inspected other documentation

related to the day to day management of the service. These records included, staff rotas, quality audits, training and induction records, supervision records and maintenance records. We toured the building, including bathrooms, store rooms and with permission spoke with some people in their bedrooms. Throughout the inspection we made observations of care and support provided to people and observed lunch-time.

Is the service safe?

Our findings

We asked people and their relatives whether the support provided at Church House was safe. Comments included "It is good and I am quite happy living here" and "I don't have to worry about anything, I know the staff, there are lots of staff." One relative told us "(Name) is very settled, relaxed and feels safe."

Following our last inspection in August 2016 we told the registered provider to take action to ensure that people received safe care and treatment, that fit and proper persons were employed and sufficient staff were deployed. Improvements were also required to the management of medicines.

At this inspection, we looked at how risks were managed to individuals and found that improvements were required. We saw that risk assessments had been undertaken in a number of areas including moving and handling, falls, pressure ulcers and choking amongst others. We also observed that staff used specialist equipment to move people safely and saw that action was taken to manage the risk of people developing pressure ulcers. The nurse confirmed that one person at the home required intervention for a leg ulcer. However, we found some examples where risk assessments had identified actions to reduce the risk but staff had not always ensured that these were followed.

We saw that one person had swallowing difficulties and a Speech and Language Therapy (SALT) assessment had been undertaken which provided guidance to help manage the risk of the person choking. There was guidance in the person's care plan and also clearly available for staff in the person's bedroom. However there was no specific risk assessment in place for the risk of choking. The guidance in the care plans stated that the person should be supervised whilst eating so that staff could ensure that the person's mouth was not overfilled and clear after eating. During lunchtime we checked to see whether the person was supervised and found that they had eaten half of their lunch without supervision. We raised this with the manager who advised us that the verbal information obtained from SALT indicated that staff could "pop in" whilst the person was eating. We noted that this was contradictory to the written guidance. Senior staff immediately arranged for a review from the SALT team to clarify the situation. We also saw that another person identified as requiring supervision whilst eating and drinking, had been left alone with a drink. They were also lying on the bed rather than sitting up which may increase their risk of choking. This meant that staff had not always ensured that actions identified to reduce risks were followed.

On the first morning of the inspection we walked around the building and saw a person trying to get out of bed, they appeared at high risk of falling. We spoke with the person who told us they had been waiting for staff but that no-one had arrived. We attempted to call for staff using the call bell but found that there were two call bells on the floor and neither were attached to the system and therefore ineffective. We spoke with a member of staff who told us that staff had regularly checked on this person and that they usually preferred to get up later. We advised the manager that the call bell was not attached to the system and noted that this had left the person at risk as they were unable to call for assistance.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The failure to assess the risks to health and safety of service users and do all that is

reasonably practicable to mitigate any such risks.

We had previously been notified about a serious safeguarding concern at Church House in November 2016, which had been investigated with an inconclusive outcome. The local authority informed us that although the provider reported the safeguarding concerns, some shortfalls had been highlighted in the provider's initial response to the concerns because local procedures had not been followed robustly enough. We met with the local authority and provider at the time and we were advised that a number of measures had been put in place as a result.

At this inspection we checked whether staff understood how to protect people from harm or abuse. Staff spoken with were aware of safeguarding procedures and were able to tell us what to report and how they would report concerns of this nature. One member of staff told us "We've all done safeguarding, I would report anything straight away, you could call the police if a crime had been committed. We've been made aware." We saw that the manager kept a safeguarding file, which included the local safeguarding procedures. We saw that a number of referrals had been appropriately made to the local authority with the outcome recorded. However we did note one incident recorded in the accident/incident file which potentially could have been referred as a safeguarding concern, this was a minor incident and the provider had management plans in place around any further risks.

In August 2016, we found that the registered provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider had not ensured that sufficient numbers of staff were always deployed within the service. We served a warning notice asking the registered provider to be compliant with the regulation by 28 February 2017. At this inspection we saw that improvements had been made and the registered provider was no longer in breach of this regulation.

The staff rota, our own observations and what people and staff told us confirmed that there were sufficient suitably qualified members of staff on duty for every shift. The regional manager told us that staffing levels had recently been increased following a review of people's dependency levels. There was a new acting manager in place who explained that when he came into post around three weeks ago he identified that staffing levels needed to be increased. We asked the manager how staffing levels were calculated and how they related to the needs of the people who were living in the home. The manager told us and we saw that each person had a dependency assessment and received a score which was used to calculate overall dependency levels. The regional manager had undertaken a review and was closely monitoring staffing at the current time.

During our inspection there were 31 people living at the home and we saw that there were two nurses and seven care staff on duty during the day shift and one nurse plus three care staff on duty during the night. Comments received from people indicated that although staff were busy, there was always enough staff on duty to provide care and support. They said "You can get hold of staff when you want them" and one relative commented that staff were very responsive to the call bell.

During the inspection we found early morning was the busiest time. For example we spoke with two people who told us that they were waiting for the care staff to support them with personal care. However we saw that people had received breakfast and drinks and staff had made checks on people until they were able to support them with personal care. Throughout the rest of the day staff were visible, the home was calm and well organised and call bells were answered promptly. Staff also reported improvements to staffing levels and said that apart from when staff occasionally didn't arrive in work due to sickness there were sufficient staff to meet people's needs. Comments included "Staffing levels are better" and "There's more staff and

less agency staff, which makes a difference, it helps with the shift and is less confusing for residents." We saw that the manager was in the process of recruiting new staff and staff shift patterns had been altered so that agency staff only worked during the night shifts.

At the previous inspection in August 2016, we could not always see evidence that recruitment procedures were robustly followed and that applicants were fully checked for their suitability, skills and experience. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed. At this inspection we found that improvements had been made and the registered provider was no longer in breach.

We saw from a recent quality assurance visit made by the provider that a full review of all personnel files had been implemented to ensure that all relevant information was contained. We reviewed three staff files and saw that the registered provider had followed safe recruitment guidance. We saw that all files had the required references and disclosure barring checks taken up prior to commencement of employment. Identity checks had also been undertaken where applicable. This meant that people were supported by staff deemed suitable to work with vulnerable adults. We saw that records were kept by the management team to ensure that suitable checks had been made for all new recruits.

At the last inspection we found that there were shortfalls in the way that medicines were managed and the provider was in breach of Regulation 12 of the Health and Social care Act 2009. The safe management of medicines. On this inspection we found that the service had made improvements to the way medicines were managed and this meant that people were better protected.

The home had recently implemented an electronic system to manage medicines called the Well Pad system. This is a technology based management system which aims to make the administration of medicines safer. Staff used a hand held device, which matched the right medicine with the right person and the right time. The manager told us that there had been some teething problems with the system linked to the Wi-Fi reception which had now been addressed.

We observed the nurse administering medication and reviewed records which evidenced that medication had been administered appropriately. However we noted that whilst administering medication the nurse was responsible for answering the home's telephone. We raised this with the manager as we found that this distraction could increase the risk of potential errors.

A medication policy was in place and staff were able to access this. We saw that medication was stored in a medication trolley which was locked in a dedicated storage room. Separate storage facilities were available for controlled drugs and medication requiring cold storage. Systems were in place to record the fridge and room temperatures. We inspected the controlled medicines register and found all medicines were accurately recorded. The Well Pad system enabled medicines to be audited on a regular basis.

The environment was kept clean, well decorated and maintained to a good standard. The home was also free from odours. We observed domestic staff cleaning areas around the building throughout the inspection. We saw that staff wore personal protective equipment, such as gloves and aprons when appropriate, to help reduce the risk and help the prevention of infection.

We saw from records that the provider had arrangements in place for the on-going maintenance of the building. We spoke with the maintenance person who demonstrated that routine safety checks and repairs were carried out, such as checking the fire alarm and water temperatures. External contractors carried out inspections and servicing of, for example, fire safety equipment, electrical installations and gas appliances.

The manager initially had difficulty locating the certificates to evidence that these checks had been undertaken this was because they were uploaded onto the provider's electronic system. The manager forwarded copies of certificates following the inspection.

Whilst everyone had a personal emergency evacuation plan in place. We also noted some concerns regarding fire safety. The provider's fire risk assessment was overdue for review, fire drills had not been completed monthly and simulated fire drills had not been completed for all staff within the past six months. We also found some contradictory information in the fire evacuation folder to information provided verbally. We discussed this with the manager who told us that he would prioritise these actions. We referred these issues to the local fire service. We subsequently received information from the home manager to inform us that the home's fire evacuation plan had been updated and a grab bag implemented. A review of the risk assessment had also been arranged.

Is the service effective?

Our findings

We asked people and their relatives whether they found the care and support at Church House to be effective. People told us that they felt that their care needs were met within the home. They said "It is good and I am quite happy living here" and "I couldn't be in a nicer place."

At our last inspection in August 2016 we asked the registered provider to take action to ensure that people's rights were adhered to under the Mental Capacity Act (MCA). People's capacity to consent to care had not always been assessed and where best interest decisions were required these had not always been recorded. This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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).

At this inspection we found that the service was still not always working within the principles of the MCA and DoLS. Since our last inspection a number of applications had been made under DoLS to the supervisory body (local authority). However, when we discussed these with the manager, we found that some people had the capacity to consent to their care and treatment, which meant that they did not meet the criteria for DoLS. This demonstrated a lack of understanding about the safeguards. Mental capacity assessments and best interest decisions had not always taken place or been recorded correctly. We saw that this issue had been highlighted in a recent audit undertaken by the provider and the manager was aware that training was required in this area. We saw from the training programme that training had been arranged.

Whilst overall people told us that staff sought their consent to provide care, we found one example where staff had not respected a person's wishes regarding their care. Records indicated that staff had believed that an alternative option was in the person's best interests. However, there was no documentation in place to evidence that a capacity assessment or best interest decision had taken place. Furthermore we found that the person had the capacity to make their own decisions and therefore staff should have respected the person's wishes. This meant that staff had not always ensured that people's rights were protected.

These issues were a continued breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In providing care and treatment of service users the provider did not act in accordance with the Mental Capacity Act 2005.

Following our last inspection in August 2016 we told the registered provider to take action to ensure that staff members received appropriate induction, training and supervision. The registered provider had not

been compliant with Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because we could not evidence that staff had received appropriate training and supervision. At this inspection we found that some improvements had been made but further improvements were required. The provider was no longer in breach of this regulation.

The new manager told us that he was focused on staff training. Staff spoken with confirmed that they had undertaken induction and refresher training. We spoke with a new member of staff who explained that they had shadowed an experienced member of staff and were undertaking training modules. We found her to be very knowledgeable about people's care needs. However we found that records were unavailable to demonstrate whether staff had completed an induction. We discussed the Care Certificate with the manager, which is a set of minimum standards which should be covered as part of induction training of new care workers. We saw from the recent provider audit that their expectation was that staff should complete the Care Certificate. However, the manager was unaware of the Care Certificate but advised us that the provider had commissioned the development of a new induction pack which would cover all the necessary areas and they were awaiting its implementation.

There was a training matrix in place and we saw that staff had undertaken e-learning in a number of subjects including moving and handling, fire safety, equality and diversity, nutrition and safeguarding. However we saw there was no specific pass rate for the e-learning, so even though statistics indicated that staff had completed the training, they may have received a very low score and the training may have been ineffective. The manager advised us that he had already planned to ask any staff who had scored 90% or less in the e-learning to re-take this training. We saw that the new manager had developed a training programme for the next few months. Training had been arranged in the following areas dementia, infection control, MCA/DoLS, safeguarding, food safety, fire safety and medication training. All staff were required to attend this training.

Staff told us that they had had occasional supervision sessions to discuss their performance and development. We saw documentation which demonstrated that some supervision sessions had been held with staff but these remained inconsistent. Staff told us that they could speak with the new manager when they needed to and found him to be approachable and supportive. We saw that the manager had implemented a matrix and had planned supervisions sessions and appraisals with all staff for the rest of the year.

People we spoke with told us that the food was good. We observed the meal being served at lunchtime, which looked appetising. Pictorial menus were on display in the dining room and choices were available. We saw that tables were nicely laid with table cloths and flowers. Most of the people dined in the dining area, however people if they wished, could have their meals in the privacy of their own room. One relative told us, "The food is beautiful."

We saw that carers were available throughout lunchtime and offered sensitive support to some people who required assistance with their meals. The manager often ate his meal with people at lunchtime which enabled him to review the mealtime experience. We saw from the care records that people's nutritional and hydration needs were recorded, there was evidence that staff were monitoring people who were at risk of losing weight. For example since the new manager had been in post staff had implemented a number of measures to support a person at risk of weight loss and a slight gain in weight had been noted. We saw that people had regular access to drinks and saw that ice creams and cakes were being served as a snack during the afternoon.

We spoke to the cook who had information available in the kitchen about people's nutritional needs. However we found some inconsistencies in this information in comparison to people's care plans. For

example the chef told us that one person disliked eggs but we saw in other information the person was actually allergic to eggs. We highlighted this to the manager who obtained the providers food allergy policy and assured us this would be fully implemented.

We found staff were using one unlabelled tub of thickener for all people in the home who were prescribed thickeners. This tub of thickener was seen on the drinks trolley whilst the member of staff was giving out drinks. They told us they were using it for everyone who was prescribed thickener. We asked the member of staff about the consistency of thickener that each person required and she referred to a senior member of staff to double check, as she had recently returned to work. However other staff spoken with were knowledgeable about people's needs and we saw in people's care plans that information about the consistency of people's food and drink was recorded. We discussed with the manager about the importance of all staff being informed about people's needs, especially as agency staff worked at the home.

People were supported to maintain good health and receive health care support. We saw records to confirm that people had received care from chiropodists, dieticians and their doctor when required. The staff told us that the home had links with a local GP who carried out a weekly visit to the home. We spoke with a GP from the local surgery who told us that they had noticed a significant turnaround at the home recently and had confidence in the new manager. They said "They know the residents and talk to families all the time. I never worry about end of life care as the staff seem well trained."

We looked around the home and found the environment to be conducive to the needs of the people who lived there. Rooms were bright and decorated to a good standard. People had been encouraged to bring in personal items from home to personalise their room to their own tastes. We saw that there was a garden with a small seating area, which was accessible so that people could sit outside if they wished. The manager told us that there were plans to improve the outside space further.

Is the service caring?

Our findings

People told us that staff provided them with compassionate care and support. Comments included, "Staff are polite"; "I can't speak too highly of the staff" and "The staff are very caring, very good."

We spent time with people using the service and their visitors during our inspection. We observed interactions between staff and people which were overall positive, responsive to need and caring. We saw that staff chatted with people in a friendly way and they gave time for people to respond. We heard a lovely conversation taking place between a person and staff member whilst they were assisting the person. The carer was talking about a book and the person was laughing and clearly enjoying the conversation.

Staff spoken with were knowledgeable about people and their needs. People were supported to express their views and were involved with decisions about their care. We saw during the first day of the inspection that one person had become a little upset because they were waiting to get ready for the day. The carer listened to the person and approached them in a kind manner and explained that they would make changes to their care plan to ensure they met the person's wishes in future. A new member of staff told us they had observed staff being caring and commented "People are offered choice about what they do and how they do it, staff are respectful of their space, it's their home." And another member of staff explained, "We always communicate with residents about what they want." One person who we spoke with confirmed, "All the carers are so good" and it "Feels good here". This person preferred to spend time in their room but said if they wanted to go and see something downstairs the staff would take them.

However, we observed one carer's approach to a person with dementia needs and found that their response appeared as impatient and uncaring. We saw that the person was agitated and the response from the member of staff exacerbated their agitation further. We discussed this with the manager, who raised this with the member of staff concerned.

Overall we found that people's dignity and privacy were respected. Staff spoken with had an understanding of the need to treat people in a dignified manner. One person commented, "I treat people how I would want to be treated". We saw care plans made reference to treating people with dignity and respect. The home's development plan included an action to discuss the provider's values and attitudes within staff inductions, along with role play to enable staff to understand how it felt to receive support, for example with feeding.

During the inspection we saw there were several visitors to the home. People told us that relatives and visitors were able to visit at any time without any restrictions and were made to feel welcome. A relative commented that staff were always "very friendly" and offered a drink when they visited. We saw that the home had received a number of thank you cards and compliments about the care provided.

Information about people living at Church House was kept securely in a locked office to ensure confidentiality.

Is the service responsive?

Our findings

We asked people whether the service provided at Church House was responsive to their needs. People told us, "I'm stress free with nothing to worry about, it's perfect." A relative told us that since living at Church House their relative had "Now improved and is a lot healthier and happier." Another relative said that their relative had been "Nice and clean and never in any pain.'

Prior to the inspection the Commission had received feedback which raised concerns that people's continence needs were not being met appropriately, amongst other concerns about the care provision. This issue was raised as a safeguarding referral with the local authority and the provider took immediate steps to address these concerns. We were advised that there had been some delays in the assessment of people's continence needs despite referrals being made and that the delivery of stock had also been delayed. At the inspection we checked that there were sufficient supplies of continence products and found that there were. A continence champion had also been appointed to monitor and coordinate people's continence needs in future.

At the last inspection we found that one person did not have a care plan in place, who had lived at the home for 17 days. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, whilst some improvements had been made and further improvements were planned, we found that people did not always receive care that was responsive to their needs and the registered provider remained in breach of this regulation.

We reviewed people's care records and found that they were not always detailed enough or provided individualised information about people's support needs. For example we spoke with one person who told us that they suffered with pain, we also saw that the person was at risk of pressure ulcers, however there were no care plans in place for the person regarding their skin care or pain needs. We saw that the person had a care plan for epilepsy and seizures, but there were no further details about the impact on the person or support that staff should provide. The provider had identified during a recent audit that a full review of all care plans was required to ensure that all the relevant forms and paperwork was contained within the files, with evidence of up to date information and people's involvement in the care plans.

We saw that each person had a care folder in their bedroom which contained information about the person's care needs and charts which staff completed when they had undertaken care delivery, for example food and fluid intake or positional turns. Overall we found that these were completed to demonstrate the level of care provided to people. However we were concerned about the effectiveness of some of these charts. We reviewed one bowel chart which indicated that the person had not had their bowels opened for nine days. When we checked the person's care plan we saw that the risk of constipation had been highlighted but not further information about the actions that staff should take to monitor or manage this. We spoke with the nurse who told us that the person concerned had no issues with constipation. We found another example where there were gaps of 11 days between bowel movements with no information about any follow up action, despite their care plan indicating that the GP should be contacted after four days.

During the morning of the inspection we spoke with people who were awaiting assistance from staff to get ready for the day ahead. Two people were anxious and told us that they had been waiting a while for support. One person was shouting out and said that they would like a bath. We saw that the person was half dressed and when we spoke with a staff member they told us that the person had been trying to get themselves dressed whilst they waited for assistance. We saw that this person was assisted to have a bath later in the morning. We spoke with this person again and they told us that the staff were very good but that they used to have a bath every morning, but now had "One when I can" which was about once a week. We raised this with the manager as the care did not reflect the person's individual needs. The manager assured us that he would review this with the person.

We also found that there were some short falls in oral hygiene, we saw in at least two examples that staff had not indicated in the records that oral hygiene had been provided and we confirmed that this was the case because their tooth brushes appeared very dry and unused. We highlighted this to the deputy manager.

These issues were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People did not always received person centred care that is appropriate to their needs and reflect their personal preferences.

The manager told us that he was starting to review the care plans and paperwork. New forms were being introduced. He had plans to introduce a clinical risk meeting, to be held with all nurses following the GP's weekly visit to ensure that all nursing staff were up to date and informed about people's clinical care needs.

Some people spoken with told us that staff were responsive to their needs and that support was flexible. For example one person told us they could ask when they wanted to be washed and dressed and were given a choice of what to wear. They were able to choose the time they went to bed and said they could request a bath or shower any time. Overall we saw that the people living in the home looked clean and well cared for. Those people being nursed in bed also looked clean and comfortable.

The new manager told us that he was focused on making improvements to the responsiveness of the care provided. Changes had already been made to the staffing levels and organisation of the staff, the manager told us that he was spending a significant amount of time observing and assisting staff to see where further improvements could be made. There had been several meetings with staff to discuss the expectations around staff approach and responsiveness.

There was an activities coordinator employed at the home and we spoke with her about the activities on offer. We found her to be very motivated and enthusiastic about her role. There was a notice board in the reception area which advertised the activities on offer, we also saw that people had a copy of the activities programme available in their bedrooms. Following our last inspection people remained positive about the activities and entertainment that took place at Church House. One person commented, "There is a very good activities coordinator" and another person told us. "We play bingo and (activities co-ordinator) organises games and quizzes." We saw that people's spiritual needs were supported within the home and these needs were reflected in people's care plans.

People said that they felt able to raise any concerns with staff. The provider had a complaints procedure in place, which was on display in the reception at the home. We saw that the manager had a system for logging any complaints, which were documented with any actions taken to resolve them. The manager told us that he intended to ensure that a copy of the complaints provided was made available to people in each of their bedrooms so that they were more accessible.

There was information available in the front entrance of the home. People were given the opportunity to express their views about the support provided at Church House through a monthly residents' meeting. There continued to be a residents committee who met on a monthly basis. We saw at the front of the home information was on display called "You say, we did" which highlighted any action taken as a result of feedback received from people or their relatives.

Is the service well-led?

Our findings

People spoken with were complimentary about the current management of the service. Comments included, "The new manager is much better than the previous one. He knows everybody's name. He talks to you and says hello" and "He is very nice and jolly and asks you how you are every day."

Following the last inspection we found that the systems in place were not robust enough to effectively monitor, review and improve the quality of care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a warning notice asking the registered provider to be compliant with the regulation by 28 February 2017.

There had been two changes to the management of the home since the last inspection. The current manager had only been in post for three weeks. When we visited, the manager was not yet registered with The Care Quality Commission (CQC). We spoke with the regional manager on the day of the inspection, who had also recently taken over the responsibility for Church House. An internal audit and whistleblowing concerns raised in June 2017 had identified that further improvements to the home were required. The regional manager and home manager explained that they had taken responsive action in the last few weeks and were focused upon making the necessary improvements to the quality of the care. Whilst we were reassured that current action being taken was proactive, we were concerned about the length of time taken to address the concerns raised at the last inspection and any improvements made had not been in place long enough to demonstrate that they could be sustained. Therefore the registered provider remained in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems were not established and operated effectively to ensure compliance with the regulations.

Following the last inspection we saw that some improvements had been made and the registered provider had met some of the previous breaches to the regulations. Although they remained in breach of other regulations. A detailed home improvement plan had been developed with the provider's quality assurance team following an audit and the home manager was implementing this action plan. The management team acknowledged that there was on-going work to ensure that the service continued to improve and develop. We saw that there had been a recruitment drive and a number of new staff had been appointed with further staff in the recruitment pipeline. A review of people's dependency levels had been undertaken which had resulted in an increase in staffing levels. The regional manager advised us that she would continue to monitor the staffing levels closely.

Throughout the inspection we found that the manager was very proactive and was developing appropriate management systems. For example spread sheets had been developed to record and monitor supervisions and appraisals. Despite the short length of time that the manager had been in post, we found him to be very knowledgeable about people's needs. He told us that he spoke with everyone living at the home on a daily basis. People confirmed that the manager was very hands on and visible within the service. The manager worked closely with the deputy and other senior staff and held a daily briefing/handover meeting. The manager and staff said this was a useful way to communicate with each other about relevant matters.

We found that staff were motivated and positive about the manager's approach. Comments included, "He's very proactive and approachable and would do something about it. He's not afraid of joining in (with staff)"; "I've seen some changes, he's a no nonsense manager. He will tell staff, if staff need to do things differently" and "It's less stressful and more organised." A number of meetings had been held with staff to ensure that staff were clear about the expectations placed upon them and to ensure they felt supported. The manager was aware of the day to day culture within the home and told us that areas for improvement were addressed directly with staff where necessary.

The service had some quality assurance systems in place to measure and review the delivery of the care. We saw that detailed and thorough audits had been undertaken by the provider in June and March 2017. The audit undertaken in June identified that a significant number actions required within the March audit had not actually been completed. We saw that the issues identified within this inspection had been highlighted within this internal audit. The management team subsequently took action as a result of these shortfalls.

The manager told us that a system to audit and evaluate each care plan called resident of the day had been introduced. This would enable the staff to systematically review each care plan, as well as the person's medication and all issues related to that their needs on a regular basis. We saw that a number of other audits had also been undertaken including medication, catering health and safety and infection control.

The manager was aware of his responsibilities to notify the Commission about significant events and the latest inspection rating was also displayed on the provider's website, as legally required to do so.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care People did not always receive care that was responsive to their needs.
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 In providing care and treatment of service users the provider did not act in accordance with the Mental Capacity Act 2005.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had failed to assess the risks to health and safety of service users and do all that is reasonably practicable to mitigate any such risks.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not established and operated effectively to ensure compliance with the regulations.

