

Akari Care Limited

Church House Care Home

Inspection report

Coole Lane
Austerson
Nantwich
Cheshire
CW5 8AB

Tel: 01270625484

Date of inspection visit:
27 July 2021
04 August 2021

Date of publication:
24 September 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Church House Care Home is a residential care home providing personal and nursing care in one adapted building to 30 people aged 65 and over at the time of the inspection. The service can support up to 44 people.

People's experience of using this service and what we found

Discussions with staff, relatives and our observations confirmed that while staff were committed to providing good quality of care for people, this was adversely affected by staffing levels, especially on the lower floor of the building. We witnessed staff under pressure to meet people's basic needs and having to prioritise in which order people were supported. This had led to a task-orientated rather than person-centred approach. In addition to this, tools used to determine the number of staff needed to meet the dependency levels of staff were not unique to the building's layout or reliable. Relatives strongly expressed the views that staff tried very hard to meet people's need but could not achieve this at present. Safeguarding processes were not always adhered to. Recruitment, risk assessments and medication management were satisfactory.

Governance of the service had not always been effective. Staff considered that they had not been effectively managed for some time and had not received the supervision and clinical guidance they needed. Audits had not been consistently completed, for example, actions from quality meetings had not been completed and whether people were eligible for deprivation of liberty safeguards had not been detected.

The manager of the service had left with a regional support manager returning to manage the service and to become registered with the Care Quality Commission. Staff were pleased to see the return of a familiar manager and were confident the issues they had experienced would be resolved.

People who used the service could only provide limited feedback about the care they received. This was positive. People appeared relaxed and comfortable when interacting with the staff team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 7 April 2021).

Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about staffing and risk assessments. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with safeguarding and governance so we widened the scope of

the inspection to become a focused inspection which included the key questions of safe and well-led.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to Staffing and Governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Requires Improvement ●

Church House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector.

Service and service type

Church House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of this inspection was unannounced with the second visit announced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report.

We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with seven members of staff including the regional support manager, nurse, care workers, activities staff, domestic staff and administrator. 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 with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also spoke with four relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Staffing levels did not always meet the needs of people.
- Discussions with relatives, staff and our observations confirmed that staffing levels were not sufficient to meet people's needs in a timely manner.
- Staff were committed to providing good quality care but they had to prioritise which people would be supported next during busy times and there was a risk that people's needs may be overlooked and that care had become task-orientated rather than person-centred.
- The provider's approach to calculating staffing levels was not tailored to the specific layout/environment of the home. This meant that in one part of the building there were not sufficient staff to meet needs.
- Dependency tools provided were not consistent with two documents from the same date providing conflicting information.
- Ongoing staff vacancies meant increased use of agency staff which on occasions had not been able to provide staff. This meant there was a risk that people's needs would not be met.
- Relatives told us, "There are simply not enough staff to help people" and "Staff are very caring but they are clearly stressed and are struggling."

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate that sufficient staff were deployed to meet people's needs. This was a breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18.

- Recruitment processes were robust.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were not always fully protected from abuse.
- The service had been subject to several safeguarding investigations which had partly prompted our visit. Some have not been concluded at the time of this report yet those that had been upheld were linked to insufficient staffing numbers.
- Low level concerns which do not meet the threshold for more formal investigation had not been recorded in recent months as required.
- One relative told us, "I think [name] is generally safe but staffing levels are worrying."
- A record of ongoing safeguarding's from earlier in the year were not complete with no details of action taken or lessons learned.
- The incoming manager had sought to look through accidents and incidents to establish patterns.

Assessing risk, safety monitoring and management

- Assessments were in place to reflect the specific hazards people faced in their daily lives.
- Environmental risks had been updated. Fire, electrical and other utilities had been assessed and were up to date.
- Equipment used by staff to support with service users' mobility had been serviced to the required intervals.
- Specific assessments were in place reflecting the risk people faced from health conditions. All assessments were up-to-date and reflected risks to people's nutrition and skin integrity, as well as risks to be considered if they needed to be evacuated from the building in an emergency.

Using medicines safely

- Medicines were safely managed.
- Medicines were securely stored with medicine administration records completed appropriately. Records included protocols for administering medicines when needed (known as PRN) so that such interventions were appropriate and effective.
- All staff responsible for administering medicines were assessed for their competency to do this safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Deficiencies in staffing levels meant that staff were very busy and found it challenging to provide person-centred support.
- Discussions with staff and our observations found that support for people was at risk of becoming task-orientated and staff were observed having to prioritise who they supported next.
- The incoming manager was aware of the issues that had been identified.
- Quality audits had not always been completed.
- A recent improvement plan had actions identified but no indication they had been actioned. We did not see any quality audits conducted by a representative of the provider to assess the quality of care provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives told us, "There is no leadership for staff. Staff are kind but need direction" and "Management seems to change on a frequent basis and recently I received a letter of introduction one week, only to find the person was no longer in post the next week."
- Staff told us there had been no staff meetings or meetings for clinical staff such as registered nurses. Individual supervisions had also been infrequent under previous management.
- People who used the service were only able to give limited views of the support they received. They told us, "It is good" and "They [staff] are kind."
- The service had recently co-operated with safeguarding investigations and relevant agencies.
- The service had worked with local infection control teams to ensure that vulnerable people were kept safe from becoming COVID-19 positive during the pandemic.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had not been effectively managed.
- The service did not have a registered manager, and this had been the case since 2019. A regional support manager had returned once again to manage the service and during our inspection we were informed they had applied to become registered.
- Staff supported the return of this manager and had confidence in their ability to manage the service

effectively; which had not been their most recent experience. The manager was aware of the issues that required addressing.

- Notifications of key events were sent to CQC as required and the rating from the last visit was on display.
- People's views were captured through resident meetings held on a regular basis. Any action points were on display.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate that the provider was providing effective governance of this service. This was a breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17.

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	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered provider had failed to ensure good governance

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The registered provider had failed to provide sufficient staff levels to meet people's needs.