

Akari Care Limited

# Church House Care Home

## Inspection report

Coole Lane  
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Cheshire  
CW5 8AB

Tel: 01270625484

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14 September 2020

15 September 2020

17 September 2020

18 September 2020

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Church house is a care home providing personal and nursing care for up to for up to 44 people in one adapted building. At the time of the inspection 24 people were living at the service.

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

Overall, people were positive about the care and support they received at Church House. Risks to people's health and wellbeing were assessed and mitigated. Improvements had been made in relation to care records, however aspects of record keeping needed further focus and improvement, which had already been identified and was being addressed.

The provider had systems in place to safeguard people from the risk of abuse. Staff understood how to recognise and report any concerns about people's safety and well-being. We asked the manager to raise a safeguarding referral with the local authority in regard to one comment received, which needed further investigation.

There were enough staff to keep people safe, however, staff were very busy at certain times. The manager confirmed staffing levels would be increased at these times by introducing a new shift pattern. The provider followed safe recruitment processes to ensure the right people were employed.

People's medicines were managed safely. Medicines records were audited regularly. The home was clean, and staff followed procedures to prevent the spread of infections. The impact of the COVID-19 pandemic had been well managed.

Care plans had improved and provided staff with the information they needed to meet people's needs. Care was now provided in a more individualised way and people could choose how they wanted to spend their time. A variety of activities were offered to people.

Complaints had been dealt with promptly following the provider's policy. People told us they felt comfortable raising any concerns and that these would be listened to.

The management team had engaged and worked hard to improve and develop a culture of person-centred care. A more open and supportive culture had been created. The staff morale had improved and there was a supportive and effective team approach evident.

There was a Home Development Plan in place and the new manager had a clear focus on areas which needed further development. They were aware of the importance of sustaining improvements made and maintaining stability within the service. More robust quality assurance systems were now in place to ensure any shortfalls were identified and to drive continuous improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 15 May 2019).

#### Why we inspected

This was a planned focused inspection based on the previous rating.

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

This report only covers our findings in relation to the key questions Safe, Responsive and Well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Church House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# 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 two inspectors and a specialist nurse advisor (SpA). The inspection site visit was carried out by an inspector and a SpA on 17 September 2020. Telephone calls were made to seek feedback from staff and people's relatives on 15 September 2020.

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. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was a newly recruited manager who had applied to register with CQC.

#### Notice of inspection

We gave a short period notice of the inspection. Due to the impact of the COVID-19 pandemic we were mindful about the amount of time inspectors were on site. Therefore, records and documentation were requested before the site visit and the inspectors reviewed this information remotely.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback

from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and contacted five of their relatives about their experience of the care provided. We spoke with 10 members of staff including the manager, the regional support manager, care assistants, nurses, domestic staff and the activities co-ordinator. 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 speak with us. We reviewed a range of records. This included several care and medication records. We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 requires Improvement. At this inspection this key question has remained the same. 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.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from the risk of abuse.
- Staff had received safeguarding training and were able to tell us what their responsibilities were in relation to reporting any safeguarding concerns. They felt concerns would be acted upon by managers.
- Overall people were positive about the care and support they received and told us they felt safe living at Church House. One person said, "They're all good, day time and night time, I'm safe here." A relative commented "I have no cause for concern. I think (name) is always safe there".
- We asked the manager to raise a safeguarding referral with the local authority due a comment made by one person, which required further investigation.
- The manager kept a record of safeguarding incidents and understood reporting responsibilities. However, we asked them to report another concern under safeguarding procedures. The provider was addressing this concern internally however, additional information needed to be shared with the local authority.

Staffing and recruitment

- There were enough staff to keep people safe, however, staff told us they were very busy at times. Staff comments included, "We get through things efficiently but are rushed" and "Most days the staffing is okay."
- People told us staff were responsive, comments included, "It's excellent here with all the care and attention, they're busy but have always got time" and "When you call them (the staff) it depends how busy they are, you don't have to wait too long."
- Staffing levels were determined using a dependency calculation tool which was regularly reviewed. However, occasionally there was one less staff member on duty after 4.30pm, this was due to the different shift patterns. Following the site visit the manager confirmed staffing levels would be increased at these times by introducing a new shift pattern. Agency staff would be used in the interim to ensure staffing levels did not fall below the assessed minimum level and kept under review.
- Safe recruitment procedures were followed. Staff had been recruited and there was improved continuity of staff. Further recruitment was ongoing, and some people were awaiting interview and/or appropriate checks.

Assessing risk, safety monitoring and management

- Risks associated with people's care had been identified and risk assessments were in place to minimise these risks occurring. For example, potential risks around people's mobility or their nutrition and hydration.
- Staff were knowledgeable about risks and took appropriate actions, following their care plans to ensure people were kept safe.

- Risks associated with the safety of the environment and equipment were identified and managed appropriately. A fire risk assessment was in place and fire drills had been undertaken. Simulated evacuation scenarios needed to be undertaken with all the staff and this had been identified through audits, with plans in place to address this.
- Further improvements were required to ensure records such as tools used to assess risk were always calculated correctly and details about decisions made were fully recorded within the care records.

#### Using medicines safely

- People received their medicines as prescribed and staff kept accurate medicines records.
- The clinic room was well organised, and medicines were stored securely with temperature monitoring in place.
- Medicines audits were in place and provided assurance for processes within the home. However, actions identified in the last three had not been signed off as complete.
- People prescribed topical creams had administration records in place. Care staff recorded which creams had been applied and where on the body, however we noted some gaps in these records. The manager had already identified this and was taking action to address this.
- When issues or medicine errors had been identified, appropriate procedures had been followed and action taken to learn from these.

#### 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.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded, and managerial oversight ensured that actions to prevent further occurrences were carried out and learning was considered.
- A monthly clinical governance meeting was now held where any patterns or trends were analysed and discussed for further learning.
- Bespoke training had been provided for staff to enable them to support people living with dementia and associated behaviours, which staff had found beneficial.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Since the last inspection improvements had been made and we found people received more individualised care. People told us, "They have got to know the way I like things done" and "You can do your own thing, you're at liberty to have lunch in your own room if you prefer." A relative said their relative could make choices such as when to go to bed and commented, "She feels quite in control of all that."
- Care plans were more person centred and had been reviewed on a regular basis. These detailed people's likes, dislikes and preferences. Staff demonstrated they knew and understood people's needs well.
- The service had improved its monitoring processes and there had been a focus on auditing and improving care records. Records kept in people's bedrooms to record the care provided had improved and were kept under review.
- Staff operated a resident of the day system where all aspects of their care were reviewed, along with input from their relatives where appropriate.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified in their care plans, this helped staff understand how best to communicate with each person.
- Information could be provided in different formats, such as large print, and the menu was in pictorial format to help people understand what was on offer.
- People's names and photographs were displayed on their bedroom door to help people find their way around.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Due to the impact of COVID-19, staff booked in visitors for socially distanced 'window visits' and 'garden chats' with people living at the service. People had been supported to keep in contact through telephone and video calls.
- There was a dedicated activity co-ordinator and programme of activities on offer. People were very positive about the co-ordinator and the numerous activities on offer. The co-ordinator was very engaged with people.

- One to one support had been provided to people where they remained in their bedrooms.

#### Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. Information about raising concerns or providing feedback was on display within the service.
- Any complaints had been dealt with promptly following the policy.
- People told us they felt comfortable raising any concerns with staff or the manager. They told us "I would go to (staff) or (manager) if something was wrong." A relative commented "If I wanted to raise any concerns, I feel sure they would be dealt with."

#### End of life care and support

- People had been supported to discuss their wishes and care plans were in place to support people at end of life.
- Where people had 'Do Not Attempt Resuscitation' agreements in place, these were clearly recorded within records to ensure they were followed.
- We spoke with the relative who was very positive about the support provided to their relative and commented "They are bending over backwards to care for (name)."

# 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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team had engaged and worked hard to improve and develop a culture of person-centred care. A more open and supportive culture had been created.
- Throughout the inspection we saw managers supporting staff and people. They knew people well and understood their individual needs. The atmosphere at the service was warm, friendly and welcoming.
- People and their relatives were very positive about the management of the service and told us managers were approachable. One relative said, "The new manager is doing wonders, she's lovely."
- The staff morale had improved and there was a supportive and effective team approach evident. A staff member told us "We have a good team of workers we work well together, if I need help, I can get support."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had been managed by the regional support manager for several months. A new manager had been recruited and had been in post for a few weeks. She had made an application to register with the CQC.
- There was a Home Development Plan in place and the new manager had a clear focus on the areas which needed further development. She carried out a daily walkaround of the building and provided some direct care to support the staff team and people living at the service.
- Appropriate action had been taken by the management team if there were any concerns relating to staff performance.
- The homes' rating was on display and notifications had been submitted to the CQC as required.
- The manager and provider were aware of their legal responsibilities and the importance of investigating incidents/events that occurred.

Continuous learning and improving care

- More robust quality assurance systems were now in place to ensure any shortfalls were identified and to drive continuous improvement.
- The provider's quality team had undertaken a very thorough audit of the service. Where improvements were required these were linked to the Home Development Plan and were being addressed.
- Aspects of record keeping needed further focus and improvement as noted in the Safe section of this report.

- The management team were open to suggestions and acted quickly on any feedback provided during the inspection.
- Continuous learning was demonstrated following an audit in relation to equality and diversity, which had identified areas for further development. Staff were keen to undertake further training in this area.

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

- Staff were positive about the management of the service and had been well supported, especially during the recent pandemic. They were apprehensive about another change of manager but felt the new manager was approachable and supportive.
- The new manager planned to work in partnership with the staff team and to involve care staff more effectively in the development and reviewing of care plans.
- Staff worked in partnership with other agencies to provide effective care to people.
- There had been a focus on better communication, for example daily handover and flash meetings were held. Clinical governance meetings had also been introduced.
- Residents' meetings had continued safely during the pandemic, which enabled people to provide feedback. Minutes and actions from these meetings were on display for all to see.