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**

Summary of findings

Overall summary

This unannounced inspection took place on 11 and 12 August 2016.

We previously carried out an unannounced inspection at this home on 10 March 2015, where we identified shortfalls in the standard of care. These included shortfalls in the induction of new staff and the on-going training and supervision of staff members employed. We found that the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were not being followed and there were not always enough staff in the home to meet everyone's needs. Following this inspection, we asked the provider to take action to make improvements.

We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. We found that the provider had not made sufficient improvements and remained in breach of the legal requirements. We also found a further three breaches of the relevant legislation.

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 there was a home manager who had not yet been registered with the Care Quality Commission. The manager had submitted an application, but was unaware that the application had been returned for further information. We received information following the inspection to confirm that the manager had re-applied to register. The regional manager and a manager from another of Akari's services were present during the inspection visit.

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 32 people living in the home.

People told us that they felt safe living at Church House. However, we found that sufficient staff were not always deployed, to meet people's needs in a timely manner. People told us and we observed that people were kept waiting for support at busy times, especially during the morning. Agency staff had been used to cover where there were staff shortages and the manager was focusing on the recruitment of new staff.

There were shortfalls in the way that medicines were administered. We found that there was a lack of clarity about the process for recording the administration of creams onto the MARs and we were not able to see from the records whether these products had been used correctly. There were also issues with the administration of covert medication.

We saw that some recruitment checks had been made, but we could not always evidence that recruitment

procedures were robustly followed and that applicants were checked for their suitability, skills and experience. Staff spoken with understood what safeguarding was and knew how to report any concerns within the organisation.

We found that the home was clean, well decorated and maintained. The maintenance person ensured that all appropriate checks were carried out and recorded.

Staff told us that they received suitable training, although records were not available at the time of the inspection to evidence individual staff training details. The manager told us that the induction of staff was an area that needed to be developed and the provider was devising a new induction programme in line with the Care Certificate. Some staff had received supervision but these had not been carried out consistently in line with the provider's policy.

We found the provider had not made sufficient improvements to ensure they acted in accordance with the requirements of the Mental Capacity Act (MCA). We saw that some assessments had been undertaken of people's capacity to make decisions and the management team were aware of their responsibilities with regard to Deprivation of Liberty Safeguards (DoLS). We found that 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.

People were complimentary about the support that they received from staff. They told us that staff were kind and caring. We found that people were treated with dignity and respect.

Care records reflected the support that people needed so that staff could understand how to care for the person appropriately. However not all care plans were up to date to reflect changes to a people's needs. Daily charts were not always completed fully. We saw that staff responded to people's changing needs and sought involvement from outside health professionals as required.

People were positive about the activities on offer. There was an activities coordinator who was very enthusiastic about her role. We saw that there were plans in place to develop to environment to support people's social needs further. There was a complaints procedure available. People knew how to complain and told us they would feel able to speak to staff about any concerns.

There were some systems in place to monitor the quality and safety of the service. However, some of the quality assurance systems that the provider had put in place did not identify the concerns that were identified on this inspection.

The staff spoke positively about the manager, who they said was approachable and supportive.

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.

There continued to be insufficient staff to meet people's needs in a timely manner.

We found shortfalls in the way that people's medicines were administered. Records relating to the application of creams were confusing and unclear.

Recruitment processes were not robust enough to evidence that appropriate checks had taken place, to ensure suitable staff were employed.

Staff understood and recognised what abuse was and knew how to report it if this was required.

Is the service effective?

Requires Improvement

The service was not always effective.

The requirements of the Mental Capacity Act were not always followed. People did not always have mental capacity assessments and best interest decisions where required.

Concerns remained about the induction, training and supervision of staff. Staff had received training, but the induction process needed to be more effective. Some staff had received supervision meetings but these had not been consistent or in line with the provider's policy.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were offered a choice of food, which met their likes and preferences.

Is the service caring?

Good

The service was caring.

Staff treated people in a kind and caring manner. We observed staff to be thoughtful and they had good knowledge of people's needs.

People were treated with dignity and respect.

We found that people and their relative's were supported to make decisions about their care.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans provided detailed information and guidance to staff on people's care needs and preferences. However, we found that some plans needed to be updated and one person did not have any care plan.

People's charts were completed by staff although we found that there were some gaps in the records.

People were complimentary about the activities available. There was a full activities programme and we saw that trips out had been organised.

There was a complaints policy in place and people told us that they would feel able to make a complaint. We saw that any complaints were appropriately responded to.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well led.

There were some systems in place to monitor the quality of the service. However, they were not always effective or regular. We found areas on this inspection which had not been highlighted by the systems in place.

Relatives were positive about the manager, although some people living at the home told us they were unsure who the manager was.

Staff said that they felt supported and that the management was approachable.

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 was planned to check 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 11 and 12 August 2016 and was unannounced.

The membership of the inspection team consisted of one adult social care inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we checked the information that we held about the service. 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 contracts and quality assurance team to seek their views and we used this information to help us plan our inspection.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed this and other information we held about the service.

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 18 people who lived at the home and three relatives/visitors, to seek their views. We also interviewed staff including the home manager, regional manager, deputy manager, two nurses, four care staff, the activities co-ordinator and the maintenance person.

We reviewed five people's care records and inspected other documentation related to the day to day management of the service. These records included three staff files, staff rotas, quality audits, meeting minutes, complaints 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 in the communal areas, such as the lounge and dining room.

Requires Improvement

Is the service safe?

Our findings

We asked people and their relatives whether the support provided at Church House made them feel safe. Most people told us that they did feel safe, they told us "I feel safe and staff attend to everything I need," and "I feel safe here". Relatives also commented "I feel happy that mum is safe."

However, some people told us that they were concerned that at times there weren't always enough staff to ensure that people were safe. They said "I feel I always have to wait for staff" and "There is not enough staff on the morning shifts."

Following our inspection on 10 March 2015 we told the registered provider to take action to ensure that there were sufficient numbers of staff deployed to meet the needs of the people using the service at all times.

On this inspection we looked at staffing levels. There were 32 people living at the home, with 12 people who lived on the ground floor and 20 people on the first floor. We looked at the staff rotas which showed that there were usually two nurses, five care assistants, as well as one other care assistant who provided one to one care to a person. On the first day of the inspection the manager told us that an agency member of staff had not arrived for their shift, so there were five carers rather than six and he was trying to arrange cover.

We asked the manager how staffing levels were determined. He told us that when there were 30-35 residents, this would indicate that two nurses and five carers were required during the day. One nurse and three carers would be required during the night.

We asked how people's individual dependency levels were assessed and taken into account with regards to staffing levels. We were informed that each person had a dependency assessment which was updated monthly. The manager explained that this information would be incorporated into a dependency tool, which would then indicate the number of staffing hours required. However, he advised us that he'd not yet used this tool, but understood that it should be completed weekly. We found that the manager was uncertain about the number of people who required assistance from two carers on the day of the inspection. He undertook this on the day and advised us that there were sufficient staffing hours according to this tool.

The staff spoken with told us, they felt under pressure at peak periods of the day especially during the morning. They felt that sometimes there were insufficient staff on duty to meet people's needs in a timely manner. They told us the number of people who now required two staff to assist them had generally increased and they were finding it difficult to manage their workload. One member of staff said that they had to prioritise, as people needed assistance with breakfast and continence needs. Staff told us that they would try to meet individual preferences but couldn't always support people who required the support of two carers to get up before 10am. Staff commented, "They need adequate staff." Staff spoken with said that in general there were sufficient staff on duty during the night, to meet people's needs.

During the inspection we observed that staff were very busy and working hard to meet the needs of people as promptly as possible. However, we saw that some people waited for long periods of time before they were offered support to get out of bed and prepare for the day. One person told us that they had asked to get up at 9.30am; we observed that they were eventually supported to get up at 12.00pm, when they were taken straight to the dining room. Whilst people were waiting we saw that they had been supported with breakfast and drinks were available. We heard call bells ringing frequently and on one occasion it took staff 15 minutes to respond. We asked the manager how the call bell response times were monitored. He explained that the system did not allow for electronic monitoring or analysis, but that he would generally monitor from the office and take action if he heard a bell ringing for a long period of time. One staff member told us that they had raised concerns about staffing levels with the manager. The management team explained that they were not aware of any concerns regarding staff levels and their observations around the home had not highlighted any significant issues.

During the second day of the inspection, we found that staff were equally as busy. We noticed that staff supported people in transfer from either the dining room or their bedroom into the lounge. We observed that people were left to sit in their wheelchairs until two members of staff were available to support them to transfer to an armchair. The activities coordinator asked for staff to assist a person to transfer from her wheelchair and they waited for over thirty minutes for support. We spoke with people about the care they received. In general they were complimentary about the care but told us that they had to wait at times. They said "The staff are very caring just not enough of term, there's a lot of agency staff but they are very good" and "I have to wait for staff all the time."

These issues were a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Sufficient numbers of staff were not always deployed.

The management team told us that there had been some staffing recruitment difficulties over the past few months. There had been a recent focus on recruitment of new staff, with a recruitment campaign. The manager told us that they had now been able to recruit a new deputy manager, who was due to start within the next month. There were two other members of staff due to start the following week, as well as nursing staff in the recruitment pipeline. The manager told us that the retention of staff was an important area, where he was focused and the organisation had introduced a staff bonus scheme.

Agency staff had been used to cover where there were staff shortages. These are staff who are employed by a separate organisation which provides staff to any service requiring them. We saw from the rotas that there had been a high usage of agency staff over recent months. The manager informed us that they had aimed to use one particular agency to ensure that staff used were as consistent as possible. Staff spoken with confirmed that the agency provided regular staff. We spoke with a member of staff provided by the agency, who informed us that they visited the home regularly and therefore knew people's needs well.

We found there were some shortfalls in the way people's medicines were being managed and administered by the home. We reviewed five medications administration records (MARs), all but one contained a photograph for identification purposes and any known allergies. The photograph missing was for a person who had recently moved to the home and the nurse told us that were aware that a photograph was required. Most people's MARs were printed by the supplying pharmacist. In one case we saw that MARs was hand written, but there was no evidence to demonstrate that it had been checked and signed by two people to reduce the risk of transcribing errors.

We looked at the way external medicines [creams] were administered. Records we saw gave details regarding the cream and its use, but did not consistently record that creams had been applied and were

incomplete and confusing. We reviewed one person's MARs which indicated that cream should be applied daily. The MARs had not been signed to say that the cream had been applied for the previous 17 days. We checked with the nurse and were told that care staff administered the cream. However we found that there was a lack of clarity about the process for recording the administration of cream onto the MARs and we were not able to see from the records whether these products had been used correctly.

A protocol was in place for staff to follow when administering medicines to be given 'when required' (PRN). These gave staff the required information regarding their use, although could have been more detailed in some cases. We found that the recording of PRN medicines was inconsistent. In one example we saw that staff had recorded 'R' which meant the person had refused and 'O' for 'other' reason as to why the medicine had not been administered. However there were a number of gaps. The records were not fully completed and confusing, it was difficult to establish whether the medication had not been required or had been missed.

We asked the nurse whether anyone living at the home was given their medicines covertly (in other words, hidden in food or drink without their knowledge or consent). The nurse told us that no one received medicines in this manner. However we found that there was a covert medication record in place for one person. The record showed that the decision had been discussed with appropriate health professionals but there was no evidence that this had been discussed with the person's family. Best practice guidance (NICE guidelines for covert medication) states that decisions to administer medication covertly should be kept under regular review. The records identified that a review had been due in January 2106 but there was no record of any further review.

During the inspection we spoke to a nurse in detail regarding the administration of medicines. Medicines were kept safely in a lockable trolley within a locked room. We saw that there was a medication policy and the manager told us that this was available to staff, however the nurse spoken with was unclear where they could access this.

Some prescription medicines contain drugs that are controlled under the misuse of drugs legislation; these medicines are called controlled medicines. We inspected the controlled medicines register and found all medicines were accurately recorded. They were stored in a special cabinet.

Some medicines need to be stored under certain conditions, such as in a medicine fridge, which ensures their quality is maintained. If not stored at the correct temperature they may not work correctly. The temperature of the drug fridge was recorded to ensure these medicines were safe to use. The temperature of the room was also recorded but not as consistently as the fridge temperatures.

These issues were a breach of Regulation 12 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not always ensure the proper and safe management of medicines.

We discussed the administration of medicines with the manager and regional manager, who told us that staff were currently undergoing training and competency assessments. They also told us that the provider was moving towards a new electronic medication administration system, which had been shown to dramatically reduce the risk of administration errors. The system uses a barcode which scans medication in its original packaging. Information provided through the PIR explained that "There are many failsafe's and we believe that it will make the entire process safer for our residents."

We looked at how staff were recruited and the processes followed to ensure staff were suitable to work with vulnerable people. We looked at three staff files and asked for copies of appropriate applications, references

and necessary checks that had been carried out. We saw checks had been made but we could not always see evidence that recruitment procedures were robustly followed and that applicants were checked for their suitability, skills and experience.

There were no references available in the first file that we reviewed. The manager had not been in post when this person was employed, the provider's policy was to obtain two references. However we were unable to confirm whether references had been received for this person. The manager told us that they would address this immediately.

In another file we saw that a DBS had been requested. There was an email response which advised the provider to wait until they had seen the applicant's full certificate before making an offer of employment. However there was no further information to indicate whether this information had been received or appropriately risk assessed.

These findings were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.

Staff spoken with understood what safeguarding was and knew how to report any concerns within the organisation. Some staff told us they knew how to report concerns outside of the organisations if necessary, however a new member of staff told us that they had not received safeguarding training as yet, but knew where they could access information if needed. We saw that the home had both a safeguarding and whistleblowing policy. The manager demonstrated that they understood their responsibility to identify and report any suspicion of abuse. The manager kept a safeguarding file which contained local safeguarding procedures. There had been no safeguarding referrals made to the local authority during 2016.

We reviewed care records for people using the service, and found that they identified areas of risk. Risk assessments were in place for a number of areas including falls, nutrition and tissue viability. We saw where risks had been identified action had, in the main, been taken to mitigate the risk. For example, where a person had been at high risk of falling out of bed, this had been discussed with the person and their relative; plans had been put in place to reduce further risks.

An accident and incident folder was kept and we saw that staff completed forms to record when any accidents or incidents had occurred. These forms provided the opportunity to record any action that had been taken in response. However we found that these had not always been fully completed and it was therefore unclear whether action had been taken to minimise any future risks. We discussed this with the manager who was able inform us verbally of actions that had been put into place. However, we were unable to evidence that a person's care plan and risk assessment had been updated to reflect the actions that the manager had described. We saw that the manager was able to use a system called the "care portal", which provided a statistical overview of the number of accidents or incidents which had occurred over the month. The manager then reviewed these for any trends.

The home employed a maintenance person. We spoke with the maintenance person and reviewed their records, which demonstrated that regular checks were conducted on the facilities and equipment, to ensure they were safe for the intended use. This included fire safety systems, call bells, water temperatures and electrical equipment. Appliances were also regularly serviced. Risk assessments were in place for the premises, environment and use of equipment to ensure risks were kept to a minimum. The maintenance person also carried out general maintenance around the building. We saw that fire safety training and practical evacuations had been carried out by an outside organisation. Personal emergency evacuation plans [PEEPs] were available for people to help ensure effective evacuation of the home in case of an

emergency. An on-going plan for practical drills and evacuations to include all staff was being implemented.

The home was clean, well decorated and maintained to a good standard. The home was also free from odours. There were domestic assistants visible around the home. We observed staff wearing personal protective equipment, such as gloves and aprons when appropriate, to help reduce the risk and help the prevention of infection.

Requires Improvement

Is the service effective?

Our findings

People weren't always effectively supported in making decisions regarding their care. At our last inspection on 10 March 2015 we asked the provider to take action to ensure that people were provided with suitable arrangements for obtaining their consent in relation to the care and treatment provided to them.

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).

We found the provider had not made sufficient improvements to ensure they acted in accordance with the requirements of the MCA. We saw that some assessments had been undertaken of people's capacity to make decisions and the management team were aware of their responsibilities with regard to DoLS. Where people had been deprived of their liberty the manager had made appropriate applications to the supervisory body (local authority) for a DoLS authorisation. There were three people with a current DoLS authorisation in place and a further eight people where applications had been made. The manager kept a matrix and therefore knew when these authorisations were due for renewal. Staff spoken with had some knowledge and understanding of the MCA and DoLS. The training report showed that 75% of the staff were up to date with MCA and DoLS training. Staff were able to tell us how they supported people to make their own day to day decisions when caring for them and what they would do if a person refused support.

We looked at how the service gained people's consent to care and treatment in line with the MCA. We found that the principles of the MCA were not consistently embedded in practice. We saw that staff sought consent from people before they provided care, where people had the capacity to give consent. We also saw that some people had signed their care plans to confirm that they had consented to their care and treatment at Church House. However we found that in some circumstances people's relatives had signed consent on their relative's behalf. For example one relative had signed to consent to bed rails. We discussed this with the manager and the regional manager and explained that this indicated a gap in staff knowledge around the MCA, as another person is unable to give consent on behalf of someone else, unless they have legal authorisation to do. Where relatives held Lasting Power of Attorney for people, staff had not confirmed whether this related to finance or health and welfare and had not always requested to see copies. We found that 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 continued breach of Regulation 11 of Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014. Need for Consent.

Following our last inspection on 10 March 2015 we told the registered provider to take action to ensure that staff members received appropriate induction, training and supervision. During this inspection, staff told us they received training and were kept up to date. Staff felt they received the training needed to meet people's needs and fulfil their job role. Night staff told us "The manager has been good with training." Another staff member commented "We have a notice board with all the training on." We saw training was available which included; safeguarding vulnerable adults, medication, moving and handling, infection prevention and control and food hygiene. The manager told us that basic life support training and catheter care had recently been carried out. There was a training team within the organisation. Some training was provided through e-Learning.

We asked for detailed information regarding individual training that staff had undertaken. We were told that this information could not be accessed during the inspection but a training report was available which gave a percentage overview of the training completed by staff. For example we saw that 100 % of the staff had competed fire safety training, but that some subjects had a lower completion rate such as safeguarding at 57% and Infection control at 61%. However we were unable to identity which specific members of staff had completed this training.

Prior to the inspection we were made aware of a safeguarding concern related to issues about inappropriate moving and handling. We discussed this with the manager, who informed us that as a result of learning from this incident, staff were undertaking further training and competency assessments were being carried out. Another home manager from within the organisation was providing support in this area, along with a member of staff qualified to "train the trainer." Two members of staff from within the home had been nominated to undertake training so that they could train and assess colleagues with regards to moving and handling.

The manager told us that new starters received an induction, but that plans were in place to make this more effective. Staff feedback had identified that some new starters had felt unsupported by the induction process. He explained that the provider had commissioned an outside organisation to devise a new induction in line with the Care Certificate. This certificate has been developed by national health and social care organisations to provide a set of nationally agreed standards for those working in health and social care. This was an area that they were focusing on at present.

Staff told us that they felt supported by the management team however we found that supervisions had not been carried out consistently. Staff said, "I had one supervision a couple of months ago, but I would be able to raise any concerns with the manager" and "I had a supervision meeting a few weeks ago". The manager told us that a supervision and appraisal planner had been put in place, but since coming into post he had not had the opportunity to bring consistency to the frequency of these meetings. The provider's policy was that supervision should be carried out every two months. Some staff had received extra sessions to discuss specific issues, however records demonstrated that three staff had not had a supervision meeting since March 2016.

These issues were a continued breach of Regulation18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had failed to ensure that staff members were receiving appropriate induction, training and supervision

People and their relatives spoke positively about the effective care provided by staff at the service. They told us that they were supported by knowledgeable staff. One person we spoke with said, " I can't speak too

highly of the staff, they will do anything for me," Another person told us, "I'm very well looked after."

People spoken with told us that they enjoyed the food. People were supported to eat and drink. Most people we spoke with were positive about the food provided. One person said, "It's very good food and lots of choice." Another told us, "I can't grumble at the food." Although some people said that the choices could be improved. We saw that a menu was on display in the dining room and staff confirmed that alternatives were also available. We observed the support provided to people at lunchtime. The dining room tables were laid attractively with tablecloths. The food looked appetising and people told us that they were enjoying the food. We saw that some people chose to eat their meal in their bedroom and staff supported this choice. 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.

We observed that people had access to regular drinks. People who preferred to stay in their bedroom had jugs of juice available and staff served hot drinks from the trolley throughout the day. People told us "Staff always leave me a drink and I can just ask for more," and "My drinks are always in reach." However, we saw one person who stayed in bed and was unable to drink without the support of staff. There was a jug of juice available on a trolley in the person's bedroom throughout the day. When we returned to the home on the first evening of the inspection we saw that only a small amount of drink had been taken from the jug throughout the day. We saw that a fluid chart was in place which recorded that the person had only taken 50ml of drink within a five hour period. We saw that the person was supported with a drink shortly after. Previous daily charts indicated that the person had been supported to drink sufficiently. We raised this observation with the manager.

People were referred to health care professionals where required. For example, one person had a speech and language therapist (SALT) referral and was visited in July 2016. Thickened fluids were recommended by the SALT and to be prepared to a 'custard' consistency. We observed the person was drinking a suitably thickened drink in their room. Most of the staff were knowledgeable about people's nutritional needs. They were able to tell us for example which people required thickened fluids, or which residents had diabetes. However we spoke with one member of agency staff serving drinks, who was not as clear about the people requiring thickener. We raised this with the manager who told us that he would address this to ensure that all agency staff had correct information.

Records maintained showed staff sought advice from the doctor and made requests for specialists when they believed this to be necessary in order to meet people's needs. We saw that people had access to their GP, district nurses and other specialist such as audiology when this was required. We saw that referrals had been made to health professionals such as dieticians and speech and language therapists where necessary.

Good

Is the service caring?

Our findings

People and relatives spoken with told us that staff were caring. One person told us, "Staff are lovely they look after me" Another person added, "Staff are very kind and caring." A relative commented "Staff are very caring, they take mum's needs into consideration."

During the inspection we observed how well staff interacted with people who used the service. We heard that staff were kind and caring in the way that they approached people. We found that staff were knowledgeable about people needs and had developed caring relationships them. One staff member told us "I treat people like I would treat my mum and dad, we give a family feel. " We saw that people's bedrooms were personalised and the majority contained people's own items such as family photographs and furniture.

We found that staff respected people's privacy and dignity. Members of staff were able to explain what they were expected to do to ensure people's privacy and dignity had been respected. This included shutting the bedroom or bathroom door when helping someone with their personal care. One member of staff said, "You always make sure you knock and close the door." From our observations we found all staff were polite and respectful when speaking to people. People spoken with confirmed that staff respected their privacy, one person told us "They always shut the door when they wash me and tell me what they are doing next." Staff also respected people's choice for privacy, as some people preferred not to participate in planned activities. Staff supported people if they preferred to spend time in their bedroom and we saw that some people preferred to eat their meals in their bedrooms.

We saw that issues around dignity were discussed within staff supervisions and expectations given to staff around the provision of respectful and dignified care.

However, although people told us that staff were kind and caring, we found that people's dignity could sometimes be compromised by the staff availability. For example during the inspection we saw that one person waited for 15 minutes for assistance to access the toilet. The person commented "It's upsetting that I have to sit and wait to go the toilet." We have addressed this area within the safe section of this report.

We found that people were supported to maintain relationships with families and friends. Visitors were seen throughout the inspection with no restrictions placed upon them. There was an activity coordinator who gave us examples of how they supported people to spend time with family members, for example by offering people and their families the use of the home's many communal areas and we saw that some family gatherings had taken place. We saw a recent example where a resident had been supported to celebrate a milestone birthday. The activities coordinator also demonstrated how a small lounge was being refurbished to enable people to meet or dine with their families in comfortable and private surroundings, should they wish to.

Care plans detailed people's histories, preferences and wishes with regards to the care and support they received. Staff were knowledgeable about people's needs with regards to their disability, physical and

mental health and supported people appropriately. Staff supported and enabled people to practice their faith and there were regular church services held within the home. We saw that people had been involved in the development of their care and when appropriate people's relatives were involved and invited to review meetings and events. One person explained that their preferences were respected they said, "My needs are always met" and "Staff listen and help."

People's end of life care needs and future decisions were also documented and contained within care plans to ensure peoples wishes and choices were respected.

We found that records were kept securely in the main office, which ensured that people's confidentiality was maintained

Requires Improvement

Is the service responsive?

Our findings

We asked people who used the service whether they found the service provided at Church house to be responsive. Feedback received confirmed people were generally of the view that the service was responsive to individual needs. People told us "They know my individual needs" and "I couldn't be in a better place." One relative said "My wife is very well looked after."

We saw that people were involved in the planning of their care and support. We inspected the care records of five people who lived at Church House. All but one of these reflected how people would like to receive their care, including their individual preferences. We found that one person's care plans had not yet been written. We were informed that this person had moved into the home 17 days previously. We raised this with the manager who was unaware that the care plans had not been completed. He confirmed that he would have expected these to be in place and assured us that this would be undertaken as soon as possible.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A person's care had not been designed to make sure it met all their needs.

The care plans that we inspected contained assessment documents which had been completed before the person came to the home to make sure that their needs could be met. The care plans outlined people's identified needs, risks and action required by staff. We saw that they included information about people's preferences, likes and dislikes. For example the times that people preferred to go to bed were recorded. People confirmed that staff respected their preferences. For example one person told us," You've a choice, you can have a shower or a bath." Someone else told us that they preferred to stop in bed because "It's the best place to be." Staff commented "We try and meet resident's needs as well as possible."

Staff told us that a "Resident of the day" system was operated, which meant that a particular person's care plan should be reviewed on a certain day each month. Relatives told us that they were kept informed and were involved in reviews about their relative's care. Records had mainly been kept under regular review. However, we found that some information had not always been updated effectively to reflect people's current support needs. For example we saw from one person's records that staff had identified an issue with the person's skin. We spoke with the nurse who was aware of the situation and was able to describe the actions taken to address this issue. However we found that the person's care plan had not been updated to reflect this, the nurse assured us that they would update the care plan without delay.

We looked at documents in the bedrooms of the people living at the home. These included charts for positional changes, food and fluid intake, bed rails checks and night time checks. Most of these were completed fully but we found that there were some gaps in the recordings. For example at 2.15pm during the afternoon, we spoke with a person who was in bed, who told us they needed support with their continence needs. The person's charts indicated that they had last received support with their continence seven hours prior. Staff told us that the person had received support and we saw from the charts that staff had supported with meals and positional changes, however information had not been recorded about the person's continence needs. We saw that within team meetings the manager had emphasised to staff the

importance of ensuring that documentation was completed consistently.

Prior to the inspection the CQC had received information of concern regarding the quality of the care provided at Church House during the night. We returned to the home during the first evening of the inspection, to speak with night staff. When we arrived we found some people were sat in the lounge watching television, others were in their bedrooms watching television whilst other people were in bed. People spoken with told us that their preferences were respected. One person told us that they were waiting to go to bed and a staff member reassured her that they would assist her as soon as possible. We saw shortly afterwards that the person was supported to go to bed. Staff spoken with were knowledgeable about people's needs and the atmosphere was calm.

People told us that there were activities going on at the home and that they could choose whether they wanted to take part. The home had an activities coordinator who organised group activities and also supported people on a one to one basis. We found that people were very positive about the activities on offer. They said "Activities are good" and "(Name) is great, she involves us in what activities they do."

We observed a quiz taking place during the inspection and people in the lounge were actively involved. We spoke with the activities coordinator who was very enthusiastic about her role. She explained that she involved people and their families to create a social care plan which reflected people's individual interests. We saw that there were plans in place for future developments such as an enclosed garden space. The activities coordinator was also in the process of refurbishing a small lounge into a comfortable private dining area for people and their visitors.

We saw that there was a notice board in the front entrance of the home with activities such as a visit to a local zoo and a summer fayre. There was an activities programme in place for the month, which included activities such as bingo, films, quizzes and newspaper reviews.

People said that they felt able to raise any concerns with staff. They told us "I would speak to staff and they would listen" and "If I needed to speak about any worries I would speak to 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 file in place where any complaints received were documented. We saw that where complains had been received, action had been taken by the manager to investigate and deal with the concerns raised. We saw that the responses to complaints were recorded.

People were given the opportunity to express their views about the support provided at Church House through a monthly residents' meeting. There was 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.

However some feedback received suggested that the lack of reception area or receptionist made some relatives feel that they didn't know where to go to complain, as the office was out of sight within another office. We discussed this with the manager who told us that the management team had been looking at this and considering the most appropriate place for the office, within the limitations of the building.

Requires Improvement

Is the service well-led?

Our findings

We asked people who used the service or their relatives if they found the service provided at Church House to be well led. People spoken with told us they were generally happy with the way the home was managed.

There were some systems in place to review the quality of the care provided. For example, audits had been completed in infection control and medication which had not identified any areas of concern. Care plan audits had also taken place but, the frequency of these was inconsistent and had not identified that no care plans had been written for one person who had been living at the home for 17 days. The manager told us that care plan audits were completed by the deputy but there was no schedule in place and we could not see that any actions highlighted at a result of these had been addressed. Some of the quality assurance system that the provider had put in place did not identify the concerns that were identified on this inspection. For example we found that there were shortfalls in the way people's medicines were administered, yet the latest audit carried out on 4 August 2016 scored 97% compliance and the previous audit had scored 99% compliance.

The regional manager told us that either they or the quality team completed a quarterly audit. We saw that a detailed business impact audit had been undertaken in May 2016 and a number of areas had been highlighted for improvement. We found that a number of these issues had not been addressed and remained an issue during this inspection. We asked to see the home's development plan. There were numerous areas identified within May's audit which were not included in this development plan, such as a lack of suitable induction

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The systems in place were not robust enough to effectively monitor, review and improve the quality of care.

The home manager had been in post since May 2016. When we visited, the manager was not yet registered with The Care Quality Commission (CQC) but had applied to register. The regional manager was also relatively new to the organisation. The manager had unfortunately had a period of absence since coming into post, but he told us that the management team were now stable and in a position to focus upon the areas where improvements were required. In particular the recruitment of new staff and the induction process had been identified as priorities.

Relatives spoken with were complimentary about the manager. They said "It's much better now there's a new manager" and "I can approach the manager." However a number of people living at the said that they did not know who the manager was and said that they had not met him. One person commented "I've not seen the new manager". The manager told us that he ensured that he carried out a daily walk around of the building and spoke with people regularly.

The staff spoke positively about the manager, who they said was approachable and supportive. Staff told us that they worked as a team and that they were able to raise any concerns with the manager. They told us "I

would be able to raise any concerns with the manager," and "Peter is lovely he listens to you."

Records demonstrated that regular staff meetings had been held. We saw the minutes from the latest meeting held in August which evidenced that a number of areas were discussed and the manager provided guidance about his expectations of the staff. Staff told us that whilst there was a high usage of agency staff, because the same staff came regularly there was consistency. They told us "We work as a team." The manager told us that he came into work early enough, to enable him to talk with the night staff. One visit had been carried by the current manager to monitor the quality of the care provided at night.

The manager advised us that feedback was sought from people and their relative's. The provider had an annual survey which could be sent out to people to gather their views; however we were told that these were out of date and had not been recently issued. They were due to be sent out to people shortly. A monthly resident's committee had been established and we saw an example of the minutes from one of these meetings.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. CQC check that appropriate action had been taken. Our records indicated that notifications had been had submitted notifications to CQC in line with CQC guidelines. The manager was aware of his responsibility to submit notifications as required.

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 A person's care and treatment had not been designed to make sure it met all their needs. There was no care plan in place for a person who had lived at the home for 17 days.

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 Where a person lacked mental capacity to make an informed decision or give consent staff had not always acted in accordance with the requirements of 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 provider had not ensured the proper and safe management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures had not been operated effectively, to ensure that appropriate checks were always made for employees.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

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 The provider had not ensured that effective systems were in place to assess, monitor and improve the quality of the services provided.

The enforcement action we took:

We served the provider with a warning notice.

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 provider had not ensured that sufficient numbers of suitably qualified, competent, skilled and experienced staff were deployed in order to meet the needs of the service users.

The enforcement action we took:

We served the provider with a warning notice.