

Akari Care Limited

# Church House Care Home

## Inspection report

Coole Lane  
Austerson  
Nantwich  
Cheshire  
CW5 8AB

Tel: 01270625484

Date of inspection visit:  
10 April 2019  
11 April 2019

Date of publication:  
13 May 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service: Church House is a care home for up to 44 people. The service provides nursing care for frail older people. During the inspection 23 people were being supported by the service.

People's experience of using this service:

Since the previous inspection the registered provider had worked to address the issues identified and improve the quality of the care. A temporary manager had been employed and along with the regional manager and quality team, had made improvements. This manager recently left the organisation and a new manager has commenced at the home. The new leadership team were keen to make ongoing, consistent improvements and to create a stable staff team.

Overall, people and relatives were positive about the care and support they received. Staff felt happier that a permanent management team were in place and felt the home was more organised. Effective systems were now being followed to check on the quality and safety of the service and improvements were made when required. These improvements need to be consistent and sustained.

Staffing was kept under review. Overall there were enough staff to meet people's needs, however some people raised concerns about changes in staffing. The new manager was making further improvements to the way staff were organised.

We found that medicines were managed safely and audits had effectively identified where improvements were required. Risks were identified and appropriate action had been taken to reduce these risks.

The building and equipment were clean and safely maintained. Some decoration and environmental improvements were being made.

People were satisfied with the food and drink available. Any nutritional risks were monitored and acted upon. There remained some gaps in the completion of records to monitor the care and support provided. The management team were aware of this and had been supporting staff to address this.

People told us staff were kind and caring. We received some very positive feedback about the compassionate support they had received at Church House. Ongoing improvements were needed to embed a person-centred approach.

Improvements had been made to care plans, however we found further improvements were required to ensure they included all specific details and that all charts were fully completed.

Staff were knowledgeable about people's individual needs and responded well to any changes required.

People felt able to raise any concerns and knew how to make a complaint if necessary.

Quality assurance systems were in place and were being used more effectively to monitor key aspects of the service. Audits and checks were completed on a regular basis by the management team and registered provider to identify areas of improvement. A detailed home improvement plan had been implemented and the new manager continued to act on the necessary improvements.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

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: Inadequate (Published 16 October 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service had improved from inadequate to requires improvement overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 effective?

The service was effective

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

On the first day of the inspection the team consisted of an adult social care inspector, a nurse specialist advisor, and an 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 service. The expert-by-experience had experience of both residential and community services. The second day of inspection was completed by one adult social care 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 accommodates up to 44 people in one purpose building. At the time of our visit there were 23 people using the service.

The service had a new manager who was not yet registered with the Care Quality Commission. They were in the process of making an application and were registered shortly after the inspection.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

Prior to the inspection, we reviewed the information received about the service since the last inspection. This included information from other agencies and statutory notifications sent to us by the manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to plan our inspection.

During the inspection, we spoke with 12 people who used the service and three relatives. Some people who used the service were not able to speak to us about their care experiences, so we observed how the staff interacted with people in communal areas.

We spoke with several staff including, four care staff, two nurses, the deputy manager, the new home manager, regional manager, cook and activities co-ordinator. We also spoke with a visiting GP to the home.

We reviewed the care records of four people. We also looked at three staff files, which included pre-employment checks and training records. We looked at records relating to the management of the service. For example, rotas, complaint logs, accident reports, monthly audits and medicine administration records.

# Is the service safe?

## Our findings

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

During the previous inspection we found the registered provider was in breach of regulations in relation to the safe management of risk and staffing levels and rated this key question as inadequate. During this inspection we found that improvements had been made. We have rated this key question as requires improvement. The characteristics of ratings for 'Good' describe a level of consistency. We will check the improvements which were made following our inspection at our next planned comprehensive inspection.

### Staffing and recruitment

- Previously we found insufficient staff had been deployed to safely meet the needs of people living at the home. During this inspection improvements had been made but these needed to be sustained and embedded. There were enough staff to meet the needs of people currently living at the home and the manager confirmed these levels would increase if more people moved to the home or if people's dependency levels increased.
- People's views on staffing levels varied and there were some concerns about changes in staffing. They told us "It worries me with all the staff changes"; "The staff are caring and they do a good job even when they are short staffed" and "There are not enough staff, but things have improved" and "I press the bell and they come."
- The new manager was focused on the organisation of staff and had made some changes, so they could support people more effectively, especially during meal times. They also planned to look at the skill mix of staff.
- Staff remained busy but told us the home was better organised and they were usually able to meet people's needs in a timely way. Call bells were being responded to in a satisfactory timescale.
- Several new staff had been employed and the use of agency staff had reduced significantly. There was a newly established management team. The recruitment of some nursing staff was still required and ongoing.
- Staff had been recruited safely. Records viewed demonstrated all required pre-employment checks were carried out.

### Using medicines safely

- Medicines were managed, checked, stored and administered safely and effectively.
- Medicine administration records (MARs) viewed had been completed fully and accurately.
- Topical cream MARs were in place for staff to record when creams and ointments were applied. However, instructions about when and how often cream should be applied were not always included and there were some gaps in the charts, which meant we could not be sure creams had always been applied as required.
- The nurse was disturbed by answering the telephone during the administration of medication, which could increase the risk of potential errors. The new manager told us this would not happen in future.

### Assessing risk, safety monitoring and management

- Processes were in place to protect people from avoidable harm. Overall, risks to people had been

assessed and were safely managed. Action had been taken to reduce risks, for example, where a person had fallen from a chair, appropriate action had been taken to reduce the risk of this happening again, as well as a referral for a seating assessment.

- Equipment was in place to reduce risks, such as hoists and specialist mattresses. People who required hoisting now had individual slings, which staff used correctly.
- We noted that a sensor mat used to alert staff and reduce the risk of a person falling had been placed ineffectively. We raised this with the manager who acted straight away and arranged for a more suitable chair sensor to be put in place.
- Risk assessments in numerous areas had been carried out. However, where actions had been taken in response to changes in risk, we found records did not always fully reflect this. The new manager was continuing to address issues around records.
- Regular safety checks had been carried out on the environment and the equipment used.
- Emergency plans were in place to ensure people were supported in the event of a fire or untoward event.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Church House. They said, "I feel safe"; "I feel very safe that they come and see me" and "I feel (Name) is safe with the staff, as they know his needs."
- Where people were unable to use call bells to summon support, how frequently staff should check on them to ensure they were safe and comfortable, was not always recorded in their care plan. The new manager told us this would be reviewed and addressed.
- Records demonstrated that appropriate safeguarding referrals had been made to the local authority where necessary, as well as notifications submitted to CQC.
- Staff had completed safeguarding training and knew how to recognise abuse and how to report any safeguarding concerns.
- Safeguarding issues were discussed with staff in various meetings and were used to help improve future practice.

Preventing and controlling infection

- All areas of the home were seen to be clean and hygienic. There were no unpleasant odours.
- Staff had received training and understood their responsibility in relation to infection control and were seen wearing personal protective equipment appropriately.
- Effective infection control audits had been undertaken.

Learning lessons when things go wrong

- The manager was committed to build on improvements and learn from accidents and incidents. Information was analysed and investigated where necessary. Action was taken to identify suitable solutions to address any risks identified.
- We saw for example lessons had been learnt following the experience of electronic medications systems failures and actions taken to address this.
- The manager and team were quick to respond to any concerns raised and feedback given during the inspection. For example, a chair sensor was quickly implemented to further reduce the risk of falls.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

During the previous inspection we found the registered provider was in breach of regulations in relation to the safe management of risks related to eating and drinking, as well as staff training and development. During this inspection we found that the required improvements had been made and the provider was no longer in breach of these regulations.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were in place, and their support was reviewed regularly and updated when required. However, information about people's contribution to their care plan reviews was not always clearly evidenced in their records.
- Staff members could tell us about people's individual needs and wishes. Overall people were supported by staff who knew them well and supported in a way they wanted.
- Information about people's life histories had been obtained and a 'This is me' profile was available in people's records. This included information about choices and preferences.

Staff support: induction, training, skills and experience

- Records relating to training had improved since the last inspection and demonstrated staff had undertaken required training. The provider was introducing a new electronic training system.
- Staff told us they completed a wide variety of training which enabled them to undertake their roles effectively. A relative commented, "Training seems consistent as the staff are good."
- Staff completed an induction when they started working at the home and were supported to complete the Care Certificate if they were new to care. A new induction booklet was being implemented.
- Staff told us they were now well supported in their roles. We saw that attention had been given to improve communication throughout the staff team. Staff had been part of regular supervision meetings, daily meetings and team meetings.

Supporting people to eat and drink enough to maintain a balanced diet

- Improvements had been made to ensure risks associated with eating and drinking were managed safely.
- The cook and staff were aware of people's individual dietary requirements and told us they were kept up to date with any changes. Where people had specialist diets or thickened fluids this was clearly recorded in their care records.
- The previous manager had focused on making improvements to people's dining experience.
- People were satisfied with the food and drink on offer. Comments included, "Food choice is good"; "I'm always offered a drink" and "Food is good, and we can ask for something different."
- People had input into menu planning and were offered a choice of food and drink.

- Records in relation to the amount of fluid people required and had taken, were not always fully recorded. One person had missed a mid-morning drink on the day of the inspection. The management team had plans for the nurses to spot check people's intakes during the day and provide increased support if required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare professionals as needed. We saw staff had worked in collaboration with specialist nurses.
- Staff worked closely with the local GP surgery. A GP visited the home weekly to review people's health needs. The GP told us staff responded well to changes in people's health needs.
- Information regarding people's changing health needs was shared between staff during shift handovers, and people's care was adjusted as required. We saw two examples where people had come to the home specifically for end of life care but had stabilised and responded well to the support provided.

Adapting service, design, decoration to meet people's needs

- People's rooms were personalised. There was signage available for people, with people's names and photographs displayed on their bedroom's doors.
- A small lounge was being converted into a sensory and activities room.
- Feedback from people and relatives within meetings indicated that they felt some areas of the home looked tired. We saw maintenance work including painting and new flooring had been included within the home's development plan.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were supported to be involved in daily decisions about their care and staff sought their consent. For example, a person had decided that they did not want a piece of equipment in their bedroom, which was respected.
- Overall, we found that appropriate mental capacity assessments and best interest decisions had been carried out where necessary. Improvements were ongoing, and the new manager was reviewing care plans in relation to compliance with the MCA and DoLS.
- Not everyone currently living at the home had the capacity to make their own decisions about their lives and were subject to a DoLS. We noted that one person's needs had recently changed but a DoLS application had not yet been made which was now required. The new manager was addressing this.



# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Since the last inspection the management team had focused on the culture of the home to ensure staff treated people with kindness and compassion. Overall, people were supported by staff who were familiar to them and understood their needs.
- People told us staff were caring in their approach. "They are very caring staff and cannot do enough for me" and "Staff are excellent."
- Prior to the inspection the CQC had received some positive comments from relatives about the quality of the care provided. The service had themselves received several compliments.
- However, we found the approach of some staff could be developed further. For example, one person was a little shocked when a carer came behind them and quickly removed their apron. Whilst staff were very friendly and patient in their approach, we saw a couple of examples where staff were less engaged with people.
- People's cultural and religious needs were respected when planning and delivering care.

Supporting people to express their views and be involved in making decisions about their care

- People's views were considered when making decisions about their care. One person said. "The staff encourage me to make decisions" and "Staff listen to my needs."
- In one example, a person had decided not to follow guidance as recommended by health staff. Staff had discussed any potential risks with the person to ensure they were fully informed and ultimately respected the decision the person had made.
- Carers and relatives' views about the service had been sought through meetings and a recent survey. We saw that these contained some positive feedback.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and their privacy was respected. Comments included "They treat (Name) with respect" and "Staff respect me."
- We observed staff treating people in a dignified manner, for example, staff knocked on doors before entering people's rooms. Staff gave further examples of how they promoted dignity.
- A member of staff had been given the role of dignity champion and we saw them actively promote this role, highlighting an issue to staff which could be improved
- Staff encouraged people's independence where possible. For example, we saw that care plans included information about tasks people could do for themselves. One person had recently regained some independence with eating and drinking. One person told us "The care staff encouraging me to do as much as I can is a good thing, to keep me active."

- Confidential information was kept securely within offices.

# Is the service responsive?

## Our findings

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

During the previous inspection we found the registered provider was in breach of regulations in relation to person centred care. During this inspection we found that the provider was no longer in breach of these regulations. However, further improvements were required in relation to person centred care and records.

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they had choice and control over their care. They said, "I have a choice to have my meals upstairs or down" and "They know what I like and dislike."
- Overall, staff understood people's individual needs and preferences. However, at times staff had not responded to people's individual needs. For example, one person had become a little distressed because they were left waiting in their bedroom for support to go down to the lounge in their wheelchair. Another person said that occasionally, they were kept waiting for support to go back to their room from the lounge area, because they needed the use of a hoist, they told us this made them reluctant to go to the lounge.
- Improvements had been made to the information contained within care plans, which included information about people's diverse physical, social and mental health needs. However, in some cases changes in people's support needs had not been fully updated.
- People's communication needs were identified, recorded and highlighted in care plans. A relative commented, "They communicate with (Name) well." The new manager was aware of the accessible information standard and could provide information about how this standard was being met.
- Reviews took place to ensure people's needs were met to their satisfaction. Relatives spoken with told us they were kept up to date with any changes.
- Charts to record the care provided, such as personal care, continence care or positional turns, were in place. However, we found gaps in the charts. In two cases there were significant gaps in people's bowel charts. The management team had been addressing this issue and had identified record keeping as an area for improvement within team meetings.
- A range of activities was provided to help improve the well-being of people who lived in the home; this included both group activities and 1-1 time with individuals who chose not to participate in groups.
- People were positive about the support of the activity coordinator. They told us, "Activities are great"; "The activity lady is great, quizzes are fun" and "Days out are good". People's views were sought on the types of activities and entertainment they would like to see.
- The provider used technology to help meet people's needs; this included the use of sensor equipment to help keep people safe when they were at risk of falls.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint or raise any concerns. One person said, "Any issues I would tell my carer [staff]."

- The provider had a complaints policy and procedure in place. The manager kept an overview of complaints to identify any patterns and trends. We saw complaints were investigated and dealt with appropriately.

#### End of life care and support

- People had end of life care plans in place where required. These detailed the support people required and any additional wishes that they would like to be respected at the end of their life.
- Where people had 'Do Not Attempt Resuscitation' agreements in place, these were clearly recorded within records to ensure that these were followed.
- Other healthcare professionals such as GPs and district nurses were involved as appropriate. This included having 'anticipatory medicines' available, so people remained comfortable and pain free.

# 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

During the previous inspection we found the registered provider was in breach of regulations in relation to governance. During this inspection we found that improvements had been made. Consistent improvements now need to be embedded and the service needs to show sustainability within the areas that improvements have been made.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and their relatives expressed some concern about changes in staff and management. Since the last inspection a temporary manager had been in place and had started to make improvements. This manager recently left the organisation and a new permanent manager had been appointed. They had applied to register with the CQC and were registered shortly after the inspection.
- People and their relatives told us the home had improved under the previous manager and hoped the new manager continued these improvements. The previous manager had an open-door policy and had worked closely with people and their relatives. They commented, "I am nervous that they keep changing the manager" and "I worry about the turnover of management."
- The management team promoted a culture of person-centred care by regularly engaging with people, relatives and staff. Further improvements were required to ensure staff supported individual needs as effectively as possible.
- There had been a focus on staff training and development.
- Staff were positive about the management of the service and felt relieved that a permanent leadership team was now in place. They described improvements and told us managers were supportive, the home was more organised, and they worked more effectively as a team. One staff member commented, "I think it's a lovely home, the residents are so much happier, and the staff are happier."

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

- The new manager had a clear understanding of their role and the organisation. They had previously worked for the provider and told us they planned to build on the improvements made by the previous manager. A deputy manager and senior carer had also been appointed.
- There was a clear plan for the areas that needed further focus and the new manager had started to take steps to address these, such as the organisation and skill mix of staff and the completion of records.
- There was a home development action plan in place. The new manager had already reviewed, updated and had added further actions to this plan.
- Staff were supported to understand their roles through staff meetings and one-to-one meetings with their



line manager.

- Management systems had been put in place to monitor the service and were better organised.
- The provider was aware of and was meeting its obligation to notify CQC about significant incidents including safeguarding concerns. Their current inspection rating was on display as required.

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

- Communication throughout the staff team had improved since the last inspection. Numerous staff meetings, including daily meetings and opportunities to discuss issues and learn from incidents had been introduced.
- Regular resident and relative's meetings had been held. The management team had been open and transparent about the required improvements and how they planned to achieve this.
- Information was on display to tell people how the team had responded to feedback about the home.
- The management team worked in partnership with other agencies to achieve good outcomes for people. This included working in partnership with healthcare professionals, commissioners and safeguarding teams.

Continuous learning and improving care

- During the previous inspection we found quality assurance systems had not effectively identified areas of concern or had not been acted upon. During this inspection we found improvements had been made.
- Quality assurance systems were in place and now being used more effectively to monitor key aspects of the home. We saw that a medication audit had identified some issues and steps had been put in place to address this.
- Audits and checks were completed on a regular basis by the management team and registered provider to identify areas of improvement. There was a quality team who supported the home.
- Issues found at this inspection had in the main been identified through internal audits. The new manager was putting further actions in place to make the necessary improvements.