

Akari Care Limited

# Church House Care Home

## Inspection report

Coole Lane  
Austerson  
Nantwich  
Cheshire  
CW5 8AB

Tel: 01270625484

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Church House Care Home is a residential care home providing personal and nursing care in one adapted building to 38 people aged 65 and over at the time of the inspection. The service can support up to 44 people.

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

The service did not have a manager registered with CQC and this had been the case for some time. Steps had been taken to recruit a new manager with a view to them becoming registered with CQC. As an interim measure, a support manager who was familiar with Church House, had returned to manage the service. The manager had devised an action plan with a view to maintaining good standards of care and feeding this into a home improvement plan.

The management of the service was open and inclusive, involving staff and service users and gaining their views. Care plans were person-centred, and audits were in place to monitor overall standards of care with registration requirements such as notifying us of significant events continued.

People told us they felt safe living at Church House and were complimentary of the support they received from staff. One person told us they had the Covid-19 pandemic had not adversely affected their quality of life. They also told us they always received their prescribed medicines when they needed it, and this was never missed. They were complimentary of staff approach and told us there was always staff around to respond to their needs.

Staffing levels recently had included an increased use of agency staff. While this was not having an adverse impact; the manager was seeking to recruit more permanent staff. Inductions were provided to agency staff not familiar with the service and they were tested for Covid-19. All new staff were appropriately recruited.

The premises were clean and hygienic, and measures were in place to minimise the risk posed by Covid-19 to both service users and staff. Other assessments were undertaken to mitigate the risks faced by service users from health conditions and the wider environment.

The manager reflected on accidents or incidents and sought to minimise future re-occurrence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 Good. (published 8th October 2020).

### Why we inspected

We received concerns in relation to concerns received about infection control, the absence of managerial support and staffing levels within the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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

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

## The 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 safe.  
Details are in our safe findings below

Good 

### Is the service well-led?

The service was not always well-led.  
The service was not well-led.

Details are in our well-led findings below.

Requires Improvement 

# Church House Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Church house Care Home 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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

plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with five members of staff which included the manager, administrator, housekeeping staff, nurses and care workers. We reviewed a range of records. This included four people's care records and two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We 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 now improved to Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Sufficient staff were available to meet people's needs.
- Agency staff were used almost every day to supplement the existing staff team. This was in response to a recent increase in admissions to the service.
- A clear process of induction for agency staff not familiar with the service was in place.
- The manager was seeking to recruit more permanent members of staff.
- Staff rotas evidenced that staffing levels were maintained during the day and night.
- New staff were recruited with appropriate checks in place before they supported vulnerable people.

### Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe being supported by staff. They told us, "Yes, I do feel safe, absolutely" and "It is a safe place to live and has enabled me to recover from a fall I had at home"
- Staff confirmed that they were aware of how to raise any concerns through safeguarding and whistleblowing procedures.
- Records provided after our visit evidenced that training in safeguarding awareness was ongoing.
- The service always reported any serious concerns to the safeguarding team as well as care concerns.

### Assessing risk, safety monitoring and management

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

### Using medicines safely

- Medicines were securely stored.
- Medicine administration records were completed appropriately. These records included protocols for administering medicines when needed (known as PRN) so that such interventions were appropriate and effective.
- People told us that they always received their medicines when they needed it and these were never missed.
- All staff responsible for administering medicines were assessed for their competency to do this safely.

### Preventing and controlling infection

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

### Learning lessons when things go wrong

- All accidents and incidents were recorded.
- The manager had introduced a system to enable improved analysis of any falls in order to prevent future reoccurrence.



# 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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At the time of our inspection there was no registered manager in post. The previous manager left their post shortly before our visit and had not applied to us for registration. The registered provider had advertised for the post.
- As an interim measure; a regional support manager, who had managed the service in 2020, had returned to manage the service.
- They were familiar with the service and the staff team and had previously worked to improve the overall rating of the service to Good at our last inspection.
- There was a home development plan in place and the new manager continued to identify those areas which required further development and improvement. The manager conducted walkarounds of the building to engage with people who used the service and staff.
- The ratings following the last inspection were on display as legally required. All notifications required by law were sent to us.

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

- People told us that they were happy living in Church House and were complimentary of the staff team's approach to supporting them. They told us "They [staff] are very good, I have no complaints, it is fun living here", "This virus has not really affected me because I feel safe here" and "I am trying to improve the way I walk around and they have helped me to slowly become more independent".
- Initially staff told us that they had been worried when the previous manager had left as they felt that, for a short time, the service did not have any direction.
- This had coincided with an increase in the number of people being admitted into the service and having to go through the process of testing for Covid-19 and required isolation.
- They stated that morale had improved once the regional support manager had come into the service as they were familiar with their management style and in turn the manager had past proven skills in managing the service effectively.
- Care plans demonstrated a person-centred approach to providing care.

Continuous learning and improving care

- On returning to the service, the support manager had started to identify any areas that may need improvement.
- At the time of our visit, the manager had only been there for a short time yet an action plan had commenced.
- All this information was fed into a home improvement plan which enabled the registered provider to identify any improvements in the quality of care.
- A representative of the registered provider visited periodically to make a full assessment on the quality of care. This included care observations, speaking to staff and people who used the service and looking at records.
- Any points that required addressing were identified and actioned accordingly.
- A schedule for undertaking over quality audits was in place.

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

- As well as quality audits including service users comments; residents meetings were in place and their frequency had been increased to monthly.
- These meetings had been well-attended and provided the opportunity for service users to make suggestions about activities, meals or their environment as well as expressing compliments to staff.
- Staff worked in partnership with other agencies to provide effective care.
- The service had worked with the Infection Control Nursing team to ensure that people were kept safe from Covid-19. The team told us that a recent visit to the service had been satisfactory with the manager and staff managing risks well.