

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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Church House Care Home is a care home providing personal and nursing care to older people, some of whom were living with dementia. The home can accommodate up to 44 people. At the time of this inspection 26 people were using the service.

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

People and their relatives were positive about the care and support they received at Church House. They told us staff were caring and responsive.

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. However, records relating to this in some cases needed a more prompt review if there had been changes.

We have made a recommendation for the provider to review the process for keeping MCA assessments and decisions under review, to ensure any changes are responded to promptly.

Overall, there were enough staff support people safely and the provider was keeping this under review. New staff had been recruited and the use of agency staff had reduced since the last inspection. The provider had paused new admissions until they were fully staffed. Staff had been recruited safely.

Risk assessments were undertaken, and staff took action to minimise risks. However, we saw an example where a person's risk assessment was not reflective of their needs. Some care plans would benefit from further updates and person-centred detail. The provider had identified this, and action was being taken.

People told us they felt safe at Church House. Staff had been trained and understood their responsibility to report any safeguarding concerns. There was a welcoming and friendly atmosphere at the home. People's medicines were managed safely.

The home was clean and well maintained. Fire safety measures were in place. Some checks were in progress following the appointment of a new maintenance operative. There was an up-to-date Infection prevention and control (IPC) policy in place and managers undertook regular IPC audits.

There was a new manager in post. People living at the home and staff were familiar with him and positive about the overall management. Despite management changes staff told us they were a good staff team and felt supported.

People and relatives were regularly asked for feedback. The culture of the home promoted positive outcomes for people and the new manager was further focusing on engagement with people.

Governance and oversight had improved. This included various audits and checks. A recent in-depth audit had been carried out and a detailed home improvement plan was being actioned.

Staff worked in partnership with various health professionals to improve people's care and outcomes.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 September 2021) and there were 2 breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. However, ongoing improvements were required in some areas.

Why we inspected

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

We carried out an unannounced comprehensive inspection of this service on 27 July 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Church House Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Church House Care Home

Detailed findings

Background to this inspection

The inspection

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

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 2 inspectors, a specialist nurse 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 care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had recently been appointed and had applied to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and a visiting relative about their experience of the care provided. We spoke with 12 members of staff including the manager, regional managers, nurses, team leaders, care staff and maintenance staff.

We reviewed a range of records. This included 12 people's care records and several medication records. We looked at 3 staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection the provider had failed to ensure systems were in place or robust enough to demonstrate that sufficient staff were deployed to meet people's needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Overall, there were enough staff to meet people's needs. Whilst people told us they occasionally had to wait for assistance, they said staff were generally responsive and available when they needed support. Staff were mainly positive and said they could respond to people's needs in a timely way.
- The provider used a dependency tool to calculate the minimum levels of safe staffing and were working above these levels. The provider had previously paused any new admissions until new staff were fully in place and inducted. They had recruited several new staff and the numbers of agency staff being used had reduced.
- Staff were responsive and able to spend quality time with people during the afternoon of the inspection. However, during the morning period 2 people were kept waiting for assistance and staff were not always present in the dining area during breakfast. Managers told us there were sufficient staff and were reviewing the allocation of staff around the building, as well as coaching staff in this area. They had increased their monitoring of call bell response times.
- Staff were recruited safely. Required checks were made before staff began working at the home. Disclosure and Barring Service (DBS) checks were completed alongside seeking references from staff's previous employers.

Assessing risk, safety monitoring and management

- Risk assessments were undertaken, and staff took action to minimise risks. For example, sensor equipment was used where people may be at risk of falling. Staff told us the number of falls people experienced had reduced.
- However, in one example staff had not supported a person to sit-up whilst eating and drinking in bed, which increased the risk of the person choking. The person had a risk assessment in place, but this did not reflect they sometimes preferred to eat in bed. We raised this with managers, who took immediate action to address this.
- Regular maintenance and safety checks of the building and equipment were carried out. A new

maintenance operative had recently been employed and a few checks were overdue but were in progress.

- Fire safety measures were in place. Personal Emergency Evacuation Plans (PEEPs) were completed for each person, with details about the support they needed in an emergency. Whilst fire drills were carried out, these needed to include all staff and this was being addressed.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- Overall, we found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. However, in one case a person's needs had changed and they required further assessment and a possible DoLS application. There was a Home Development Plan (HDP) in place which had already highlighted the need to undertake some reviews in relation to DoLS.

- Consent or capacity assessments/ best interest decisions were recorded for people in most cases, for example for the use of bed rails. However, some assessments had not been added to the new electronic system or been recently reviewed where people's needs may have changed.

- During the inspection we saw staff seeking consent from people and involving people in decisions about their care.

We recommend the provider reviews the process for keeping MCA assessments and decisions under review, to ensure any changes are responded to promptly.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at church House. Comments included "They're (staff) lovely, they really are. Always in here and checking, asking how I am and if I need anything" and "I feel very safe and comfortable, they always ask if you are okay."

- The provider had a safeguarding policy in place. Any issues had been reported to the local authority in line with procedures.

- Staff undertook safeguarding training and understood their role in recognising and reporting concerns of abuse or poor practice. A planned training session took place with the local authority on the day of our inspection.

Using medicines safely

- Systems were in place to ensure medicines were administered and stored safely.

- Staff responsible for administering medicines were trained and assessed for their competency to do this safely.

- Some people were given their medicines covertly (medicines disguised in food or fluid following appropriate assessment). Staff had followed appropriate procedures in these cases.

Preventing and controlling infection

- The environment was clean and well maintained.

- PPE was readily available, and managers checked staff used PPE safely on a regular basis.
- There was an up-to-date Infection prevention and control (IPC) policy in place and managers undertook regular IPC audits.
- There were no restrictions on visiting at the home. We saw visitors throughout our visit, and they were not required to make an appointment.

Learning lessons when things go wrong

- Where accidents and incidents occurred, these were recorded and reviewed to consider any themes or trends and to consider actions to prevent any occurrences.
- The provider was implementing a new approach to the reviewing and monitoring accidents and incidents.

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-centered care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centered 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 our last inspection, systems were either not in place or robust enough to demonstrate that the provider was providing effective governance of this service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The home was well-led. The provider's governance system included various audits and checks. A recent in-depth audit had been carried out and a detailed home improvement plan was being actioned.
- Any issues highlighted as part of the inspection had been identified and action was in progress. There had been improvements to the provider's governance of the home.
- A new home manager and regional manager had recently been appointed. The manager had made an application to register with CQC. The home had experienced several management changes and the provider was aware of the requirement for a stable management team. A deputy manager had also been appointed.
- Despite some uncertainty due to these changes, staff were positive about the management of the service, they told us they were a good team and felt supported.
- Daily handover and various staff meetings took place to aid communication and the sharing of information.
- The provider was aware of the legal requirement to notify CQC about certain events when required.

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

- There was a person-centered culture. Overall, people and their relatives were positive about the care and support they received. We found a friendly and welcoming atmosphere at the home. People were particularly positive about the activities on offer.
- The new manager was keen to build on a person-centred culture at the home. They placed importance on engaging with people and supporting them to take the lead. One person told us, "Coming here's made such a difference. Has really cheered me up. Staff really care, I know they do." A relative said, "We're really happy with the service (name) gets and (name) is really happy, they see this as home."

- Some care plans were not fully reflective of people's needs, although staff understood people and their needs well. The provider's audits and development plan had identified the need for some care plans to contain more individualised information and to ensure they were fully updated with any changes. This was in progress.

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

- The provider sought feedback from people and relatives through various means including resident meetings and surveys. Information was on display about actions taken in response to feedback. The manager undertook a daily walk around and spoke to people to gather their feedback.
- Despite the home manager being new in post, people had met him and were positive about his approach. They commented, "It is well-managed, [the manager] is (name), just taken over, I could speak to him. If a real problem I would say so. I would speak up, I think they listen" and "They listen. I know (new manager) already. I'm someone who speaks my mind."
- Staff worked in partnership with various health professionals to improve people's care and outcomes. The GP attached to the home visited on a weekly basis.

Continuous learning and improving care;

- Since the last inspection the provider had implemented a new electronic care planning and recording system, which aimed to provide increased oversight and analysis of the care provided to people.
- The provider was developing staff training through new internal trainers and a focus on face to face training.