Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Church House Care Home

Coole Lane, Austerson, Nantwich, CW5 8AB

Tel: 01270625484

Date of Inspection: 08 November 2013

Date of Publication: March 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Staffing	✗ Action needed

Details about this location

Registered Provider	Akari Care Limited
Registered Manager	Miss Yvonne Burutsa
Overview of the service	Church House Care Home is a 44-bed nursing home situated about a mile from the facilities available in the town of Nantwich. Church House Care 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.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 November 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

This was a scheduled inspection brought forward due to concerns had been raised about possible low staffing levels in the home.

During the inspection we found that there were sufficient staff on duty. The provider used assessment and planning tools such as dependency scoring to determine what staffing levels were required. Staffing numbers provided were on the basis of the numbers of people living at the home and the complexity of their needs. We saw records which demonstrated that occasions staffing had fallen below the providers own planned rota. One staff member said, "Yes, there are enough staff; that's if people don't phone in sick at the last minute". Another said "care staff can be very stretched". Care records showed that people living in the home had not been disadvantaged or in receipt of poor care because staffing numbers had on occasion fallen below the required levels on occasions. However, there was a risk that people's needs would not be met unless robust systems were in place to address the concerns in this area.

In this inspection we looked at other aspects of the service. The home was clean and good infection control practices were observed. We found that people's nutritional needs were well assessed and that good wholesome food was provided and that choices were available. We saw good evidence that consent to care and treatment was properly obtained and that the care given was delivered in a way that was intended to ensure people's safety and welfare.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 11 March 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Staff demonstrated by the care we saw them giving and by their explanations of people's care plans that they understood the care needs of people living in the home. They also demonstrated that they knew how they should act to ensure that people were consulted about the care that was to be given, how it was to be given and when it was to be given. Also staff knew when to record that consent had been given.

Records also demonstrated that that families and relatives had also been consulted where appropriate. The records seen detailed when consent was obtained and how care was given. This evidenced that care was intended to ensure people's safety and welfare.

We spoke with people who lived at the home. We spoke with people communally and we spoke in detail privately with seven people. We also spoke with available staff who worked at the home and made opportunities available for staff to speak with us in private. We did not see visiting relatives in the course of the inspection.

People living in the home said they were very happy with the care they received. They said that they were always given enough time to make a decision or to think about what they wanted. People said that they did not feel hurried or pressured by staff into making decisions.

Staff we spoke with not only demonstrated a good knowledge of people's care needs but they also spoke positively about the care they were able to give at Church House Nursing Home

Systems and procedures were in place to address issues and rights arising from mental incapacity.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at care plans and through a process called 'pathway tracking' we looked at four people's care plans in detail and spoke with staff about how they provided care.

We spoke privately with seven people and heard from them how their care plans had been developed. Of those seven people five said that they were aware of their care plan and how the plans had been prepared. All said that they were happy with their care and we received no complaints in the course of the inspection. We spoke with one person who said "I was admitted here after I became suddenly unwell. I settled in very quickly. I need help with virtually everything now and everyone here is very helpful. I have no complaints".

Pathway tracking helped us to understand the experiences of selected people and the information we gathered helped us to make a judgement about whether the service was meeting the essential standards of quality and safety.

The care plans we saw gave good information about each person, their personal care needs, and risk assessments. Care plans gave staff the required information to deliver support and care to people and were reviewed, evaluated and updated regularly.

During the inspection we noted that the activities co-ordinator was very engaged with people who were enjoying a range of activities. Staff were seen to be going about their duties with due care and attention and the care we saw being given on the day of inspection gave us no cause for concern. We saw that the care which had been given in the course of the day was correctly recorded in the care plan and so an accurate record was maintained.

We also looked at policies, procedures and the outcomes of audits and surveys which supported our findings that the service was maintaining people's care and welfare.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration

Reasons for our judgement

We asked people living at Church House their views about the quality of the meals. People told us that the food was very good, and that they had a choice of meals. We saw lunch and evening meals being served during our inspection. We saw that a four week menu system was in place and that menu choice was made available to people in advance. Also kitchen staff would make even more alternatives available on request.

We met with kitchen staff and looked at the kitchen and kitchen supplies. Food supplies were available for days in advance and kitchen and kitchen staff practices were seen to be safe, clean and providing wholesome meals.

Staff supported people where required and people needing assistance were given time to eat and confirmed that they did not feel hurried or rushed. The manager and the kitchen staff met regularly to discuss if people were eating and enjoying their meals or if people were not finishing or enjoying their meals. This was recorded in people's care records. Nutritional audits were undertaken. We saw that the home made very good use of a system of recording of meals taken so early action plans could be implemented if people changed their eating habits or were eating only small or incomplete portions.

Detailed nutritional assessments and weight monitoring were in place. The care team monitored changes in people's weight and if weight gain or weight loss gave cause for concern staff would take action including consulting the GP or seeking a referral to a dietician.

Kitchen staff had a good understanding of people's likes, dislikes, and the nutritional needs of older people - including their special diets. We looked at the four week menu plans which demonstrated varied and nutritious meals and noted that kitchen staff held a food hygiene certificate.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

Infection prevention and control is integral to governance and risk management. In the course of the inspection all staff displayed good hand hygiene practice. They also were seen to be following the practice of being bare below the elbows which also helps to prevent cross infection.

There were effective procedures in place, and those staff interviewed, were aware of the procedures and actions to be taken to control the spread of infection. For example, appropriate reporting to managers, hand washing and wearing personal protective equipment.

There were no offensive smells, and there was no obvious dust on equipment, ledges, pictures or under furniture and carpets were clean.

We saw one bathroom which had been refurbished to a good standard. This bathroom was used as an example of the standards of the promised refurbishment.

Cleaning schedules were available for each area and appropriate records were kept.

Staff knew how to access the infection control policies.

Hand Hygiene posters were visible in the bathrooms and toilets.

Bathrooms, toilets, raised toilet seats and patient equipment were clean and dust-free.

We asked how staff were assured that people's equipment was clean before use. Staff spoken with confirmed that there was a cleaning book for regular cleaning.

There were good hand washing facilities including well-placed sinks and soap dispensers were working and paper towels and waste bins were provided and were clean.

Staff were seen to washing their hands and wore blue gloves and aprons to distribute meals.

Four people living at the home commented that they were happy with the cleanliness of the home.

The laundry had separate areas for clean and dirty clothing.

Staffing ✖ Action needed

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was not meeting this standard.

There were not always care staff on duty to consistently meet people's needs.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Prior to this inspection concerns were raised with CQC about staffing levels in the home. We were told that there were not always enough care staff on duty. However, we were also told that care staff were hard working and so no-one living at the home had received poor care.

On the day of inspection we found that there were sufficient staff on duty. We saw that there was one manager (who was also a qualified nurse), one deputy manager (RGN), one senior care worker one activities co-ordinator, three care workers and one agency care worker, one assistant cook, one catering assistant, one housekeeper, one laundry assistant and one receptionist. There were 32 people living in the home of which nine were in receipt of residential care and 23 who needed care given under the direction of a registered nurse.

The provider, Akari Care Ltd uses a standardised system to assess the numbers of people needing care and the dependency of people needing care to determine the number of staff to be provided on duty. We saw that this system divided needs into three groups called;' low, medium and high dependency'. This system, known as the Rhys Hearn Dependency Model, then produced ratios of staff to be provided on duty. We spoke with the manager and the regional manager who confirmed that this figure was then used as a guide for the provision of appropriate staffing levels and that other factors such as layout of the home and the results of audit / survey data such as accidents and incidents were taken into account in determining the final number of staff to be scheduled to be on duty.

We saw records which confirmed that there had been occasions when numbers of scheduled staff had not been achieved. For example, during the week commencing 21 October 2013. Staff numbers had fallen below the levels specified by the home's system by one staff member on the morning shift on six days. Staff levels had also been reduced by one on the afternoon shifts on four days and by two staff members on two days. During week commencing 28 October 2013, the home was short of one member of staff for four days on Monday, Tuesday, Wednesday and Thursday. However, the registered manager has advised us that she worked on care to cover the absences on Tuesday, Thursday and

Friday of that week. Furthermore, week commencing 21 October there was one day where three staff absences occured on one day, namely 25 October 2013.

Planned absence, such as annual leave was managed in advance and caused minimal disruption. However, there was evidence of reliance on agency staff being provided regularly or at short notice.

Notes made on the duty rotas indicated high levels of use, sometimes at short notice of agency staff. We saw that agencies had attempted to provide continuity in providing cover and that on occasions they could not supply staff at very short notice.

Other notes made on the duty rotas indicated that some staff were phoning in sick with very little notice or with very little information about the duration of absence. This also would make the management of absence harder.

We heard from the manager about return to work interviews and we saw that the duty rotas recorded the sick leave of named individuals and their leave patterns.

We did not see a management of absence policy on the day of inspection.

We also saw the minutes of the relative meeting held on 12 September 2013 and noted that provision of staff had been discussed and that the meeting. The meeting was informed that four professional surveys had been completed and one suggestion was made to Church House that "nursing staff were always very busy so another nurse on duty would be beneficial".

One member of staff told us in response to our questions about staff "Yes, there are enough staff; that's if people don't phone in sick at the last minute". Another member of staff told us that she thought that some staff no longer wanted to cover for colleagues who were known to take sick leave.

We spoke with people living at the home in groups and privately in their rooms. Most of the people we spoke with had no concerns about staffing levels. Two people on being asked directly about their views on staffing said that they had "perhaps had to wait for a call bell to be answered on a couple of occasions". No complaints were received about staffing on the day of inspection.

Although people living at the home appeared to be receiving care that met their needs and generally people were happy with the care provided, we had concerns about staffing levels in the home. Rotas demonstrated regular significant short falls in the numbers of staff the provider had determined were required, taking into account people's health and social care needs. This puts people's health, safety and welfare at risk and the provider needs to take more robust action to address the current situation.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	**Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010** **Staffing**
	How the regulation was not being met: Staff were not at all times provided in sufficient numbers. Also, the provider was not able to consistently respond to unexpected changes in circumstances in the service. In this instance the provider was not always able to provide staff in the event of short notice absenteeism by care staff.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 11 March 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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