

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: 17 March 2014

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2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Staffing



Met this standard

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

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Church House Care Home had taken action to meet the following essential standards:

- Staffing

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 17 March 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

When we inspected Church House Care Home in November 2013 we found that that staff were not at all times provided in sufficient numbers. The provider was not able to consistently respond to unexpected changes in circumstances in the service. The provider was not always able to provide staff in the event of short notice absenteeism by care staff.

This inspection was undertaken to check that the provider had delivered the actions it undertook to carry out in order to ensure that people using services were always cared for and supported by sufficient numbers of staff having suitable skills for their caring role.

We found that improvements had been made to the provision of staff on duty and mechanisms to respond to staff absence had been strengthened. Staff were clear about their duties. Duty rotas were prepared well in advance.

One person living in the home said "I'm very happy here. All of the staff are excellent and I feel safe and treated with respect. I'm not kept waiting and staff listen to me".

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

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

Staffing

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We visited the home on 17 March 2014 and found that the home had a relaxed and sociable atmosphere and people living at Church House were celebrating St Patrick's Day. Staff were going about their duties and were well organised and supervised. We spoke with the manager, six staff on duty and with four of the people living at Church House. People living at Church House told us that they were happy and content and we saw that they were treated with respect and enjoyed good relationships with staff. We also spoke with one visiting relative.

We found that improvements had been made in relation to the provision of staff and we observed staff carrying out their work with care, sensitivity and skill. We looked at duty rotas and in particular examined the duty rotas for three weeks beginning 10 March 2014 to look at staffing as planned and delivered. These rotas demonstrated consistency in numbers.

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 registered nurse, one activities co-ordinator one senior care worker, four care workers and one further care worker coming on duty at 6pm for the evening or 'twilight' shift. We also met with the regional manager for Akari Care Ltd. Overnight one registered nurse and three care workers were on duty all through the night. There were 34 people living in the home at the time of our inspection.

We saw that care staff were supported by ancillary staff and we met the cook, her assistant, one of the two laundry / domestic staff on duty and the administrator / receptionist.

We saw that planned staff absence, such as annual leave was managed in advance and caused minimal disruption. There was structured use of agency staff being provided to cover staff sickness. We saw the management of absence policy and noted from the records that staff absenteeism was monitored and managed in accordance with Akari Care

Ltd policy. We looked at well maintained staff formal supervision records. Formal supervision is a meeting that takes place in private with the person's immediate manager to discuss their training needs and any issues of concern. These meetings were recorded in writing and they will be held regularly with staff. We looked at one typical care worker's personnel file. This demonstrated that staff skills and qualifications were considered by the provider. The manager also confirmed to us that before appointment and in the course of recruitment she ensured that staff were able to communicate in English to a good standard.

In response to our questions about staffing one member of the care staff team said "Yes, there are enough staff" another said "Staffing here is as good as anywhere else."

We spoke with people living at the home in groups and privately in their rooms. No one raised any concerns or complaints about staffing levels or the time taken by staff to respond to call bells.

The manager told us that in the event of a shortfall in care staffing that staff from other departments or other homes could be called upon to help where needed. We also were informed that there is an on-going recruitment strategy.

We looked at staff duty rotas and saw that they demonstrated improved continuity of staffing. They were prepared four weeks in advance to allow the staff to plan and prepare for their own attendance on duty. The manager had a 'care hours allowance' in place to allow for sickness and holidays. Staff were encouraged to cover shifts on short notice for extra pay. They were also encouraged report absences as soon as they suspected that they may not be in work thereby giving the home time to find staff to cover the absence. Therefore the home was able to respond to unexpected changes in circumstances in the service and so people's health, safety and welfare were supported in the provision of staff on duty. People living at the home appeared to be receiving care that met their needs and people were happy with the care provided.

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.

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