

Inspection Report on

Church Manor Care Home

Church Manor Care Home Towyn Road Towyn Abergele LL22 9ER

Date Inspection Completed 30 November 2021

30/11/2021



About Church Manor Care Home

Type of care provided	Care Home Service
	Adults Without Nursing
Registered Provider	2SK Care Homes Ltd
Registered places	18
Language of the service	English
Previous Care Inspectorate Wales inspection	Manual Insert 16 May 2019
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

The provider has made investment to develop care planning by introducing an electronic care planning system; this is in its infancy so we are unable to comment about its effectiveness. People are happy with the care and support they receive feeling they have a voice and positive relationships with staff. Staff complete training to support them in their role and feel valued by management, which in turn has a positive impact on people's care and support.

Management have oversight of the service having systems in place as part of auditing and monitoring systems. Some systems require development to ensure they are clear and provide accurate information to ensure timely interventions where needed and good care and support. Management review policies and procedures to ensure they provide staff with up-to-date information and guidance.

Health and Safety (H&S) and Infection Prevention and Control (IP&C) measures require improvement to keep people safe. The provider has made and continues to make investment to develop the service and is considering ways to create a more dementia care friendly environment to benefit people using the service.

Well-being

People have choice and control about their daily life. Staff approach to people's care and support is respectful and person centred. Staff complete training to uphold people's human rights. People are free to move around the home and can spend time where they wish. Feedback supports people have choice and control about their daily life. Management observe staff practices to drive best care practices and to ensure staff approach empowers the people in their care.

In the main people, benefit from a Multi-disciplinary team (MDT) approach. People's and relative's feedback indicates they are happy with the care and support provided. Relatives feel communication is good because they are informed about their family member and so feel assured. Activity provisions help people to pass their time and staff support people to remain involved with the community. Record keeping is sometimes inconsistent; this requires development to ensure management identify any change in people's care and support needs so healthcare reviews are timely.

Management have oversight of the service and produce a report to show what the service does well and / or identify areas for development. Policies and procedure are in place, which assist management and staff in their role. Staff complete training to help keep people safe and so have an awareness of important aspects of care such as mental capacity and safeguarding procedures. H&S matters and IP&C measures require improvement to keep people safe. Attention to detail is required in relation to some auditing and monitoring systems.

The service is warm and meets people's needs. Feedback indicates people are happy. Some systems are in place to promote independence, but management could develop this further. People living with dementia are disadvantaged through a lack of approaches to aid orientation and promote independence. The provider has and continues to make significant investment in the service and intends to increase occupancy following the completion of major building works.

Care and Support

People and their representatives are involved in planning care, which family feedback supports. Management are introducing an electronic care planning system and expect this to improve record keeping, monitoring and provide staff with alerts to deliver good care and support. This system is not yet in practice so we are unable to comment about its effectiveness. Staff describe the care approach as flexible. Staff approach is respectful and person centred; staff support people's morning routines and offer meal / refreshment choices. People confirm they have autonomy. A person told us staff supported them to attend an event, which was important to them.

Staff know people well and have warm relationships with people. Staff refer to people as 'Sunshine and darling'. Although meant endearingly, this is not considered good practice for people living with dementia and such references do not formulate part of the care planning process. Following the inspection, management provided information to show they have asked people their preferred name and advise they will include this information in the care plan. This said it is important staff use people's name; this is an area for improvement and we expect the provider to take action. Staff celebrate people's achievements; create fun moments, and take time to listen. Relatives told us "Care is person centred and staff go above and beyond." Staff complete training to uphold people's rights and keep people safe so they have an understanding about capacity and safeguarding procedures.

In the main management, adopt a Multi-disciplinary team (MDT) approach to people's care and support. Records show people see healthcare professionals. A record shows a person's care was reviewed by a healthcare professional in May 2021, and identifies improvement in the person's health and well-being. A person told us about nurses visiting to provide an aspect of their care. Photographs show how people spend their time. People benefit from therapeutic activities; people come together socially and engage in activities such as crafts and games. Relatives told us people have things to do, and staff respect their family member's choice. People receive visitors and a system is in place to support this. Relatives perceive communication is good and feel staff / management keep them informed about their family member. People told us "Staff are lovely", "Staff are good can have a laugh with them" and "They (staff) look after me." Management and staff receive cards of appreciation for the care and support they provide.

Environment

The service meets people's needs; it is warm and smells fresh. Designated staff clean the home and describe how they regularly clean high touch areas such as door handles and handrails as part of IP&C measures. Bilingual signage welcomes visitors to the home, Welsh culture is celebrated; there is a themed corridor and management told us some staff speak Welsh. A couple of bathrooms are not in use and we saw one of these bathrooms contains inappropriate storage of equipment; the room requires cleaning and organisation. An individual's photograph is displayed on their bedroom door to help people find their room independently and pictorial signage assists people to find their way around the home. Staff confirm they have the equipment they need to perform their role and can approach management for anything they need. The provider has made and continues to make significant investment to develop the service and intends to increase occupancy. A maintenance schedule is in place and the provider is giving thought to creating a dementia care friendly environment, which will enhance people's well-being.

We saw personal items such as body wash, soap, a flannel in bathrooms, and combs in the lounge area. These items are not identifiable, which increases the risk of cross contamination as people may use each other's things. The laundry service requires cleaning, organisation and a rigorous system to ensure people are valued and to manage IP&C and H&S risks. People can easily access the laundry service, which links to the old building, which is undergoing major renovation works. Management did not perceive this is a risk to people because no one attempts to access this area. A record shows one person has attempted to access this area and so at least one person is at risk of harm. Following inspection, management told us they have completed a risk assessment and will take action to reduce risk of harm. Personal Protective Equipment (PPE) is available for staff's use, which is good practice, but these are easily accessible so pose potential H&S risks. On one occasion, we saw inappropriate use of PPE, which places people at unnecessary risk. Following the inspection, management told us they have completed a risk assessment, however, at least one person is at significant risk. This is placing people's health and wellbeing at risk and we have therefore issued a priority action notice. The provider must take immediate action to address these issues.

Leadership and Management

Management regularly visit and produce a combined report as part of monitoring systems to identify what the service does well and areas, which require development. The reports do not effectively demonstrate quarterly reporting required by regulation; this is an area for improvement and we expect the provider to take action. Information indicates management review policies and procedures to ensure they are current. A communication system ensures staff know people's nutritional needs. A person should have their weight monitored, but there are gaps in the records, which management acknowledge and are addressing. Staff explain they fortify diets to help manage people's nutritional needs. Records do not support people receive support with personal care needs on a daily basis. A person explained they have a bath on Tuesdays if staff remember. Skin care record keeping is inconsistent and shows staff do not apply prescribed treatments as directed. Records identify a person's mobility has deteriorated and a health issue, but there is no information to show management have sought advice from healthcare professionals. Information provided by management regarding a safeguarding concern is not reflective of the information recorded by staff in care records, which indicates inconsistency and a lack of transparency. This is placing people's health and well-being at risk and we have issued a priority action notice. The provider must take immediate action to address these issues.

Staff recruitment processes are rigorous to keep people safe, but in one file, there is no evidence of an induction programme, which new staff must complete. In another file the induction programme does not evidence induction is meaningful. A training record shows staff receive basic training. Following the inspection, management provided information to show training staff complete as part of their induction. Management have introduced training to meet specific care needs such as living with dementia and skin care. Staff confirm they receive supervision and records show management supervise staff's practice to drive best care practices. Staff feel valued and management reward staff's contribution. Management told us three staff usually work during the day; the rota shows this is not always the case. Consequently, we saw staff are not always able to supervise people or enhance activities. Systems are in place as part of managing falls. However, the number of falls is significant, which is another indicator staff are not employed in sufficient numbers and / or deployed effectively to supervise people properly. This is placing people's health and well-being at risk and we have issued a priority action notice. The provider must take immediate action to address these issues.

Summary of Non-Compliance			
Status	What each means		
New	This non-compliance was identified at this inspection.		
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.		
Not Achieved	Compliance was tested at this inspection and was not achieved.		
Achieved	Compliance was tested at this inspection and was achieved.		

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)			
Regulation	Summary	Status	
21	Staff are not employed / deployed in sufficient numbers to supervise people properly. Record keeping is inconsistent and unclear. Advice and guidance is not always sought when needed so equipment is used without an assessment to support this is safe. Staff do not administer prescribed topical treatments as directed and monitoring systems are not effective to improve.	New	
44	People do not receive a service as outlined in the service's Statement of Purpose. Health and Safety and Infection Prevention and Control measures are poor and create potential risks.	New	

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement			
Regulation	Summary	Status	
N/A	No non-compliance of this type was identified at this inspection	N/A	

Date Published 21/12/2021