

Minehome Limited

# Church Terrace Nursing Home

## Inspection report

Church Terrace Care Home with Nursing  
18 The Terrace, Cheadle  
Stoke On Trent  
Staffordshire  
ST10 1PA

Tel: 01538750736

Date of inspection visit:  
21 March 2023  
30 March 2023

Date of publication:  
06 June 2023

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Church Terrace Nursing Home is a nursing home providing personal and nursing care to up to 65 people over four separate wings, one of which is an adapted building separate to the main care home. The service provides support to younger and older people living with mental health diagnoses and dementia. At the time of our inspection there were 58 people using the service, although 3 people were not present in the home on the day of our first visit. There were also people residing in the home who had a learning disability or autism, despite the home not being a specialist in supporting people with those needs.

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

Quality assurance systems in place had not always ensured actions and improvements were swiftly completed. People did not always have detailed care plans and risk assessments in place and there was a risk they would not always be protected from harm. Checks had been made on the safety of the building, however some further actions needed completing. Medicines were not always managed safely, although some improvements had been made since the last inspection. Lessons had not always been learned when things had gone wrong, although work was ongoing to address this, and we saw some improvements had been made. Improvements were needed to the cleanliness of the home; it was odour free and generally clean, however a deep clean was needed.

People were not supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. People did not always have their health needs planned for, although people did have access to other health professionals.

People felt safe in the home. Staff understood their safeguarding responsibilities and concerns were reported. Staff were recruited safely and there were enough staff to support people. Staff received training and support to be effective. People were supported to have food and drinks of their choice. The home was suitable for the needs of the people living there. There was positive feedback about the registered manager and deputy manager. Relatives were positive about the home. There was continuous learning and improvement, although further work was needed to ensure improvements were completed and embedded. Relatives were kept informed if incidents did occur. The home worked in partnership with others.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and/or who are autistic.

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 and update

The last rating for this service was requires improvement (published 25 November 2022). At the last inspection we found breaches of regulations about medicines management, the assessing and planning to reduce risk to people and the oversight of the service.

At this inspection we found the provider remained in breach of regulations.

## Why we inspected

We received concerns in relation to the alleged conduct of staff. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

The inspection was also prompted in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk. This inspection examined those risks.

We also checked the provider's progress against the enforcement action we issued following the last inspection.

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.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Church Terrace Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Enforcement

We have identified breaches in relation to the assessing of risk, medicines management, supporting people to consent to their care appropriately and the oversight of the service at this inspection.

We issued enforcement following the last inspection. The deadline we set for the provider to be compliant with regulations had not yet passed at the time of our visit. However, due to the concerns we had, we could not wait until the deadline had passed. We took this into account when making any decisions.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

## Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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 effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Church Terrace Nursing 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 four inspectors. An Expert by Experience made telephone calls to relatives. 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 Terrace Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Church Terrace Nursing Home 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 a registered manager in post. However, shortly after our inspection we were told the registered manager had left.

#### 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. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

During the inspection we spoke with 8 people living in the service. We also spoke to 11 relatives over the phone. We spoke with 11 staff including the nurses, carers, catering staff, the deputy manager and the registered manager.

We made observations in communal areas to check interactions between people and staff. We reviewed 14 people's care records and multiple medicine records. We looked at 2 staff recruitment files. We also looked at the provider's policies, procedures and building safety documents.



# 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.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to manage medicines safely and failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- People did not always have detailed care plans and risk assessments in place and there was a risk they would not always be protected from harm. For example, one person could become upset during personal care and needed additional staff support. There was a lack of clear detail about how to support the person and at what point additional staff support would be needed.
- Despite this, staff knew people well and could tell us about their risks and how to support people safely. The registered manager was aware of the need to update some records and there was a plan in place to achieve this.
- The provider had arranged a fire risk assessment to be undertaken. Action from this had been identified. However, these had not all been completed in a reasonable time. This meant people had been left at risk.
- Medicines were not always managed safely, although some improvements had been made since the last inspection.
- Not all medicine stock levels matched, we found some discrepancies so we could not be sure people always received their medicines as prescribed.
- 'When required' medicine did not always have detailed protocols in place, to guide staff when they needed administering. Some people did have clear protocols in place. Following our feedback, more detailed protocols were put in place.

The lack of detailed care plans and risk assessments and medicines information placed people at increased risk of harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite this, we observed staff supporting people and administering medicine with patience and care.

Learning lessons when things go wrong

- Lessons had not always been learned when things had gone wrong, although work was ongoing to

address this, and we saw some improvements had been made.

- Improvements to the quality of people's care plans was ongoing but had not been fully completed.
- We saw records where people had needed physical intervention. While this had been documented, there was not always information about how long the intervention had been needed for. This could be important information to monitor the ongoing care to people and check it was appropriate. Therefore, there was a missed opportunity to review and learn lessons when things had gone wrong.

#### Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. While staff did clean touch points, some areas would have benefitted from a deep clean.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The home had a recent visit from the local infection control team which had identified a number of actions they needed to take.
- There were some instances of food not being labelled as to when it was opened, or it had expired and had not been disposed of.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People were supported to have visitors and there were no restrictions on visiting in place. Relatives confirmed this to us. One relative said, "We can visit when we want."

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

- People told us they felt safe in the home. People and relatives were complimentary of the care. One person told us, "I feel safe. The staff are lovely here."
- Relatives told us they felt their loved ones were safe. One relative said, "I have no concerns with my relative's safety." Another relative commented, "Staff are friendly and capable and my relative gets on well with them, my relative has a smile on their face when staff come into the room. I have no issues with the treatment by the staff."
- Staff could answer questions about safeguarding and their responsibilities with confidence. Safeguarding referrals were made when there were concerns.

#### Staffing and recruitment

- There were enough safely recruited staff to support people.
- One relative said, "They [staff] always seem to cope with everything." Another relative said, "There is always quite a number of staff about." One staff member said, "The planned numbers [of staff] are perfectly fine."
- Staff were recruited safely. Checks were made on their suitability, such as their employment history, references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People did not always have clear mental capacity assessments in place.
- One person was restricted from leaving the home unaccompanied and monitoring was in place to check their whereabouts. This would on occasion cause the person to be distressed. There was no assessment in place to check whether the person had capacity or not about this decision.
- Some people had their medicines administered covertly, which means the medicine was hidden in food and drink. There should be clear assessments and recording about the decision to give medicines covertly. We saw some evidence of this in place, however it was not always clear who had been involved in the decisions. Therefore, we could not be sure the decision to administer medicines covertly was always made in people's best interests.
- One person told us they wanted to change their appearance. The person had also asked staff to change their appearance, which we saw recorded in care records and staff told us about. However, the home had not supported the person to do this and staff had asked the person's relative to decide about this. However, the relative did not have the legal right to make this decision on the person's behalf.

People were not supported to consent in line with their individual needs. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite this, relatives felt involved and staff were able to answer our questions about MCA. One relative

said, "I feel involved in decisions." One staff member said, "If person has capacity they can understand what they want and make a decision. They may have capacity to make a decision about what meal to eat, but not about personal hygiene. Sometimes they can have it and others not."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People did not always have their needs fully assessed and timely referrals to other health professionals.
- One person had a care plan in place for their health condition and this stated they needed regular monitoring. This was not being done. This was feedback to a nurse, and they agreed to put these checks in place.
- We were made aware of two incidents where people had coughed or choked on their food. Immediate action had been taken to reduce the risk by changing their diet. However, immediate referrals had not been made to have their diet consistency reviewed by an appropriate professional.
- By the second day of inspection, a health professional had reviewed them and feedback to us staff had taken appropriate action and felt staff knew people well. The professional was positive about the home.
- Relatives felt people were supported by other health professionals. One relative said, "They have taken my relative to the doctor before now and the doctor visits every week."
- Relatives felt they were kept informed about their loved ones. One relative said, "I am always informed of things, either by email or a phone call. They [staff] update me if there are ever any problems. They are very communicative." Another relative said, ""They always let me know if there is anything, they are very good at that."

Staff support: induction, training, skills and experience

- Staff were trained and supported to be effective in their role.

Relatives told us they felt staff had received training. One relative said, "They [staff] know what they are doing."

- Staff told us, and records confirmed, they received regular training and support. One staff member told us, "The training is really good, we have regular refresher courses and spot checks."
- Agency staff confirmed they were also supported to work effectively in the home. One agency staff member said, "The staff are really helpful. I had an induction and there is always someone with me so I can catch up."

Supporting people to eat and drink enough to maintain a balanced diet

- People had a choice and food and drinks, in line with their needs. One person said, "There is some decent food here. I can choose my meals." Another person said, "I like the food here, it is nice."
- We observed people had choices at lunch time and could have alternative options if they did not want the main choices. Those who needed a modified diet received this.
- Catering staff were knowledgeable about people's dietary needs. They told us about people's diets and allergies.

Adapting service, design, decoration to meet people's needs

- The home was suitable for the needs of the people living there. People could personalise their rooms and there was equipment available for people.
- As mentioned in the safe key question, some areas of the home would benefit from having a deep clean to ensure they were hygienically clean.

# 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 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 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider had failed to have established quality assurance systems in place to monitor and improve the quality and safety of people's care. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Quality assurance systems in place had not always ensured actions were completed and improvements swiftly completed.
- Records were not always accurate, available, and completed. For example, the full consideration of people's capacity and restrictions they were under had not been fully documented.
- A fire risk assessment had been completed which had identified areas which needed improving or rectifying. An action plan was in place to track the progress of these actions; however, some had been marked as complete, but we checked, and these had not been completed. This was explained as a mistake. Following our feedback, the registered manager acted, and maintenance staff began resolving this.
- There was mixed feedback from relative about how involved they were in supporting the development of people's care plans.
- One relative said, "I was not involved with her care plan; I have confidence in the professionals to do that." Another relative told us, "I have not been involved in his care plan at Church Terrace and am not involved in his care, I've never been asked."
- Whereas other relatives said, "I have seen a copy of his care plan. They update it regularly and I'm involved in them" and, "I was involved in my relative's care plan at the beginning."
- The registered manager and deputy manager had developed a plan to make improvements following the last inspection. Work on this had started, but the majority of plans had not yet been updated or improved.

Whilst some improvements had been made, not enough improvement had been made to ensure all action needed was yet completed. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was positive feedback about the registered manager and deputy manager. Relatives were positive about the home.
- One relative said, "I think [the registered manager] is very good, they are very understanding for me. The registered manager is around if I want to ask them something. I find them very approachable." Another relative told us, "I speak to the manager quite a bit actually. They're very experienced and has a lot of work to do to get the home modern with the paperwork. I've found the registered manager is very caring, they will take time to work with the residents. Staff are very supportive of them."
- Staff felt positively about the registered manager. One staff member said, "I feel comfortable. If I have concerns, I can talk to the [registered] manager. I get support." Another staff member said, "I've had a good experience with the registered manager, they are a help, if I have any work based issues I can contact them, they are approachable."

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; Continuous learning and improving care

- There was continuous learning and improvement, although further work was needed to ensure improvements were completed and embedded. Relatives were kept informed if incidents had occurred.
- One relative told us, "Once my relative had a small injury. The registered manager put an email out for staff to check the [a piece of equipment before supporting] someone. If ever there are any problems, they sort them out."
- Another relative said, "They listened to what we said, contacted us by email and updated us on what they'd done." Another relative said, "You regularly see the registered manager walking around. They are open and honest, and any comments are well received."

Working in partnership with others

- The home worked in partnership with others. A range of professionals were involved with the home and the registered manager was receptive to feedback from other organisations.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	People did not always have mental capacity assessments in place and did not have documented consideration of restrictions in place on them.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Risks to people were not always fully assessed and planned for. Medicines management needed strengthening.

### The enforcement action we took:

Continuation of the warning notice issued at the last inspection.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Quality assurance systems in place had not always ensured actions were completed and improvements swiftly completed.

### The enforcement action we took:

Continuation of the warning notice issued at the last inspection.