

MACC Care Limited

# Church Rose Nursing Home

## Inspection report

8 Payton Road  
Handsworth  
Birmingham  
West Midlands  
B21 0HP

Tel: 01215546413  
Website: [www.maccare.com](http://www.maccare.com)

Date of inspection visit:  
07 February 2018

Date of publication:  
15 May 2018

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Church Rose is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Church Rose accommodates 48 people in one adapted building. Church Rose accommodates 48 people across two floors.

There was a registered manager at the home who had joined the home shortly after the last inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had been at the home for a short period of time but had worked with staff to change practices within the home and promote a more team based way of working.

People at the home liked and felt safe around staff they knew. Staff understood how to keep people safe and how to report any concerns they had. Staff also understood the health needs people lived with and how people required support. Staffing at the home was stable and the provider had reduced their reliance on agency staff so that people had more consistent care. Recruitment process included reviewing a staff member's background to ensure they were suitable to work at the home. People received support with their medicines. Regular checks were made to ensure medicines were given and stored correctly.

People were supported by staff that had been supported with training and supervision. Both nursing and staff explained they were encouraged to keep their knowledge up to date. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People were offered a variety of choices in their food and drink and where necessary were offered support. Staff worked with a number of healthcare professionals to support people and ensure they received the right care which was based on best practice.

People liked and valued the staff supporting them. People found staff understood their care and cultural needs and responded in a way in which they wanted. People were treated with dignity and respect.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People and their families were involved in discussions about their care which was updated in response to people's changing needs. People were supported to have interests and were encouraged to participate in both communal and individual interests. People had not raised any complaints but we saw there was a process in place for investigating and responding to complaints should they arise.

The registered manager had acted upon improvements identified in previous inspections and had worked with staff to share learning. The registered manager undertook regular checks of the quality of care being offered and worked with stakeholders to improve learning about best practice in caring and supporting people. The registered provider explained how they had improved reporting and quality assurance processes within the home so that they had a better understanding of the care being delivered.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People felt safe around care staff. Care staff understood what it meant to protect people from harm and who to report any concerns to. Staff understood people's health conditions and any risks to their health. Staff ensured they received support with their medicines. Recruitment processes included checks into staff background. Lessons learnt about people's care were shared with staff.

### Is the service effective?

Good ●

The service was effective.

People were supported by care staff who had access to regular supervision and training. People were encouraged to maintain a healthy lifestyle and were assisted to access additional support from healthcare professionals when needed. People enjoyed their meals and they were helped to eat and drink enough to maintain a balanced diet. Arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. The accommodation was adapted, designed and decorated to meet people's needs and expectations.

### Is the service caring?

Good ●

The service was caring.

People valued the staff supporting them. People were involved in making day to day decisions about their care. People were treated with dignity and respect by staff that understood how to support people appropriately.

### Is the service responsive?

Good ●

The service was responsive

People and their families were involved in planning their care which was amended in response to their changing needs and circumstances. People understood how to complain if needed and understood how to do so. People were offered opportunities

to pursue their hobbies and interests and to take part in a range of social activities. People were involved in end of life planning.

**Is the service well-led?**

**Good** 

The service was well led

People and staff knew and liked the registered manager. People and staff were encouraged to contribute their feedback about the home and the care people received. The management team had a system in place for reviewing the care people received at the home. The service worked in partnership with other agencies to promote the delivery of joined-up care.

# Church Rose Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection site visit activity started and ended on 7 February 2018 and was unannounced. The inspection team consisted of one inspector, one nurse specialist advisor and an expert by experience who had experience of dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We looked at the information we held about the home and at the notifications the provider had sent us. Statutory notifications include information about important events which the provider is required to send us by law. The inspection considered information that was shared from the local authority and Clinical Commissioning Group (CCG) who are responsible for commissioning care.

During the inspection, we spoke with 11 people who lived at the home and six relatives. We also spoke with four care staff, three nurses, the activities co-ordinator, one visiting healthcare professional, one social worker, the deputy manager, the registered manager and the nominated individual. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the risk assessments and plans of care for six people six medicine records and the provider's audits for reviewing people's care. We also looked at registered provider audits for reviewing the home environment and maintenance checks, Deprivation of Liberty authorisations, incident and accidents, the home improvement plan, staff meeting minutes and minutes from the meetings held with people who lived at the home.

# Is the service safe?

## Our findings

At the last inspection the service was rated as Requires Improvement as people's care had not always been managed safely. At this inspection we found the service had made improvements and was rated as Good.

People and families we spoke with told us people living at the home were safe. One person told us, "When the carers [staff] assist me with personal care, I feel safe." We saw people felt comfortable and at ease around staff that they knew and who also knew them well.

Staff we spoke with had all received training on safeguarding people and understood how to keep people safe. Staff we spoke with knew they could share their concerns with the registered manager. One nurse told us, "We keep people safe." We reviewed notifications completed by the registered manager which were sent through to us and saw that these had been completed promptly.

We saw people were able to access help from staff when needed. We saw in communal areas, people were able to access support as there was always a staff member within close proximity. A relative we spoke with told us, "When I come to visit there seem to be enough staff here." Three staff we spoke with all told us there was enough staffing to meet people's needs. The registered manager explained how staffing levels were quite stable. They told us they had reduced their reliance on agency staff and this had helped staff get to know people and for people to feel more comfortable around staff.

People and their families spoke positively about the home. One person told us, "The place is clean, and they Hoover my room every day." One relative told us the home was always clean when they visited and that the "linen is always clean." We saw throughout the day staff used alcohol gels and protective clothing to prevent the spread of infection. We reviewed how the registered manager assured themselves about the cleanliness of the home. We saw they completed regular audits to ensure all the necessary checks were made.

The registered manager completed DBS checks (Disclosure and Barring Service) for prospective staff. The DBS is a national service that keeps records of criminal convictions. This information supported the registered provider to ensure suitable people were employed, so that the risk of recruiting inappropriate staff was minimised. We reviewed the process for monitoring recruitment processes and saw that there was a system in place to ensure checks were completed on the suitability of staff before they commenced work.

We saw people received support with their medicines and that regular checks were made on how medicines were stored. People told us they were offered extra pain relief if they needed it and that they received their medicines on time. The registered manager explained there was a process in place to ensure people's medicines were reviewed regularly.

The registered provider told us, "We learnt we needed to be more clear in terms of reporting." They told about a new form that had been launched across the home in order to better report incidents. Information was sent by the registered manager to the registered provider in order that the incident could be reviewed and if appropriate notify CQC. The registered manager explained how they shared learning with staff about

people's care or where things had gone wrong. They used a number of methods of communication. For example, they used daily "Flash meetings" to quickly cascade information to senior staff in order that people's care could be amended quickly. The registered manager also told us they used team meetings as well as supervision meetings to share their learning and this occurred in staff meetings.



# Is the service effective?

## Our findings

At the last inspection the service was rated as Requires Improvement as people's care had not always been managed effectively. At this inspection we found the service had made improvements and was rated as Good.

The registered manager shared with us how they reviewed people's care to ensure people received care based on best practice. They told us about the "Resident of the Day" whereby each day a person's care was completely reviewed to ensure it was correct for the person. A relative we spoke with told us their family member's health had improved significantly and they had been kept up to date with their family member's care since being at the home.,

Nursing staff we spoke with told us about how they were supported to keep their training up to date. They told us they had regular training and supervision. One nurse told us about how they had a mentor at the home when they first came and this had helped them develop their role. Nursing staff told us they worked closely with other staff. Staff also reported having lots of opportunities to attend training. For example, one staff member told us they had recently attended Safeguarding training.

People we spoke with told us about the opportunities they had to see other healthcare professionals. For example, people we spoke with told us they could see the GP when needed. The registered manager reported a good working relationship with the local GP. One nurse told us, "I always follow professionals advice; we have good relationship with GP". Another relative told us their family member had seen a chiropodist and optician.

People told us they liked the food they were served and that they were offered choices. We saw during the inspection a number of different international cuisines were offered for people to select from. People were encouraged to make choices based on their preferences and we saw staff discuss meal options with them. One staff member told us they did not assume because of people's ethnicity they would choose a particular meal and that staff always checked people were happy with their choice. We also saw where people needed support from care staff to complete their meal, this support was offered.

Staff reported that communication across the home was good and this helped them support people. One nurse told us about the daily 11am meetings and how these were helpful. They told us, "We have good teamwork, had a nurses meeting last week. I was not here but got the minutes so know what was said". Staff reported there was good understanding between care and nursing staff. One staff member told us they felt able to ask nursing staff for advice and support if needed.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Authorisations were in place and applications had been made to the local authorities where the

management team had identified their care and support potentially restricted people's liberty.

Staff we spoke with understood the importance of obtaining a person's consent before they commenced supporting people and understood which people had a restriction on their liberty in place. We saw throughout the inspection that people were supported in the least restrictive way possible. Where people required additional support and observations, the necessary applications had been made to support people within the requirements of the law.

## Is the service caring?

### Our findings

At the last inspection the service was rated as Requires Improvement as we did not find the service people received was caring. At this inspection we found the service had made improvements and was rated as Good.

People told us they liked the care staff. Throughout the inspection we saw examples of staff demonstrating kindness to people they were supporting and staff had an instinctive understanding of their needs. One person told us, "When the staff get used to you, they know what is important to you." Another person told us, "The staff are caring and respectful".

Staff were able to tell us about the people they supported and how they preferred their needs to be met. People were able to tell us about people's preferences for care. The registered manager told us many of the staff were employed from the local community and reflected the diversity of people living at the home. Staff we spoke with told us this helped them to understand their care needs. For example, one staff member told us they understood about people's hair and skin care needs because they came from a similar ethnic background. We saw the way in which people were addressed by staff reflected a level of respect in how they supported people. One staff member explained they knew some of the people living at the home before they came to live at the home.

We saw examples throughout the inspection, of staff showing how they understood people's individual needs. We saw one person in prayer with a member of staff. When another member of staff was about to interrupt, the staff member intervened and ensured the person's reflection time was respected. The registered manager also showed an area that had been reserved as a consultation room and which could be used for private meetings people had with professionals visiting them. We saw the room in use during the day of the inspection for a person to have a meeting with a best interests assessor from the local authority.

Staff we spoke with told us about their understanding of supporting people with dignity and respect. One staff member told us they wanted to support people how they would expect their parents to be treated. The registered manager explained to us how the staff team were able to empathise with the needs of people living at the home and this had helped build friendship within the home. We saw throughout the inspection gospel music was playing in one of the lounge areas. One staff member explained that they appreciated that gospel music was very important to some people and they respected people's beliefs.

Relatives we spoke with told us they were able to visit whenever they chose to. One relative we spoke with told us they found their family member happy and well cared for whenever they visited. They told us they often joined their family member over lunch which they valued as it was important for them to spend time with their family member.

## Is the service responsive?

### Our findings

At the last inspection the service was rated as Requires Improvement as we did not find the service people received was responsive to their needs. At this inspection we found the service had made improvements and was rated as Good.

We looked at four care plans and saw that people's care was reviewed and updated in response to any changing circumstances. We saw that as people's health conditions changed, their care needs were amended. One relative we spoke with told us their family member had been extremely poorly but gradually over time had been supported to improve. We saw how people's care was reviewed routinely and necessary changes made. Where people needed equipment, this was ordered. A relative told us they were kept involved throughout and were invited to regular meetings about their family member's care.

People told us they were supported to maintain and pursue different activities and interests. The activities co-ordinator explained to us how they supported people. They explained how they arranged both communal as well as individual interests. People living at the home were involved in a choir. People were also offered gentle exercise and support with their religious beliefs. We saw people chatted to the activities co-ordinator about things that were important to them and things they wanted help with.

The registered manager explained they had not received any complaints whilst they had managed the home. They explained to us the process they would use to review and respond to complaints should they receive them. The registered provider also explained how complaints were shared with them.

The registered manager explained to us that they had discussions with people about end of life planning when people wanted to discuss this. Some of the people living at the home had cultural or religious beliefs that they wanted observed. Staff we spoke with could explain to us some of the things people would want to observe. The registered provider explained that a staff member and flowers were always sent to a funeral should a person pass away.

## Is the service well-led?

### Our findings

At the last inspection the service was rated as Requires Improvement because not everyone was happy with the standard of care they received. At this inspection we found the service had made improvements and was rated as Good.

The provider had appointed a new registered manager shortly after the last inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered provider had also appointed a new nominated individual to oversee the running of this home and their other homes.

We saw the registered manager had a good understanding of the needs of people who lived at the home. We saw the registered manager spent time talking with people and people responded with warm hearted chatter. The registered manager could answer questions about people's care and any changing circumstances confidently. They also explained how with the deputy manager and registered provider they tried to change the culture with the home. They had undertaken regular engagement with people using the service through questionnaires. The feedback we saw about the home from people was positive.

Nursing staff we spoke with told us they felt supported and part of a team. They told us communication between management and the staff was good and that the daily "Flash meeting" was useful in communicating information staff needed to know. One staff member explained that teamwork was good. This was because the nursing staff and care staff worked collaboratively and they felt the nursing team were willing to 'step in' and support care staff in meeting people's needs. We saw a nurse helped support people that required assistance over lunchtime.

The registered provider told us about how they had an annual awards ceremony to recognise staff contribution across the registered provider's homes. They told us since the last inspection they had worked on focusing on the management of the home in order to improve systems of care.

The management team explained how they had worked with local stakeholders to develop care at the home for the benefit of people who lived there.

The registered provider explained how they ensured knowledge within the management of individual homes was updated. They told us about bi-monthly managers meetings for registered managers across the registered providers home's to come together and share learning. They showed us how they had used meetings to improve understanding of how accidents needed to be recorded, escalated and lessons learnt. The registered provider also explained how they had strengthened their quality assurances processes so that they had a better understanding of care being delivered within the home. They told us they visited the home at least once a week and quality assurance visits took place monthly. The registered manager told us they followed up actions that might arise from these visits, for example if there were any improvements to the building identified, the registered provider's estate team were contacted. The registered manager also

explained how they completed regular performance indicators to keep the registered provider advised about care being delivered in the home. For example, any potential complaints, staffing vacancies and accidents and incidents were all shared with the registered provider.

The registered manager explained how care planning had recently been moved from a paper based system to an electronic format. They explained they had piloted the move within one floor of the home before extending it out further so that they could understand if any improvements were needed. The registered manager told us this helped to monitor care being delivered in the home because the system had in-built systems that would flag up any anomalies to support continual improvements to people's care experiences.

The registered manager shared with us how they were developing care within the home by working with other stakeholders. They told us about how they had worked with the local GP and clinical commissioning group to develop a pilot for improving people's access to care. They also shared with us feedback they had received from the local ambulance service that was positive and recognised their support. One visiting professional told us during our visit the home had a "Calmer atmosphere.....because they [management] take on board what we say."