

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:
05 September 2019

Date of publication:
21 October 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Church Terrace Nursing Home is a care home which provides personal care and support to a maximum of 65 people. The home has four separate units, Oaklands, Maple Dene, Autumn Leaves and Blossom Court. Each unit has been developed to cater for people with varying mental health needs. There were 57 people living at the home on the day of our inspection.

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

People were supported by trained staff who were knowledgeable about the different types of abuse. However, not all potential safeguarding concerns had been reported to the local authority safeguarding team.

People were supported to receive their medicines by trained staff however not all 'as required' medicines had protocols to ensure these were given safely. People were not always supported in a safe environment and checks on people's equipment had not always identified where equipment needed replacing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, the systems in the service did not always support this practice as people's records had not always been completed.

The manager regularly reviewed the quality of the service. However, checks on people's records, environment, equipment and medicines records had not effectively identified where improvements were required to ensure people received quality and safe support.

People were supported to maintain a balanced diet and staff offered people support where this was required. People were encouraged to access their local community and remain independent.

People were supported by safely recruited and sufficient numbers of staff. Staff knew people well and people had personalised care plans which had been completed with them, their families and professionals. This enabled people to receive support in a way they had chosen.

People were supported by caring staff who did not rush them. People felt able to give feedback about the service and this was encouraged by the registered manager.

The registered manager was committed to ensuring improvements of the service were made were made so that people received high quality care. We will check this on our next inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 03 April 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to ensuring people are supported to receive safe care and treatment, reporting of potential safeguarding concerns and the governance of the service. Please see the action we have told the provider to take at the end of this report.

During our inspection the registered manager notified us of a specific incident. Following which a person using the service died. This incident is subject to further investigation. As a result, this inspection did not examine the circumstances of the incident. The information CQC received about the incident indicated concerns about the management of choking. This inspection examined those risks.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

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 Care Act 2014.

Inspection team

The inspection team consisted of two inspectors and an Expert by Experience. 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 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and three relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager, a trainee assistant practitioner, nurses, care workers and the chef. 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 reviewed a range of records. This included ten people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

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.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding and knew about the different types of abuse. Despite this we found not all potential safeguarding incidents had been reported the local authority safeguarding team as required. We discussed this with the registered manager who advised they would review all accidents and incidents and ensure where required these were reported to the safeguarding team.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure potential safeguarding concerns were reported to the local authority. This placed people at risk of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safe. One person told us, "Yes I feel very safe and happy here."

Assessing risk, safety monitoring and management

- The provider did not have effective systems in place to monitor and review the safety of people's environment. For example, we found windows above ground floor level in the building did not have restrictors on them to ensure people's safety. The registered manager acted immediately following our inspection to window restrictors were in place.
- Parts of the building were in need of repair. For example, we saw tiles had come off the wall in a bathroom used by people and a radiator had exposed pipes which could place people at risk of burns. We raised our concerns with the registered manager who advised they would work with the maintenance teams to ensure improvements were made to people's living environment.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate people's environment was safely and effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had comprehensive risk assessments in place which gave guidance for staff to support them. For example, people had risk assessments for moving and handling.
- The management team reviewed all falls and took action, where required to reduce the risk of reoccurrence. For example, people had falls sensor mats in place.

- Where people had behaviours of concern, the provider worked with health and social care professionals to recognise potential causes for behaviours and keep people safe. Staff had training in restraint however only used this as a last resort. One staff member told us, "If [person's name] is agitated we try to give them something else to focus on and try to diffuse the situation before it escalates."

Using medicines safely

- Records relating to medicines did not contain protocols for people prescribed medicines 'as required'. Despite this, medicines were administered by trained staff who were knowledgeable about people's medicines and recorded their effectiveness. The registered manager acted immediately following our inspection to ensure protocols for people prescribed 'as required' medicines were in place.
- People received their medicines as prescribed. One person told us, "[Staff] bring my medicines to me on a regular basis. [Staff] are very good at bringing them on time."

Preventing and controlling infection

- We saw safe infection control practices were not always followed as furniture was damaged and this had not been reported. We raised this with the registered manager who advised they would replace the damaged chairs immediately.
- Staff had access to disposable gloves and aprons which they used to support people with eating and personal care to reduce the risk of infection.

Learning lessons when things go wrong

- Nurses recorded accidents and incidents and took action to reduce the risk of reoccurrence. For example, following a person leaving the building without staff support, staff worked with the local authority to request they received an increase in their support.

Staffing and recruitment

- There was sufficient trained staff to ensure people's needs were met in a flexible way. One person told us, "Oh yes there are always enough staff about in my opinion, plenty."
- Staff were recruited safely. Staff had received checks from the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decision and prevent unsuitable people from working with people.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People did not always have capacity assessments which were decision specific and reviewed when their needs changed. Despite this, staff understood the importance of helping people to make their own choices regarding their care and support and staff asked for consent prior to offering support.
- Where people were not able to make decisions themselves, it was not always clear whether best interest meetings had taken place as this was not recorded. Despite this, we saw guidance had been sought from relatives and professionals involved in people's care and staff considered the least restrictive options when providing care. This meant there was an issue with recording as opposed to the provider not following the principles of the MCA. We raised this with the registered manager who took action immediately to ensure people's capacity was assessed and recorded and best interests meetings took place where required.

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

- During the inspection the registered manager informed us of a serious incident relating to a person choking at the service. This incident is being considered outside of the inspection. Despite this, we saw people who were at risk of choking were supported by staff who were knowledgeable about their care and support needs and followed guidance from professionals.
- People were supported to choose what they wanted to eat. One person told us, "All meals are home-made and very good with two choices every day for lunch and tea. We have a new cook and I have to say the Sunday dinners are now fab."

- People received support to eat and drink where they required this. For example, we saw staff sitting with people during meal times and giving people assistance.
- People's weights were monitored and people had access to professionals to support them with their dietary needs where required.

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

- There were several areas of the home that were poorly maintained. The provider told us they were making improvements to ensure communal areas were updated and personalised to the people that lived at the service. The registered manager told us this work was ongoing. We will check this at our next inspection.
- The home was spacious and had multiple communal areas. All bedrooms had ensuite toilets and basins and people were able to personalise their bedrooms if they wished to. There were gardens which were accessible and lifts for people unable to use the stairs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were holistically assessed and support was offered in line with evidence based guidance. This meant people achieved effective outcomes in their care.
- People's sexuality, gender, culture and religion were considered as part of the assessment process and was recorded within their care plans.

Staff support: induction, training, skills and experience

- Staff completed an induction and training to help them effectively meet people's needs. One staff member told us, "The induction was brilliant."
- Staff received regular supervision and appraisals. One staff member told us, "Sometimes they are called quickly if there's something we need to discuss."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other services to ensure people received care which met their changing needs. For example, staff sought guidance from the mental health team when people became distressed.

Supporting people to live healthier lives, access healthcare services and support

- People had access to a variety of health professionals to support them to live healthier lives. For example, people assessed physiotherapists and speech and language therapists.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with care and compassion. One person told us, "All [staff] are so friendly caring and chatty. I couldn't wish for better staff." Another person said, "Staff are all very good, smashing people they are. Always got time for you."
- People were treated with respect. One person told us, "The staff care. They respect me and me them."
- Staff were knowledgeable about people's backgrounds and life histories. This enabled people to be offered personalised support by staff who understood them well.
- Staff had received equality and diversity training and people's religious, cultural and social needs were considered during care planning and delivery. For example, staff supported people to attend Lourdes.

Supporting people to express their views and be involved in making decisions about their care

- People, and if required their relatives, were involved in decisions around their care and support needs.
- Staff took time to listen to people and provide care in a personal way. One person told us, "I am happy here. The care is good and I feel valued."
- Staff offered empathetic care when people were anxious or distressed. For example, staff supported a person to spend time in their room listening to music as they became distressed at the noise in the communal lounge.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and staff promoted their independence. For example, people were encouraged to access their local community and complete their own shopping.
- People told us staff ensured their privacy when supporting with personal care. One staff member told us, "If I was supporting someone with personal care, I would make sure doors and curtains were shut."
- People's right to confidentiality was respected.
- People were supported to maintain relationships which were important to them. One relative told us, "I can call in at any time and I do as well."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We received mixed feedback about activities at the service. One person told us, "They do activities like exercises classes and singers." Another person told us, "There are not really any activities." Despite this, we saw people engaged with staff on a one to one basis throughout the day. For example, we saw people playing cards and looking a books with staff.
- People were supported to access their local community. One person told us, "There are no restrictions at all here. I decide if I want to go out which I do and I go to the shop and get a paper every day."
- People were supported by staff to go on holiday annually. For example, people had just returned from a holiday in Blackpool. People spoke fondly of the holidays during our inspection.
- The registered manager engaged with a local college and church to reduce people's risk of social isolation and encourage younger people into health and social care. The registered manager told us, "We were put forward by [the local college] for a Dignity Award for our Dignity Action Days with their students."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had personalised care plans which reflected their physical, mental, emotional and social needs. For example, care plans included people's preferences and guidance for staff on how to support people to reflect them.
- People were supported by staff who knew them well. One person told us, "Staff know me well. They are all first class here they are."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider met the Accessible Information Standard. The registered manager told us people could access information in formats they understood such as picture cards and large print.

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their care and support. One person told us, "I would speak to my carer."

- Complaints were responded to in line with the provider's policy and procedure. We saw investigations were completed in full and involved people and their families.

End of life care and support

- Staff worked with people to understand their wishes at the end of their life. For example, people had specialised care plans which explored their funeral plans and flower choices.

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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

Requires improvement: This meant the management team and quality assurance tools had not consistently identified where improvements were required at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance tools at the service had not identified where improvements were required to people's environment and equipment.
- Quality assurance tools in relation to people's care files had not identified where people did not have decision specific capacity assessments and best interest decisions recorded.
- Checks on people's medicines records had failed to identify where protocols for 'as required' were not in place.
- The leadership team had not reported all potential safeguarding concerns to the local authority safeguarding team.
- We could not be assured notifications had been submitted to us (CQC) as required by law as not all potential incidents of safeguarding had been recognised and reported the local authority.
- Whilst the registered manager acted immediately to ensure improvements were made we could not be assured quality assurance tools would effectively identify where continued improvements were required. We will check this at our next inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate quality and safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) 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

- People, their relatives and professionals offered positive feedback about the registered manager. One person told us, "[The registered manager] is one of the best- you couldn't get better. If not for her I wouldn't be here now, she rescued me!"
- The registered manager celebrated staff's achievements and encouraged staff to access further training and development.
- The registered manager was open with us about areas of the service which required improvement and had acted promptly during the inspection to address areas of concern. For example, the registered manager ensured all windows had been secured.

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

- Duty of candour requirements were understood by the registered manager if anything went wrong. The registered manager told us, "It's important to be honest and open. Accepting your mistakes, apologising and learning from them."

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

- The provider sought regular feedback from people and families during their care reviews, resident and relative meetings.
- Staff were given the opportunity to offer feedback during staff meetings.

Continuous learning and improving care

- The registered manager was passionate about learning and engaged with multiple external bodies to ensure they continued to provide care in line with national guidance. For example, they engaged with Skills for Care and the clinical commissioning group to improve their learning and focus on current issues within the care sector.

Working in partnership with others

- Feedback from professionals we spoke with was positive. One professional told us, "[The registered manager] has done a fantastic job supporting complex people with their knowledge of people with mental health needs."

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were either not in place or robust enough to demonstrate people's environment was safely and effectively managed. This placed people at risk of harm. For example, window restrictors were not all in place above ground floor level and some areas of the service and equipment required maintenance or replacement.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems were either not in place or robust enough to ensure potential safeguarding concerns were reported to the local authority. This placed people at risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were either not in place or robust enough to demonstrate quality and safety was effectively managed. This placed people at risk of harm. For example, quality assurance tools had not effectively identified concerns with people's environment and equipment; where care records required updating or completing and not all accidents and incidents were reviewed.

