

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

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17 October 2022

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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 people living with mental health diagnoses and dementia. At the time of our inspection there were 60 people using the service.

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

People did not always have care plans and risk assessments in place to provide staff with clear guidance on how to meet their needs. Potential safeguarding concerns had not all been reported to the local authority safeguarding team as required.

Care records did not always inform staff how to provide care safely including restraint techniques. For example, records did not document what interventions had been used by staff to keep people safe when this was part of their planned care.

People gave us mixed feedback about staff but overall we did not see people have to wait for their care. People who were supported on a one to one basis by staff did not always receive this as it was care planned.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, people did not always have best interest decisions recorded to ensure their care was provided in the least restrictive way. We recommend the provider consider current guidance on implementing the Mental Capacity Act and put this into practice.

Quality assurance tools did not always promote best practice as they had not identified the concerns we found at this inspection. The registered manager had not notified CQC of all potential safeguarding concerns at the service.

People told us they received their medicines as prescribed. However, people did not always have protocols in place where they were prescribed medicines on an 'as required' basis to ensure they received these as prescribed

People were supported by trained staff who had been recruited safely. People were supported by staff who understood the principles of infection control and were providing care in line with current guidance.

People were supported to eat and drink in line with their needs and preferences. People had care plans and risk assessments in place which explored their preferences. People had access to healthcare professionals when required.

People, relatives and staff gave positive feedback about the registered manager.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 21 October 2019). This service has been rated requires improvement for the last two consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service and feedback from the Local Authority. The inspection was also prompted in part due to concerns received about people's safe care and treatment. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same.

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.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified continued breaches in relation to people's safe care and treatment, safeguarding and the governance at this inspection.

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 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 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

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 completed by three 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 and/or 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.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do 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 ten people and three relatives. We reviewed eight people's care records and multiple medicines records. We also spoke to ten members of staff including the registered manager, deputy manager, nurses, senior care staff and care assistants. 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.

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 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.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were not always safeguarded from abuse. At our last inspection all potential safeguarding concerns had not been reported to the local authority. At this inspection we found improvements had not been made and this continued to be a concern. For example, two people had experienced unexplained bruising. However, the concerns had not been reported to the local authority safeguarding team for further investigation or review as required. This placed people at prolonged risk of harm and demonstrated lessons had not always been learned.
- Staff received training in safeguarding and knew about the different types of abuse. Despite this, where potential safeguarding concerns had been found staff had not escalated their concerns to a member of the management team or reported these to the local authority. This meant staff had not put their training into their practice. This placed people at prolonged risk of harm.

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 continued breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager told us about improvements they planned to make to accident and incident records and their reviews to ensure all potential safeguarding concerns were reported as required. We will check these improvements have been embedded into practice at our next inspection.
- People told us they felt safe. One person told us, "Yes I feel safe here. The staff are nice."

Assessing risk, safety monitoring and management

- At our last inspection the provider did not have effective systems in place to monitor and review the safety of people's living environment. At this inspection we found improvements had been made and people were supported in a safe environment. However, we found further improvements were required in relation to people's care records. This meant the service remained in breach of regulation.
- People did not always have comprehensive risk assessments in place which gave staff guidance to support them safely. For example, one person was at risk of becoming distressed whilst their medicines were administered to them by staff, resulting in them placing them and others around them at risk of harm. However, they had no care plan or risk assessment which made reference to this risk. This placed people at prolonged risk of harm.
- Where people experienced distressed behaviours during periods of anxiety there was limited information

about how to support them safely. Whilst staff had training in restraint, there was limited information in people's care plans and risk assessments about how this should be used to support people. This placed people at increased risk of harm.

- People who were at risk of falls did not always have care plans and risk assessments in place which reflected this. For example, one person had experienced 9 falls between August to October 2022. No falls care plan or risk assessment to give staff clear guidance to mitigate this known risk was in place.

Systems were either not robust enough to ensure people had sufficient, accurate and up to date information in their care plans and risk assessments for staff to support them in a consistently safe way. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite this, staff we spoke with knew people well and were meeting their known needs and managing risks. We raised our concerns with the registered manager who began to update people's care records during our inspection. We will check these improvements have been embedded into practice at our next inspection.

Using medicines safely

- At our last inspection we found records relating to medicines did not contain protocols for people prescribed medicines 'as required'. Following the last inspection, the registered manager acted immediately to ensure these were in place. However, at this inspection we found improvements had not been sustained and this was a continued concern for 3 people's medicines records we reviewed.

This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite this, medicines were administered by trained staff who were knowledgeable about people's medicines and recorded their effectiveness.
- People received their medicines as prescribed. One person told us, "I get tablets every morning. They give me them every day. I like to feel safe."

Staffing and recruitment

- Where people were supported on a one to one basis by staff, they did not always receive their support safely. For example, when one person's allocated staff member had not stayed with them the person had left the building unaccompanied which was unsafe. During our inspection we saw people were supported on a one to one basis however, their allocated staff members had not always stayed with them when they fell asleep. The registered manager told us those staff only supported other people in close vicinity. however, the registered manager could not assure themselves those people would receive responsive care from their allocated workers in a timely way.
- During our inspection we observed overall people did not have to wait for their care. However, we received mixed feedback about staffing. One person told us, 'They come in the night if I ring my bell. I don't have to wait long.' Another person told us, "This place is understaffed. It doesn't affect my care though."
- 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.

Preventing and controlling infection

- 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 personal protective equipment (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 was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People received visitors when they wished to. Visitors were supported to wear PPE to maximise safety when they were in the home.

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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- At the last inspection people did not always have capacity assessments in place which were decision specific and reviewed when their needs had changed. At this inspection we found improvements had been made and these records were in place.
- At the last inspection we also found 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. At this inspection we found this was a continued concern. We raised this with the registered manager who took action to ensure discussions around decisions in people's care were recorded as required. We will check this at our next inspection.

We made a recommendation that the registered manager review best practice guidance in relation to the MCA and best interest decisions and implement this into practice.

- People told us they were supported to make choices around their care and support. One person told us, "I pick my own time when I want a bath or a shower." Another person told us how they could choose all aspects of their care.

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

- At the last inspection several areas of the home were poorly maintained. At this inspection we found improvements had been made to the overall maintenance of the home. However, further improvements were required to the décor of the home to make people's environment more comfortable and homely.

- 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.

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

- People's needs were assessed prior to them receiving care and support.
- People's 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

- People were supported by trained staff who knew them well. Staff completed an induction and training to help them effectively meet people's needs. One staff member told us, "The training has been really interesting." One relative told us, "[Staff] are all competent. Some have been here a long time, some more than 11 years. I am very confident with all the staff."
- Staff received supervision and appraisals which supported them in their roles. One staff member told us, "Supervisions are really helpful."

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

- People were supported to maintain a balanced diet by staff. We saw people who required additional support to eat were given this in a sensitive way which promoted their dignity.
- People told us they enjoyed the food. One person told us, "The food is good. I get choices every day at every meal. They know what I like and what I don't like."
- Where people required adjustments to their diets to support them to eat safely staff ensured they received this as required. One relative told us, "[Person's name] has to have their food pureed. [Staff] explained everything to me when this changed. It is always pureed when I have been here at lunchtime."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare professionals when they needed them in a timely way. For example, where people's diets had required review staff had referred them to speech and language therapists for advice.
- There was a weekly ward round in place with the GP surgery where people and staff could discuss any healthcare concerns relating to people and seek treatment and support.

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 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; Continuous learning and improving care

- At our last inspection quality assurance tools used at the service had not identified where improvements were required in relation to people's care files, best interest decisions, medicines records and safeguarding and the service was in breach of regulation. At this inspection we found improvements had not been made and the service remained in breach of this regulation.
- Quality assurance tools remained ineffective and had not identified the concerns. We found people's care plans and risk assessments did not consistently containing accurate and up to date information about their known risks. For example, reviews of a person's care records had not identified they did not contain information around their mobility needs.
- Quality assurance tools had not effectively identified all potential safeguarding concerns had not been reported to the local authority safeguarding team. This was a continued concern from our last inspection despite the registered manager telling us improvements had been made. This meant improvements had not been embedded into practice to ensure they were effective.
- Checks of people's medicines had not identified 3 people's medicines records did not have protocols in place for medicines prescribed on an 'as required' basis. This was a continued concern from our last inspection.
- Quality assurance tools had continued to fail to identify where people did not have best interest decisions recorded in their care records. This was a continued concern from our last inspection.
- Notifications had not been submitted to us (CQC) as required by law when referrals had been made to the local authority safeguarding team. We had raised this as a concern at our last inspection and we discussed this with the registered manager in August 2022 however, this concern continued.
- Whilst the registered manager took responsive action during our inspection improvements they advised us had been made following our last inspection had not been embedded into practice. We will check improvements have been embedded at our next inspection.

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 continued 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; Engaging and involving people using the service, the public and staff, fully considering

their equality characteristics

- The registered manager was present in the service and promoted an open door policy to people, their relatives and staff. People and their relatives offered positive feedback about the registered manager. One relative told us, "The management are smashing. [The registered manager] is great, the [staff] are great. I can ring whenever I want. I would definitely recommend here."
- Staff also shared positive feedback about the registered manager. One staff member told us, "[The registered manager] is very much supportive. They have been really, really supportive and knowledgeable. They are a busy person but always making time. They are extremely hands on and does this for all of the staff. They are a brilliant manager."
- During the coronavirus pandemic there had been no residents or relatives meetings. The registered manager showed us documentation around future plans to reintroduce these to the home.
- People and their relatives felt involved in their care and able to share their feedback.

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 and were being met.

Working in partnership with others

- People had access to health and social care professionals where this was required. For example, where people's needs had changed we saw examples of the management team and staff engaging with social workers for their review.

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	People did not always have care plans and risk assessments that were accurate, up to date and gave clear guidance to staff on how to meet people's needs. People did not always protocols in place where they were prescribed medicines on an 'as required' basis. People who experienced periods of anxiety did not always have clear guidance in place where physical restraint was used.

The enforcement action we took:

We served the provider with a notice of the breaches of regulations we had found and when they were required to be compliant with these by.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	Safeguarding concerns were not all reported to the local authority safeguarding team as required.

The enforcement action we took:

We served the provider with a notice of the breaches of regulations we had found and when they were required to be compliant with these by.

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 tools had not been effective at identifying the areas of concern we found at this inspection in relation to medicines, safeguarding, best interests decision and people's safe care and treatment.

The enforcement action we took:

We served the provider with a notice of the breaches of regulations we had found and when they were required to be compliant with these by.