

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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23 January 2017

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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

This inspection took place on 23 January 2017 and was unannounced.

Church Terrace Care Home with Nursing is registered to provide accommodation and personal care and support to a maximum of 71 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 64 people living at the home on the day of our inspection.

A registered manager was in post and was present during our 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.

People were protected from the risk of harm and abuse by staff who knew how to recognise and respond appropriately to any concerns that they had. Staff knew how to support people safely. Risks associated with people's care and support had been appropriately assessed and people had been involved in their risk assessments.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by enough staff who had the skills to meet their needs. Staff had received training relevant to their roles and felt supported by the registered manager. Checks had been completed on new staff to make sure they were suitable to work at the home.

People had their nutritional needs assessed and people were involved in menu decisions which respected their choices. People were supported to take their medicines as prescribed by staff who knew what they were for. Medicines were ordered, stored and dispensed according to national guidelines. People were supported to access external healthcare support when required.

People received care that was personal to them because staff knew what their individual preferences and needs were. People felt staff treated them with kindness and compassion and they felt involved in their own care. Staff respected people's dignity and privacy and supported them to keep their independence as much as possible.

People felt able to discuss any concerns with the care staff or the registered manager. The provider encouraged people and their relatives to give their opinions of the home through surveys and feedback forms. Systems were in place to monitor and check the quality of care and to make sure the environment was safe.

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 were supported to keep safe by a staff team who knew them well. Risks to people's safety were assessed and minimised. People were supported by enough staff to help them to live their lives as they wished. People were supported to take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported to make choices about the care and support they received. People were supported by staff who had the skills and knowledge to promote their independence. People were supported to have enough food and drink to maintain good health and access health services as required.

Is the service caring?

Good ●

The service was caring

People were supported by a staff team who respected and cared about them. People's own views and wishes were respected when receiving care and support. People were treated with dignity and compassion.

Is the service responsive?

Good ●

The service was responsive.

Staff supported people to make decisions about their lives. People were supported to be involved in the local community and develop friendships out of the service. People knew how to make comments about the service and were confident they would be listened to.

Is the service well-led?

Good ●

The service was well-led.

People were involved in how the home was run. Staff were

supported by an experienced registered manager. There were systems in place to continually monitor the quality of the service provided.

Church Terrace 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.

This inspection took place on 23 January 2017 and was unannounced.

The inspection team consisted of two inspectors, one specialist advisor and one expert by experience. A specialist advisor is a person with professional experience of supporting people who use this type of service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted the local authority and Healthwatch for their views about the home. We used this information to help us plan our inspection of the home.

During the inspection we spoke with 17 people who lived at the home and 3 relatives. We also spoke with 18 staff which included the registered manager, and the GP who supports people at the service. We contacted three healthcare professionals by telephone after the inspection. We viewed six people's care plans and other records which related to consent, people's medicines and the assessment and management of risk. We also viewed records which related to staff training and recruitment and the management of the home. We observed how people spent their time and how staff interacted with people.

Is the service safe?

Our findings

People told us that they felt safe living at Church Terrace. They said that the staff discussed their personal safety with them. One person told us, "I go into town with staff just to keep me safe. I don't need them really, it's just reassurance for me." Another person said, "I feel safe here. If I was not here I would be on the streets." People were supported to move safely around their environment. For example, We saw one person being supported to get up from their chair and move around the lounge. Staff enabled this person to move freely whilst ensuring their safety by removing any hazards, such as chairs and tables. People felt that their possessions were safe. One person said, "I never have to lock my room."

Some of the people we spoke with were able to tell us how they were supported by the staff team to live well and without worry. A number of people confirmed that they could talk to the registered manager if they had any worries about not being treated properly. One person told us, "I feel very safe and secure here. I know I can go to [registered manager] at any time I want and they will put things right." Another person said, "The staff look out for me. They don't let anybody be rude to me." Staff told us that they had received training in understanding abuse and discrimination. One staff member said, "If I thought someone was being abused I would report it to the manager or nurse in charge." Staff also had access to the relevant telephone numbers and websites where they could report their concerns if required.

Staff were able to tell us about safeguarding and how they would support people. We saw that the staff team knew people's ways and were able to identify if people were becoming upset. This enabled staff to work to minimise incidents in the home. We saw that where safeguarding incidents had occurred, they were correctly acted upon and recorded.

Risks to people's health and safety was assessed to look at how these could be minimised. For example, where people had been assessed as at increased risk of falling, each person was encouraged to wear hip protectors. The use of hip protectors reduced the risk of serious injury if they did fall. We saw that staff gently and kindly prompted some people as they moved about. For example, one staff member was heard to say, "[Person's name] would you like to come to the table, don't forget your frame, keep yourself safe." We saw that this approach was welcomed by the person. People had Personal Emergency Evacuation Plans (PEEP) in place. These assessments helped staff and the emergency services to know who needed assistance to evacuate the building in an emergency. Fire alarms were tested regularly and people were able to tell us where they would go if a fire alarm sounded. People were also encouraged to take part in fire drills.

People were cared for by sufficient numbers of staff. People told us that they did not have to wait for support from staff. One person said, "There is always someone around if I need them." People were seen to receive relaxed and friendly support as staff had enough time to support people well. Staff told us that they felt there was enough staff to support people safely. The provider had taken steps to protect people from staff who may not be suitable to support them. We saw that, before staff were employed the provider carried out checks. They took up references from previous employers and requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of their recruitment process.

People felt that their medicines were given to them when they needed them. One person told us, "When I am in pain I can ask for relief. We discuss my medicines and I have even had some reduced." Another person said, "I have my medicines when I need them. I can say 'No' if I want but the staff will always tell me why it is important to take them," One person told us that they had requested that staff ask the GP to review their medicines as they were not happy with them. This was done and their medicines were changed. They said, "I am very happy that they did this for me." We saw that people who took medicines 'as required' had a dispensing protocol in their medicine files. This helped staff to know why the medicines were prescribed and when to dispense them. In addition, we saw medicines risk assessments in place. One person was receiving their medicines covertly. We saw that correct processes had been followed to ensure this was the best course of action. We spoke with the GP who visited the service three times a week. They told us that the staff were proactive in working to reduce unnecessary medicines.

Is the service effective?

Our findings

People were supported by staff who had received training to help them to fulfil their roles. The staff also were able to show that they knew the people well. They used their knowledge of each person to support people in their day to day life.

We saw that new staff were supported to learn their role. They were able to have spend time as an extra staff member to get to know people. They were supported by the senior staff team to learn the practical aspects of their role. The registered manager tested their knowledge before they were allowed to work alone. The registered manager had also ensured that all staff employed at the home and some relatives were supported to undertake the 'Virtual Dementia Tour'. This was a training initiative where staff were enabled to see and feel what it was like to have symptoms of age-related conditions. These included symptoms of arthritis, sight and hearing impairments. They also were shown how to relate these to the thought processes of people with dementia. By the use of props such as shoe linings which mimic arthritic feet, and spectacles which change how staff see things. One staff member told us, "We have learned how to stay calm if someone is upset. We try and look at what caused people worry and help them to feel better." Staff told us that they received many opportunities for training. We saw that staff had undertaken specific training designed to support people in the home. This included how to recognise and reduce potential episodes of anxiety and aggression. The training included safe holding techniques which were designed to support older people. In addition, the staff team were supported to develop positive behavioural support plans with people. This is a support method based on the recognition of each person's individuality and their human rights.

We saw that overseas nurses were supported to complete their adaptation processes in the home. Adaptation is where nurses who hold a professional qualification from another country undertake training to enable them to work as a nurse in the United Kingdom. One staff member told us that they had completed their adaptation in the service. They then stayed as a member of the staff team. They had been supported by the provider to train as a nurse mentor. They now supported nursing students from a local university who were on placement within the service. Staff told us that they were supported to keep their knowledge up to date.

The provider was introducing an enhanced role for senior care staff. The staff were known as assistant practitioners, and supported the nursing team. To prepare for the role, the staff had received extra training to enhance their knowledge, such as catheter and stoma care, diabetes and nutrition. The training was at a higher level and the staff were supported to assist all care staff to increase their knowledge. We spoke with one staff member who felt that the training was very effective. They said, "I monitor a group of staff and we work together to ensure the best of care for the residents. I then report to the manager if I feel a staff member required further support."

All staff had a yearly appraisal with the registered manager where they had the opportunity to discuss their work progress, and any concerns. Staff told us that they also had opportunities to have private discussions with the registered manager if needed. They said that they felt the registered manager listened to their concerns and supported them well. In addition, staff teams were encouraged to have meetings with their

team leaders to discuss any issues they may have.

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. We found from speaking with staff that they had clear understanding of the principles of the MCA. Staff told us that they always assumed capacity when assisting people. We heard staff asking people and explaining what their choices were. We saw that people were moving freely around all areas of the home. People were going out on their own and with others. We spoke with one person who told us, "It is good living here. I have lived here for years. I can come and go as I please. They [staff] all help everyone."

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. "We spoke with the registered manager to assess their understanding of their responsibilities regarding making appropriate applications. From our discussions it was clear they understood the processes in place. Some staff were confident in supporting people who needed DoLS assessments. One staff member said, "We have a DoLS assessment to work through. If the results show that we may need to deprive someone of their liberty then we have a process to follow." The staff member explained the process to us. This included having best interest decision meetings with key people. We saw that a DoL had been authorised for a person receiving covert medicines. This is when medicines are disguised in food to ensure the person takes them. We saw that a best interests meeting had been held with the GP, pharmacist and family member before the use of covert medicines were introduced.

People were supported to follow a balanced diet. They were able to choose what they ate and were involved in deciding what meals were included on the menus. One person said, "The food is really good. Staff help me to watch what I eat because I am diabetic." We spoke with one visitor who confirmed that their relative was on a special diet and they were happy with the quality and quantity of food provided. People were observed making their own drinks without any restrictions. Staff confirmed that people can have drinks whenever they liked, and that they encouraged people to make their own drinks when able. We did see people making their own drinks. People were supported as required by the Speech and Language Therapists (SaLT) team to eat a suitable diet. We observed during lunchtime that some people were served soft diets. We saw that the food was served in an appetising way, and that people enjoyed it. Staff were seen to support people with eating in a discreet, pleasant and encouraging manner.

We saw that people's weights were monitored where required. One person told us that they wished to lose some weight. The staff had supported and encouraged them. As a result, they had lost weight. The person said they were delighted with their achievement.

People were supported to access healthcare services when required. One person told us about their own health issues. They said that the staff team had supported them to have a medicine review with their doctor as they were unhappy with their medicines. They said, "I was on the wrong medicine. I am now on the right medicine and I feel much better." We saw records which confirmed input from district nurses, clinical psychologists and the community support teams. The GP visited the home three times a week. People were encouraged to attend the surgery if possible. The manager had also arranged with the local chiropodist and dentist to support people as required. This enabled people to go to their appointments at the practices. People also had access to the NHS screening services.

Is the service caring?

Our findings

We saw that people were supported by staff who were professional, courteous and caring. Throughout the day we saw that people were enjoying good interaction with other people and staff. One person chatted to us about the staff team in a fond manner. They said, I love them all. I make sure they do as I tell them." Another person told us, "The food is very good and staff look after me well."

We saw that the staff team were constantly alert to how people were. For example, we observed one staff member engaging with a person on a one-to-one basis. Even though they were enjoying meaningful activity together, the staff member was able to discreetly observe others in the room to be sure they were alright. Another staff member noticed that one person was no longer engaging with their activity and had slumped forward. They asked another staff member to assist and moved the person to a comfy chair. They told us, "[Person] looked uncomfortable so I thought I would move them to a more comfortable chair." We saw much positive and spontaneous interaction between people and staff. During the lunchtime we observed staff assisting people with kind, calm and sensitive support. We saw staff using tactile ways to reassure people, such as holding their hand and giving hugs.

We saw that relatives were welcomed into the home and staff supported people to maintain contact with family and friends who were important to them. One relative said, "The staff are wonderful." Another relative told us, "[Person] has been here for 12 years. I am happy with the care they receive. If I was not I would have moved them out."

Staff spoke positively about their role. They enjoyed spending time with people and getting to know them. One staff member told us, "I have been here for 21 years because I love my job." Another said, "I came for short term work but have now stayed 10 years." All staff we spoke with told us that they worked to make sure they knew each person well. One staff member said, "We need to know them well, otherwise how can we care for them?" Another staff member felt that the keyworker system in the home was very important for people. They said, "It's the little things that count. This may be their last home so it must be right for them."

Privacy, dignity and independence was observed to be promoted. People told us they felt that they were treated with compassion, dignity and respect. We saw that the service benefitted from having Dignity Champions. Staff were encouraged to follow the 10 rules of the dignity challenge. The dignity challenge describes values and actions that high quality services that respect people's dignity should follow. We saw one staff member take rapid action to protect the dignity of one person when they began to undress in the lounge. The staff member calmly talked with the person and helped them to regain their composure. The person then was helped to settle into a comfy chair.

The registered manager had arranged for the local community school to enable their pupils to spend time in the home with people. They took part in a 'Dignity Day' where they had lunch with the people. They also took part in a quiz about dignity. The registered manager received a letter from the teachers at the school. The letter said, "the dignity and respect that you show to your residents shines through in everything you do."

Staff respected the confidentiality of people's personal information. They told us, and we saw, that people's personal information was kept securely

We saw that the registered manager had been supporting staff to develop specific end of life care plans with people. They had begun 'VIP days' for people. Each person had a specific day where they were offered the opportunity to complete documentation about their end of life wishes. These advance care plans enabled people to record their wishes, such as who they would like to be there, where they would like to be cared for, music they would like and so on.

The registered manager worked with the staff team to enable a person who had strong spiritual beliefs to go to Lourdes. They were also supported to travel to Rome to see the Pope. This was important to them as they neared the end of their life. These trips required a lot of organisation and commitment from the staff team.

Is the service responsive?

Our findings

People received care that was individual to them. Where possible, people were involved in the assessing and writing of their own care and support needs. We were able to discuss care needs with people who confirmed that they were able to do as they wished. One person told us, "The staff know me and help me to do things that make me happy. We do look at my plans together sometimes." We also saw that, where appropriate, close family members were involved in decision making with people.

Staff were able to tell us about the people they were supporting. They had knowledge about people's life history and their likes and dislikes. People had the 'This is me' life story booklet in place. We saw that families had been involved in completing these. In addition, the staff team were able to relate to people's family members and others that mattered to them. One person told us that the staff were helping them to re-establish contact with their relatives. They said, "They know it is important to me." One person was expressing a desire to move back to their home town. This was causing them anxiety at times. We saw that staff responded to this person's worries by spending time with them, offering support and reassurance. The registered manager was liaising with the local authorities to look at how the person could be supported to move nearer home.

People were encouraged to take part in things they enjoyed doing. One person said, "Staff encourage me to do things." The staff told us that they encouraged people to help with structured activities, such as cleaning in the communal areas and individual bedrooms. On one unit, three people were enjoying making cards together. One person was engaged in choosing feathers to stick on their card. They told us, "I am enjoying the feather colours, I love the staff and I am very happy." We also saw that people were encouraged to go out as they wished. One person told us, "I like to go into town every day." Some people were supported to go on holidays. One person said, "Every year we have a holiday in Blackpool."

Some people were sitting watching TV. We saw that they were enjoying the programme they were watching. One relative told us that their family member was enabled to have satellite television in their room. They said, "This was agreed without any concerns. [Family member] enjoys their programmes at anytime. I can even phone the home to ask staff to change the channels so [family member] can watch their favourite programmes. They do this happily for us." People had access to a garden where they were supported to grow flowers and vegetables. At a recent visit by Healthwatch, they observed people picking carrots and cooking them for lunch."

The staff had prepared a quarterly newsletter for the people living at the home, their relatives and visitor. One relative said, "We get a magazine to inform us about changes in the home."

People told us that they would be happy to talk to the registered manager if they had a problem. One person said, "I have never had to make a complaint. I could just go to [registered manager] and they would sort it out." Another person told us, "I would be comfortable to say if something was not right." One person told us that they had made a complaint recently. They told us that they felt confident that the complaint had been handled properly. They went on to say that they felt they were being cared for in a safe environment. A

relative told us, "If [person's name] is not feeling well they always keep me informed and ring straight away." We saw that the provider had a complaints procedure in place on the notice board in the reception area. The registered manager also held meetings to enable people, relatives and visitors to voice their opinions about the service.

Is the service well-led?

Our findings

People told us that the registered manager was involved in the care and support for people living at the service. For example, people we spoke with knew who the manager was and felt comfortable in talking with them. One person told us that the home was well-managed. They said, "This place needs to be upgraded to a grade one nursing home." Another person said, "I get to see the manager every day. They are fantastic and I owe them everything for getting me a place here." People were seen to be going in and out of the office smiling and chatting with the registered manager.

The registered manager had a Further and Adult Education Teaching Certificate. They organised and undertook all the in-house training for staff in the home. They had also developed 'train the trainers' sessions for staff within the home. They had an expectation of staff that they embraced the training opportunities available to them, and respected the values they had for the service. This view was reflected by the positive comments made by the staff team. For example, staff told us that the registered manager had a clear vision for the service. One staff member said, "The registered manager wants the very best care for all people and ensures they are involved in the care and support we give." Another staff member said, "The manager is extremely approachable and empathetic, always has time to talk to people." And, "The manager is very accessible and supportive, always open to suggestions and new ideas. They lead by example." All the inspectors commented that the staff team spoke of 'we' as opposed to 'I' during our conversations. Staff also told us that they worked as a team. The registered manager made sure they knew how they should support people. They also covered nursing shifts on occasions. One said, "It's like a family, feels like home."

The provider had a robust policy with regard to the management of unsatisfactory staff practice. This included one to one support meetings, supervisions and disciplinary hearings where required. Staff were encouraged to question practice and understood how to whistleblow if they felt they needed to. Whistleblowing is when a staff member reports suspected wrongdoing at work. Staff told us they were confident that if they reported any concerns about abuse or the conduct of their colleagues the registered manager would listen and take action.

The registered manager was very knowledgeable and had clear plans for the on going improvement of the service provided. They enjoyed a very supportive relationship with the provider which enabled them to be confident in supporting their staff team. They had shown forward thinking about the potential for nurse shortages by introducing the assistant practitioner roles in the service. The senior care staff selected were supported to increase their knowledge to be able to support the nursing team with some non-nurse tasks. To do this they received extensive training and supervision before being allowed to work independently. We spoke with one of the assistant practitioners who felt motivated and valued in their new role.

People's care needs and records were reviewed regularly by the manager and updated as required. Systems were in place to monitor the quality of care provided, accidents, incident and complaints, and address areas for improvement.

In order to ensure they were working to the most up to date practices, the registered manager utilised opportunities from the Royal College of Nursing (RCN), the Nursing and Midwifery Council (NMC) and the University of Worcester to enhance their knowledge. The registered manager brought the concept of the University of Worcester's V.I.P.S and 'Stand by me' programme to the home. V.I.P.S stands for Valuing people, Individual's needs, Perspective of service user and Supporting social psychology. It is a programme of training and assessment processes to monitor and improve the lives of people living with dementia. The Stand by me programme involved the use of DVDs with scenarios showing people's journey through dementia and its effects on them and their families.

The provider and registered manager acknowledged and celebrated the commitment of the staff team by providing awards to staff as recognition of their efforts. These rewards were presented at their yearly celebration of commitment to caring awards. Trophies for compassion in caring and going the extra mile had been donated by people who used to live in the home. Staff were also presented with long-service awards and retirement gifts. We saw photographs of the events where staff looked very pleased to be recognised.

The registered manager worked to promote an open culture of good communication for everyone. They sent surveys to people, relatives, staff and other healthcare professionals. Residents and relatives meetings were also encouraged. Feedback from the surveys and meetings was presented on a noticeboard in the public areas. This enabled everyone to see what had been suggested. In addition, they had developed a survey for people with communication difficulties. This was called, "Improving the quality of care through the eyes of the people." The survey contained 'smiley faces' which the person could tick to answer the questions. There were four faces to choose, from smiling to frowning. As a result of suggestions from people living at the home, the registered manager had developed the 'Breakfast Club.' Anyone was able to go to the club to socialise and taste breakfasts from around the world.

There was evidence of good professional relationships with external agencies to support good care. These included GPs, mental health teams and hospital support teams. After the inspection, we spoke with three healthcare professionals who provided support at Church Terrace. One healthcare professional told us, "In general, I have found staff to be knowledgeable about the resident I am visiting. Treatment plans and requests have been followed and advice taken." Another said, "The team at Church Terrace are mindful of promoting autonomy for people. People are encouraged to access the local community, for which I commend them." However, one healthcare professional who provided support at the service stated, "Although there has been much improvement over the last four years, there still tends to be a focus on medical solutions for people." They agreed during our discussion that they would discuss their views directly with the registered manager.

The registered manager was aware of their responsibilities to the Care Quality Commission (CQC) and had sent required information, including statutory notifications, to us in a timely manner.