

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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26 October 2023

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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 care home providing personal and nursing care to up to 65 people. The home consists of 4 wings, 1 of which is an adapted building separate to the main care home. The service provides support to younger and older adults, some of whom were living with dementia and people with mental health concerns. At the time of our inspection there were 60 people living in the home.

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

Since the last inspection, improvements were found to the overall care and support people received. However, further improvements were identified regarding quality monitoring of equipment, such as mattresses and time was needed to monitor the success of the newly implemented quality monitoring systems.

People and relatives spoke positively about the service they received. Staff knew how to keep people safe and protect them from harm. Risks associated with people's care and the environment were identified and assessed. People received their medicines safely, when needed, by staff trained in medicine management. Staff were recruited safely.

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; the policies and systems in the service supported this practice.

Staff told us they felt supported by the registered manager and attended regular meetings. Relatives told us they felt included in the service and felt confident to raise concerns.

The provider and staff worked in partnership with other health and social care agencies to deliver good outcomes for people and ensure their needs were met and reviewed. A visiting professional told us the provider followed their recommendations and communicated effectively.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 6 June 2023) and there were breaches of regulation.

At this inspection we found the provider had made significant improvements and was no longer in breach of the regulations found in the previous inspection. However, there were still improvements to be made and time was needed to establish the newly implemented systems.

### Why we inspected

We carried out an unannounced focused inspection of this service on 6 June 2023, during this inspection we followed up on the breaches of the previous inspection. However, at the time of our visit, the deadline we set for the provider to be compliant with regulations had not yet passed. Therefore, breaches of legal requirements continued to be in place. The provider had failed to ensure the safe care and treatment of people, to support people to consent to their care and ensure good governance of the service. These failings breached regulation and we issued 3 warning notices.

We undertook this focused inspection to check the provider had made improvements and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe, Effective and Well-led which contain those requirements.

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 changed from Requires Improvement to Good. This is based on the findings at this inspection.

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

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective 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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 3 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 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 not a registered manager in post. A new manager had been in post for 4 months and had submitted their application to register. We are currently assessing this application.

#### 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 8 people living in the home and 8 relatives about their experience of the care provided. We spoke with 13 members of staff including care workers, team leaders, nurses, deputy manager and the manager. We received feedback from 1 visiting professional.

We reviewed a range of records. This included 5 people's care records and medicine records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed, including policies and procedures and health and safety documents.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

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

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks associated with people's care to were assessed and reviewed regularly.
- People with health conditions such as diabetes or transmissible diseases were monitored safely and risk assessments for these conditions were regularly updated.
- Staff knew people well and were able to describe how they should support people to keep them safe, which was in line with the risks identified in the care plans.
- People were involved in managing risks to themselves and in making decisions about how to keep safe. One person told us, "It's the freedom I like. I can do what I want and go where I want. The staff help me if I need it."
- People were offered pain relief medication, in accordance with their preferences and health professional guidance. There were detailed protocols in place, to guide staff when they needed administering.
- Medicines were managed safely by trained staff. People received their medicines at the right time and medicines were stored safely.
- Medicine administration records matched the quantities of medicines stored.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who supported them. One person said, "They [staff] all support me safely. I'm never in any danger." Another person told us, "The staff make me feel safe because they are kind."
- Systems were in place to keep people safe from harm. The manager understood their responsibility to report any concerns to the local authority and to CQC to ensure any allegations or suspected abuse were investigated.
- Staff received regular safeguarding training and told us about the various types of abuse. They told us they felt confident any concerns they raised would be acted on.

Staffing and recruitment

- There were enough staff on duty to support people safely, this included people who required 1:1 level of support.
- People told us they did not have to wait long to receive support from staff. One person told us, "If I press my buzzer, I don't have to wait long. There's plenty of staff here." Another person said, "There's enough staff. Anytime you want or need help, they are there to help you."
- Staff were recruited safely. Recruitment files showed all pre-employment checks had been made to ensure only staff who were suitable to work with people were employed.

#### 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 PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were partially assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some chairs and furnishing needed replacing. The manager responded straight away and showed us plans to replace furniture and we saw evidence of redecorating.
- 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

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Lessons were learnt when things went wrong. Staff recognised incidents and reported them appropriately. Managers investigated incidents and identified trends; lessons learnt were shared with the staff team.
- Actions were taken following incidents to reduce the chance of recurrence and to keep people safe, for example, a recent incident resulted in an extra staff member being added to the rota. Staff told us this had improved the support provided to people. This showed the manager listened and took action following incidents of distressed behaviour.
- Following accidents referrals were made to other agencies such as physiotherapists and falls teams.

# 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 our last inspection the provider had failed to support people to consent in line with their individual needs. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Assessments of people's mental capacity and best interest meetings had taken place to ensure decisions made were appropriate and least restrictive. This related to the decisions about where a person should live and personal care.
- People told us they could make their own decisions. One person said, "When I can't sleep, I put my dressing gown on and go and have a chat with the staff in the lounge. I please myself by doing what I want to do. The staff are very good. They are all nice to me."
- Staff had a good understanding of MCA. One member of staff told us, "MCA is important. People need to be encouraged to make their own choices. Mental capacity assessments and DoLS are located on the system. These identify what decisions people can make."

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

- People's care plans contained a range of assessments related to their physical, mental and emotional wellbeing. These were reviewed on a regular basis.
- Relatives told us they were involved in people's assessments and reviews of care. One relative said, "We are told when [my relative] is 'resident of the day'. The staff discuss changes and any concerns." Another relative said, "The communication is brilliant, I am always kept informed of any changes."
- A visiting professional told us the provider made appropriate referrals to their service and worked with them in partnership alongside the GP to develop strategies to support the person.

#### Staff support: induction, training, skills and experience

- Staff received an induction, training and their skills were regularly refreshed.
- People told us staff were knowledgeable and experienced. One person told us, "I know staff are trained because when they help me, they know exactly what to do."
- Staff had recently attended a training course on a particular health condition. A relative was invited to attend this course with the staff team, due to their family member experiencing this condition. The relative told us how helpful this training had been and how they discussed the impact of this condition with the staff team to further promote learning and understanding.

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

- People received support to eat and drink, to maintain a balanced diet.
- People told us the food was appetising. One person said, "The food is good. I have toast every morning. I can have snacks throughout the day if I want."
- Staff were able to describe people's nutritional needs, which matched their care plans and dietary requirements.
- A changing menu was in place and people were offered a choice, with preferences such as a vegetarian diet, catered for.

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

- Staff worked in partnership with several different agencies to provide safe and effective care.
- People and relatives told us the provider worked in partnership with health services when needed. One person said, "They will call a GP if needed. The chiropodists and ambulance staff all come here if you need them." One relative told us, "Last time [my family member] was ill, they [staff] got medical treatment for them straight away."
- On the day of our visit, staff liaised closely with paramedic staff to encourage a person to attend A&E. They monitored the person's condition throughout the day and escalated their concerns promptly.
- Care plans and daily notes showed people accessed other healthcare services and support when needed.

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

- People's needs were met by the design and decoration of the home. Handrails were fitted around the home to ensure people could walk safely. There were pictures and designs around the home to help people to orientate.
- Some people and relatives told us the communal rooms required improvement to make them more homely and some areas around the home appeared tired and would benefit from a refresh. The provider shared their plans for renovation, and we saw decorators working in some areas of the home on the day of inspection.
- Peoples bedrooms were individually designed and personalised.

# 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 was inconsistent. Systems in place did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

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

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Managers and staff understood their roles, and were clear about quality performance, risks and regulatory requirements. Although further improvement was identified to some areas of quality assurance processes.
- Some people with sore skin required additional monitoring. Whilst the provider monitored people's repositioning and skin care, monitoring of the mattress setting needed improving to ensure people's airflow mattresses were adjusted to the correct setting. The monitoring of this setting needed clearer recording and quality checking. Following our feedback, the provider implemented a new monitoring system.
- People with diabetes received support and their condition was closely monitored. However, action taken in response to high blood sugar levels was not always clear. For example, records showed 1 person experienced high blood sugar levels, the next reading recorded how the blood sugars returned within normal range. However, the action taken was not documented. The nurse told us about the action they had taken and the suspected reasoning for the spike in blood sugars. This needed to be clearly documented for the provider to be assured the guidance in place was being followed. Following our feedback, the manager improved the recording systems in place.
- The manager was relatively new to the role and had recently introduced a range of quality auditing systems, including a new system which alerted the manager when an update had been made or when a document had been reviewed. These new systems needed time to be embedded to monitor their success and sustainability.
- Health and safety incidents and medicines quality monitoring had improved. The provider had recently introduced new systems to monitor risks and trends. Actions were identified and followed up in a timely manner. We will review the success of these new systems in the next inspection.
- People, relatives, and staff told us they felt involved in the service. Resident meetings regularly took place. Relatives told us they were consulted and informed of any changes and staff said they felt engaged in staff

meetings and handovers.

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

- The culture focused on achieving good outcomes for people. One person told us, "The atmosphere is lovely. I can do what I want and when I want. It's a happy place to be. I would recommend it to my friends. I've got absolutely no worries here."
- Relatives told us the culture was positive and welcoming. One relative said, "There's good leadership here, from the top down it's all excellent. They know us, they make us welcome. I'd recommend it every time."
- Staff were very positive about the support they received from the management team and the open culture. One staff member said, "It has improved since the last inspection; we can bring any concern to the manager. The manager deals with problems well and always gets back to you. The manager listens and understands."

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

- The manager was clear about their duty of candour. Apologies were made to people, and those important to them, when things went wrong.
- Staff told us how incidents and mistakes were shared and discussed within regular team meetings and handovers to learn from them.

Working in partnership with others

- The provider worked in partnership with health and social care professionals to support people to maintain their health and wellbeing.
- One visiting professional told us the provider worked openly with them and followed their recommendations. They told us, "Staff will monitor people's health at request and feedback to us when requested. I feel confident if any concerns arose on our visit, we could go directly to the management team to discuss."
- The provider was a member of local and national health and social care groups. They told us this was important to share learning and good practice.

Continuous learning and improving care

- The provider had a clear vision for the direction of the service which focused on achieving the best outcomes for people.
- Improvements had been made since the last inspection and the provider shared their plans to improve the service further. Examples included, improving the garden, creating sensory activities and additional planned group outings for people.