

Care UK Community Partnerships Ltd

The Terrace

Inspection report

Maison Dieu
Richmond
North Yorkshire
DL10 7AX

Tel: 01748822342

Website: www.careuk.com/care-homes/the-terrace-richmond

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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

The Terrace is a residential care home for up to 44 people including people living with dementia, old age, physical disability and mental health difficulties. At the time of inspection, 35 people were living there. The Terrace is converted from a large Victorian style property and is set in its own grounds, with parking facilities. Within the building there is a separate unit where people living with dementia are supported.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post at the home. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had been trained in safeguarding and had a good understanding of safeguarding policies and procedures. There were sufficient numbers of staff working at the service. There was a robust recruitment process to ensure suitable staff were recruited. Staff were supported through on-going supervision and accessed training relevant to people's needs, to ensure these could be met.

Risk assessments were updated to ensure people were supported in a safe manner and risks were minimised. The administration and management of medicines was safe. People's needs were assessed to ensure the service could meet their needs. Staff worked in partnership with health and social care professionals in the monitoring and promotion of people's health.

People were supported by kind and caring staff who promoted their independence. People were supported to maintain contact with family and friends and take an active part in recreational and leisure activities.

People are supported to have maximum 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.

The provider had a system in place for responding to people's concerns and complaints. People were regularly asked for their views. There were effective systems in place to monitor and improve the quality of the service provided.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

The Terrace

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 comprehensive inspection took place on 20 and 24 September 2018. The first day was unannounced. The inspection team consisted of one inspector, an assistant inspector 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 service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection, we reviewed all the information we held about the service including statutory notifications. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales. We contacted relevant agencies such as the local authority safeguarding and commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

During the inspection, we spoke with eight people who lived at the service, four relatives, the registered manager, the regional manager and the deputy manager. We also spoke with a senior staff member, two staff members, the person responsible for maintenance of the building, the cook and the lifestyle co-ordinator who organised activities. Following the inspection, we spoke with two health and social care professionals to gather their feedback about the service.

We looked at a range of documents and records related to people's care and the management of the service. We also looked at four care plans, three staff recruitment records, training records, quality assurance audits, minutes of staff and resident's meetings, complaints records, policies and procedures.

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

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

People's files contained up to date risk assessments appropriate to their individual needs which guided staff on how to support them safely. For example, risk assessments had been completed and reviewed in areas such as falls, moving and handling and eating and drinking.

People were protected from the risk of abuse. Staff had received safeguarding training and were aware of different types of abuse. They knew what to do if they suspected or saw any signs of abuse, neglect or discrimination. One said, "I'd go straight to the manager. They would take action."

A robust recruitment system was in place. Disclosure and Barring Service (DBS) checks were carried out before staff started working at the home to prevent unsuitable staff being appointed. Previous employer references had been obtained and a full work history was provided within the application form.

People gave us mixed feedback in relation to staffing levels. They said, "You see a lot of staff walking around, but after breakfast you can wait for 30 minutes to go to your room" and "Sometimes you have to wait, it depends on what they are doing." Another said, "There are plenty of staff who are always extremely helpful." A health and social care professional we spoke said, "Staff seem busy when we visit, but they do the very best with the staffing they have." Staff we spoke with explained they felt busy at times, but people's needs were met. One said, "We all muck in and are a good team." We discussed these comments with the regional and registered manager and together we looked at rotas and the computerised system used to calculate and monitor required staffing levels. We could see there was enough staff to meet people's needs on the days of our inspection. The regional and registered manager agreed to explore how existing staff could be deployed differently within the building. They were already aware of comments about staffing levels and had liaised with the provider who had agreed to fund additional staff.

Records confirmed checks of the building and equipment were completed. These included for example, gas safety, electrical installation and portable electrical equipment. Fire drills had taken place on both day and night shifts and full evacuations were practiced. Personal emergency evacuation plans were in place to ensure people were supported to leave the building safely during an emergency.

Arrangements were in place for the safe management, storage, recording and administration of people's medicines. We observed staff responsible for administering medication, checked medicines administration records and gained consent before these were given. Medicine audits were in place and these were monitored by the registered manager.

Accidents and incidents were reported and used to identify trends and improvements needed to reduce the risk of reoccurrence.

Infection control systems were in place and the service was clean. A relative told us, "The home is always clean and looking nice."

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

People and relatives spoke positively about the service. One person told us, "The staff have always been very good with me." A relative said, "[Name] loves the staff. They take their time."

Assessments were completed prior to people moving to the home to ensure their needs could be met. Information included people's spiritual, cultural and communication needs. A care plan was then developed specific to each person's needs and outcomes.

Records showed staff received regular supervision and appraisals. Staff had received training in topics which included dementia care, safeguarding and fire safety. One staff member explained how supported they felt, by the registered manager and the rest of the staff team. They said, "If I'm not sure how to do something, I feel confident to ask. There is always somebody to help."

People were supported to maintain a healthy diet and make choices about what they ate and drank. Systems were in place to communicate the dietary needs of people, such as a diet notification sheet and a handover board. Staff were aware of the upcoming change of best practice guidance for dietary needs and had additional training planned. One person told us, "Meals are first class." We observed lunch in the residential and dementia units and could see people had a very good dining experience.

People were supported to maintain good health and care records showed there were good links with health professionals to support people when needed. A health and social care professional told us communication with the home was good and they were contacted in a timely manner when people's needs changed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. 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 found that it was. Appropriate applications had been submitted to the local authority when required and documentation was in place for people who lacked capacity. We observed staff sought people's consent before providing support.

The environment met people's needs. There was a lift and the building was accessible for people with mobility difficulties. The dementia unit had clear signage and the use of paintwork had been considered to

encourage people's independent navigation around the building. The communal lounge was vibrant and had interactive artwork on the walls.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

People and relatives we spoke with told us the staff were kind and caring. One person said, "The staff are very caring. It is a lovely place to be." A relative said, "Staff are always polite and helpful."

We observed staff and those using the service, engaged in conversation, laughing and joking with each other. We also saw positive interactions where staff showed kindness and explained to people what they were going to do next and offered reassurance.

Staff were able to communicate with people who had specific communication needs. For example, staff repeated questions or reworded them in an easier way to ensure a person understood them. Staff gave people time to respond.

People's dignity was protected and staff treated people respectfully. Throughout the inspection, we observed staff knocked on people's bedroom doors before entering and discreetly supported them when they needed to go to the bathroom. We could see for ourselves, people had confidence and trust in the staff who supported them, which had a positive impact on their health and wellbeing.

People were involved in making decisions about their support, which promoted their independence. One member of staff told us, "I ask people what they would like to do for themselves. Even if it is to spray on their perfume or wash their own face. It's very important." One relative said, "Where [Name] can do things for themselves, they are encouraged to do so."

Confidentiality was well maintained throughout the home. Information held about people's support needs was kept secure and we found that staff understood their responsibilities in relation to this.

Information was displayed about the local advocacy service. An advocate is a person who supports the person to have an independent voice if they do not have family or friends to advocate for them.

The registered manager and staff recognised the importance of accepting people's different cultures or diverse needs to ensure they were valued for who they were. A member of staff said, "It's people's choice how they lead their lives. It doesn't matter and I would respect them."

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

Care plans were personalised, reviewed and updated when people's needs changed. They were specific to people's individual needs and guided staff on how support was to be provided. A health and social care professional told us staff involved them and worked with them, to meet people's needs. People told us they received care and support how they wanted it.

A 'lifestyle coordinator' had been appointed to ensure people participated in meaningful activities. People and relatives were complimentary about this staff member and told us about the range of activities available. These included quizzes, games and outings to local areas of interest. People chose whether to participate in activities and those able to, were encouraged to become involved in organising them. The lifestyle coordinator made 'memory boxes,' with materials, objects and pictures that related to people's lives and a 'wish tree' had been placed in the hall so residents could request a 'special' activity or experience that they wanted to do.

People we spoke with told us they had not experienced any kind of discrimination. Staff were clear on their responsibilities and would report any forms of discrimination to a senior member of staff or the registered manager.

The service had procedures in place to follow if people or their families wanted to make a complaint. We looked at one complaint which had been investigated and responded to appropriately.

Information was available for people with a disability or sensory loss related communication need as outlined in the principles of the Accessible Information Standard (AIS). This standard was introduced by the government in 2016 to make sure people with a disability or sensory loss are given information in a way they can understand. For example, the news letter was written in large print with pictures that enabled people to participate in the quiz.

At the time of the inspection no one was receiving end of life care. A health and social care professional told us that good end of life care was offered and the staff would contact them straight away to discuss any concerns when end of life care was provided.

We saw cards of gratitude from people's relatives. Comments included, "Thank you all for looking after for us, and being so helpful" and "Thank you all very, very much for the wonderful care love and attention you gave [Name] during their nine year stay with you. I know they enjoyed your smiles and chat."

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led.

A registered manager was in post. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received positive comments from people, relatives and staff about the way the service was run. People told us the registered manager was approachable and if they had any concerns or suggestions, they would be listened to and acted upon. People told us and we could see for ourselves there was a happy, homely atmosphere.

The home was well-led and staff had the knowledge and skills required to provide care. The registered manager explained that they wanted everyone to feel welcome and putting people first was important. A staff member said, "I love working here. I like the banter we have with people. Everything is about them." Staff told us they felt confident to express their opinions or ideas.

People had the opportunity to share their views on how the home was run. Records of these 'residents' meetings showed people had made specific requests for outings they wanted to go on and these requests had been met by the service. The service sent out questionnaires or completed telephone surveys seeking people and their relatives views. The response from these surveys we looked at were positive.

A range of audits were completed by the registered manager and provider to monitor the quality of the service and the care provided. These included medicines audits, care records and health and safety checks. The registered manager submitted regular data to the provider on how the service was delivering care and clear targets and actions were identified.

There were positive working relations with other professionals which promoted and supported people's needs. One social care professional told us, "The staff are good when people's needs are being reviewed. They are helpful and accommodating."

People were supported to integrate with the local community. We saw three people taken out on a bus trip to a local dementia friendly sing-a-long, which people told us they enjoyed. Coffee mornings were also held within the home and the local community were invited to attend. The service had created links with local nurseries and schools and the children visited the home.