Bath and North East Somerset Council

Charlton House Community Resource Centre

Inspection report

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Date of inspection visit:
10 January 2023

Date of publication:
07 February 2023

Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

About the service
Charlton House Community Resource Centre is a residential care home providing regulated activities accommodation for persons who require nursing or personal care and treatment of disease, disorder or injury to up to 30 people. The service provides support to people living with dementia, older and younger people and those living with a physical disability. At the time of our inspection there were 14 people using the service.

Charlton House Community Resource Centre is purpose built and laid out over three floors. At the time of our inspection, people were only accommodated on the second floor while improvements to care provision were made. The ground floor is primarily used as office space, and to facilitate training. Bedrooms are en-suite and additional communal bathrooms are located throughout the service. People have level access to a garden, communal lounges and dining spaces. The registered manager's office is located on the first floor.

People's experience of using this service and what we found
Since our last inspection and in response to concerns we identified, improvements had been made. However, we found some shortfalls remained and further improvements were needed, to ensure people were consistently protected from the risk of avoidable harm.

People at increased risk of malnutrition and/or dehydration remained at risk of avoidable harm because their food and fluid intake was not consistently recorded and monitored. While the safety of medicines management had improved, additional improvements were needed to ensure medicines were consistently managed safely.

Improvements had been made to the efficacy of audits, monitoring and checks, however additional improvements were needed to ensure these checks were consistently effective. Not all provider and service level checks had been used effectively to identify shortfalls we found at this inspection.

People were no longer experiencing avoidable harm and delays when requiring emergency medical support. Since our last inspection, the provider had introduced a staffing dependency tool to ensure there was a systematic approach to determining required staffing levels in the service. There was improved oversight of safeguarding in the service and all safeguarding concerns had been reported.

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 inadequate (published 20 December 2022). 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
We undertook this targeted inspection to check whether the Warning Notice we previously served in relation

to Regulation 12 Safe Care and Treatment and 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains inadequate.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Follow up
We requested 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? Inspected but not rated.	**Inspected but not rated**
Is the service well-led? Inspected but not rated.	**Inspected but not rated**

Charlton House Community Resource Centre

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.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notices in relation to Regulation 12 Safe Care and Treatment and Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team
This inspection team was made up of 1 inspector and 1 bank inspector.

Service and service type
Charlton House Community Resource Centre 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. Charlton House Community Resource Centre 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 one week and planned to submit an application to register with us.

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. We reviewed action plans submitted by the provider in relation to shortfalls we identified at our last inspection. We used all this information to plan our inspection.

During the inspection
We spoke with 7 staff including the Clinical Lead, Deputy Manager and Assistant Director of Operations. We observed care provision in communal areas. We viewed various documents in relation to the running of the service including medicines records, check, audits and care plans.

Inspected but not rated

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 this key question was rated inadequate. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection we found the provider had failed to protect people from avoidable harm, placed people at increased risk of harm and failed to ensure medicines were consistently managed safely. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

● The provider and management team had worked to improve the safety of care provision; however further improvements were needed to ensure people received consistently safe care.
●People at risk of dehydration or malnutrition remained at risk of avoidable harm because monitoring of food and fluid intake was not always effective. This meant the provider could not be assured people were eating and drinking enough to prevent further deterioration.
● At our last inspection we found people's falls sensors were not always operated in line with their assessed needs. At this inspection we found sensors were being used as directed. However, staff were not working in line with the provider's policy in relation to monitoring and reporting on sensor use; the policy required staff to document their checks and submit a photographed copy to the Clinical Lead. This was not being completed.
● Overall the safety of medicines management had improved; however, further improvements were needed to ensure medicines were consistently managed safely.
● One person was administered 'as required' medicine. The person's medicines records showed staff had administered the medicine at least daily and sometimes twice a day. On 1 occasion staff documented, "Administered as requested by family to enable family to visit." This was not in line with the administration instructions. Additionally, records did not always show staff had monitored the efficacy of the medicine or used alternative interventions to prevent over-medication.
● We found some medicines guidance was conflicting. For example, guidance for 1 person required staff to apply a pain-relieving cream to the person's knee, but the protocol instructed staff to apply it to the person's lower back. This meant there was a risk the person may not have their cream applied where needed.
● We found occasions when people had not received their medicines patches as directed. For example, people were prescribed patches that should not be reapplied to the same site for three to four weeks at a

time. Records we reviewed showed patches were reapplied to the same site without the required rotation.

The provider failed to implement food, fluid and sensor monitoring effectively. There was an additional failure to ensure medicines were consistently managed safely. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We met with the provider to discuss concerns we identified at this inspection; the provider submitted an action plan detailing how they would address the shortfalls. We will continue to meet with the provider to monitor progress in the service.
● In relation to the person who was administered medicines in contravention of their medicines guidance, the management team requested a medicines review with external professionals.
● To improve medicines safety, the provider was working with external professionals and at the time of our inspection had employed a new clinical lead to further develop safety.
● Controlled medicines were stored safely. We carried out a random stock check with the nurse on duty and the stock we looked at was correct.
● At our last inspection, we identified photographs required for medicines administration were not always a true likeness of the person. At this inspection, photographs had been updated and were now a true likeness. This reduced the risk that staff new to the service would administer medicines to the wrong person.
● Previously we found people were not always supported to access emergency medical treatment without delay. At this inspection we found people were supported to access medical treatment when they needed to.
● Previously we found people sustained avoidable harm and the provider had failed to mitigate risks. At this inspection we found people had not sustained avoidable harm, and risk assessments had been implemented in response to our findings at the previous inspection.

At our last inspection the provider had failed to ensure there were sufficient numbers of staff to meet people's needs. This was a breach of regulation 12(2) 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(2)(c)
Staffing and recruitment
● At our last inspection we found the provider had identified there were insufficient staff to meet people's needs and had failed to act and rectify this shortfall.
● Since our last inspection, the provider had worked with the local commissioning team to implement a staffing dependency tool. The tool was used to assess people's individual support needs and calculate the numbers of staff required to meet their needs.
● The provider had worked to ensure a more consistent staffing team, for example block booking agency staff in advance and working to retain permanent staff. We observed staff knew people they were supporting well and provided care in response to people's needs without delay.
● At this inspection, we found there were sufficient numbers of staff to meet people's needs and enough staff to support people to engage with activities.

Preventing and controlling infection

At our last inspection the provider had failed to ensure people were consistently protected from the risks associated with the spread of infection. This was a breach of regulation 12(2) 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 (2)(h)

● At our last inspection we found people were at increased risk from the spread of infection. For example, the communal bathroom was being used as a staff storage room and recently cleaned items stored in the corridor risked cross-contamination. At this inspection, we found shortfalls had been rectified and people were no longer at increased risk.

Inspected but not rated

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 this key question was rated inadequate. We have not changed the rating as we have not looked at all of the well-led key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

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

At our last inspection the provider had failed to drive improvement by establishing and operating systems that consistently and effectively monitored the safety and quality of care provision. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- The provider and management team had worked to improve the efficacy of checks, audits and monitoring; however further improvements were needed to ensure shortfalls, errors and omissions were consistently identified
- At this inspection we found audits were not always used effectively to identify shortfalls, errors and omissions. For example, provider and service level checks had not identified gaps in food and fluid monitoring records. This meant corrective action was not taken.
- At our last inspection we found audits and checks with large sections that were blank or incomplete. At this inspection we did not find large sections of checks and audits were incomplete. However, we did find occasions when checks had not been undertaken; when the responsible staff member was absent from the service, medicines checks had not been completed on 2 consecutive days. This had not been identified by the provider.
- The provider failed to identify sensors were not being monitored in line with their policy. No photographs had been logged and we found occasions when forms were incomplete. Additionally, the staff member responsible for receiving photographs had not raised the omission with the provider, management team or staff members directly. This meant no action was taken to rectify this shortfall.

The provider failed to ensure their governance framework was used consistently effectively to identify shortfalls, errors and omissions. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● In response to the shortfalls we identified, we met with the provider after our inspection visit. The provider submitted an action plan and agreed to submit additional action plans to CQC on a fortnightly basis, until improvements had been embedded and sustained.

At our last inspection we found the provider did not have robust oversight of the service and had failed to store confidential information securely. This was a breach of regulation 17(2) 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(2)(c)

● The provider had increased their involvement with monitoring the safety and quality of care provision in the service. This included attending handover meetings, undertaking in-person checks and completing provider level audits. Although improvements had been, this process was ongoing at the time of our inspection and additional changes were being made by the recently appointed manager.
● Previously we found people's confidential information was accessible to unauthorised individuals. At this inspection changes had been made to help prevent a recurrence. For example, people's care records were now stored in their bedrooms.
● At our last inspection we found the oversight of safeguarding concerns was not robust. At this inspection we found improvements had been made. The provider and management team were responsible for overseeing potential safeguarding concerns and identifying potential themes and trends. We did not find any safeguarding concerns that had not been shared with the local authority safeguarding team.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to implement food, fluid and sensor monitoring effectively. There was an additional failure to ensure medicines were consistently managed safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure their governance framework was used consistently effectively to identify shortfalls, errors and omissions.