Quality Care Midlands Limited

Charnwood Hall Nursing Home

Inspection report

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We conducted an unannounced inspection on 18 September 2017.

Charnwood Hall provides nursing and residential care for older people. It is registered to accommodate up to 25 people, there were 17 people using the service on the day of our inspection.

The service was last inspected 23 August 2016. We rated it Good in Effective and Requiring Improvement in Safe, Caring, Responsive and Well-Led. At this inspection we found that most of the required improvements had been made.

The service had a registered manager. 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 and their relatives told us that they felt safe. Risks were assessed and managed to protect people from harm. Staff understood what to do in emergency situations. There were enough staff to meet people's needs.

People received their medicines as required. Medicines were administered safely. Systems were in place to monitor the health and wellbeing of people who used the service. People's health needs were met and when necessary, outside health professionals were contacted for support.

Staff had received training to meet the needs of the people who used the service. Staff told us that they felt supported. Staff's competency in their role was regularly assessed.

People were supported in line with the requirements of the Mental Capacity Act. People's mental capacity to consent to their care had been assessed where there was a reasonable belief that they may not be able to make a specific decision.

People were supported to have enough to eat and drink. Where people had dietary requirements, these were met and staff understood how to provide these.

People's independence was promoted and people were encouraged to make choices. Staff knew people well and treated them with kindness and compassion.

The care needs of people had been assessed. Staff had a clear understanding of their role and how to support people who used the service as individuals.

People were not supported to follow their interests and engage in activities that they enjoyed and were

meaningful to them.

There were a range of audit systems in place to measure the quality and care delivered so that improvements could be made.

The registered manager was aware of their responsibility to report events that occurred within the service to CQC and external agencies.

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 and their relatives told us that they felt safe. Risks were assessed and managed to protect people from harm.

There were enough staff to meet people's needs. Staff understood their role in keeping people safe and reporting any concerns they may have.

People received their medicines as required. Medicines were administered safely.

Is the service effective?

Good

The service was effective.

Staff had received training and support to meet the needs of the people who used the service.

People were supported to maintain their health and their nutritional and hydration needs were assessed and met.

People were supported in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People were supported by staff who were caring and understood that they should be treated with dignity and respect.

People felt listened to and that they mattered. Staff understood people's individual needs.

People's independence was promoted and encouraged.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were not supported to engage in activities that they enjoyed and were meaningful to them.

The care needs of people had been assessed. Staff had a clear understanding of their role and how to support people as individuals.

People felt able to raise concerns if they needed to and that action would be taken to address them.

Is the service well-led?

Good

The service was well led

People and their relatives felt the registered manager was approachable.

The staff team felt supported and were appropriately guided in their role.

Systems were in place to monitor the quality of the service being provided.

The registered manager understood their regulatory responsibilities.

Charnwood Hall 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.

We conducted an inspection on 18 September 2017. The inspection was unannounced.

The inspection team consisted of an inspector, a specialist nurse advisor 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. We spoke with four people who used the service and three relatives or friends of people who used the service.

We looked at the care plans and care records of four people who used the service at the time of our inspection. During our inspection we spoke with staff members employed by the service including two nurses, the cook, two house keepers and three care workers. We spoke with the provider and the registered manager. We looked at three staff recruitment files to see how the provider recruited and appointed staff. We also looked at records associated with the provider's monitoring of the quality of the service and evidence of staff training.

Before the inspection we reviewed notifications that we had received from the registered manager. A notification is information about important events which the service is required to send us by law. We contacted health and social care professionals who have dealings with the service to gain their views of how the service was run and the quality of the care and support provided by the service. We contacted the local authority and Clinical Commissioning Group (CCG) who had funding responsibility for some of the people who were using the service.

Good

Is the service safe?

Our findings

People felt safe at Charnwood Hall. One person told us, "I feel safe. The place is secure. I have the call button near me at night and use it three times for help to the toilet. The response time is pretty quick.'' Another person said, "I feel safe at night as I'm aware they look in on you."

There were enough staff to meet people's need. One person's relative said, "Staffing levels are generally okay.'' Most staff agreed there were enough staff but felt that there were times when they were extremely busy and not able to give people as much time as they wanted to. We observed that there were enough staff on the day of our inspection but that there were times when staff seemed to be very busy. The number of staff that were required to meet people's needs was assessed regularly by the registered manager. The registered manager checked that call bells were responded in a timely manner. The most recent check found that people were not left waiting for more than five minutes.

People received their medicines safely. A person's relative told us, "The staff are aware that consistent timing of medication is very important for her condition. They manage it well.'' Systems were in place to ensure that staff administered people's medicines as prescribed by their doctor. Staff checked medication administration records (MAR sheets) so that they could be sure that they were dispensing the correct medication. They recorded when people had taken their medicines. Medicines were stored in line with good practice and checks took place to ensure that medicines remained safe to be administered. Staff had received training in medication administration and their competency was checked to ensure that their practice remained safe. Staff understood the importance of gaining people's consent before administering their medicines and they understood how people liked to take their medicines.

Staff were aware of how to report and escalate any safeguarding concerns that they had within the organisation and, if necessary, with external bodies. They told us that they felt able to report any concerns. One staff member told us, "I would take any concerns to the home manager, I have no doubt that she would quickly take action, she's very hot on things like that." The registered manager was aware of their duty to report and respond to safeguarding concerns. We saw that there was a policy in place that provided people using the service, relatives and staff with details of how to report concerns and who to. Clear records were kept to evidence what actions had been taken when a concern had been raised.

People were protected from risks relating to their conditions. Risk assessments had been completed on areas such as moving and handling, nutrition and skin care. Completion of these assessments enabled risks to be identified and guidance for staff to be put in place to minimise the impact of these. Staff demonstrated knowledge of what people's main risks were and what strategies were in use for reducing these risks. For example a staff member said, "Repositioning regularly if they are at risk of skin breakdown." We looked at records of people at risk of pressure sores and found that they had been repositioned in the time frames identified as appropriate for them. Checks were regularly carried out on their mattresses to make sure that they were effective in preventing sores. Where people needed support with their mobility this was provided in a safe way. Staff were observed to use appropriate moving and handling techniques and equipment to support people who had some difficulty initiating standing and moving. People were appropriately

supported and encouraged with patience.

Risks associated with the environment and equipment used had been assessed to identify hazards and measures had been put in place to prevent harm. Regular servicing on equipment took place to ensure that it was safe. Where testing was required to prevent risk, such as water safety checks, the registered manager had ensured that these had been completed. Fire safety checks had been carried out and there were procedures in place for staff to follow. Where fire checks had identified an issue with equipment we saw that action was taken to rectify it straight away. The needs of the people who used the service had been assessed for the help that they would need in case of fire. Staff were aware of these and practiced how they would response to emergencies.

There was a recruitment policy in place which the registered manager followed. This ensured that all relevant checks had been carried out on staff members prior to them starting work. The required pre-employment checks had been carried out before staff commenced work. These records included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services. The registered manager had checked if nurses were registered with the Nursing and Midwifery Council and therefore safe to practice nursing.

Good

Is the service effective?

Our findings

The Mental Capacity Act (MCA) 2005 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. 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 found that people were being supported in line with the MCA. The registered manager had requested a DoLS authorisation for people who may require them. People's consent and ability to make decisions had been assessed and recorded in their records. It was not always clear what specific decisions people were unable to make and so we asked the registered manager to ensure decision specific assessments were carried out. They told us that they would. Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. Staff had received training in MCA and DoLS and understood their responsibilities under the act. Staff demonstrated the need to seek people's consent before providing them with care. We observed staff seek consent to interventions where people required support with personal care. For example one staff was observed to ask "Can I help you with that?" Refusals were respected.

People were supported by staff who had the skills and knowledge to provide their care. Staff told us that they had an induction when they started working at the home which was tailored to their needs and experience. Staff were allocated a senior staff member as a mentor. One care staff member told us that they often mentored new staff and felt listened to and supported by the registered manager if, in their opinion, someone was struggling with the role. Training courses were advertised in staff areas and they were invited to apply. Training records indicated that staff had received training relevant to their role and that their knowledge was kept up to date through regular refreshers. Staff were encouraged and supported to undertake further training or qualifications relevant to their role. However some care staff members felt that there could be more opportunities to pursue further training. The registered manager told us that they continued to find training courses and support staff to attend these if relevant to their role.

Staff received supervision and an annual appraisal. The registered manager often undertook group supervisions they told us that they had found these more effective in generating conversation and questions with staff. The registered manager used staff supervisions to discuss any concerns they may have, remind them of the provider's policies and procedures and gain an understanding of their knowledge on topics such as safeguarding people and privacy and dignity. Staff told us that they felt supported and that they could seek advice regarding their role if they needed to. The registered manager regularly assessed staff's competencies in their role in areas such as providing personal care and supporting people with their meals.

People were supported to have enough to eat and drink. Feedback about the meals on offer was positive. One person said, "That sandwich I had from breakfast this morning was lovely!" Hot drinks, juices and milk shakes were served throughout the day and people were offered a choice. One person told us, "I can get a drink whenever I like.'' Where people had specialised nutritional needs these were catered for and staff explained these to them. For example one staff member explained to a person, "This is prescribed by your doctor to help you to swallow, is that Ok?" Some people needed support with eating and this was provided. The atmosphere at meal times was calm, relaxed and unhurried. Staff were heard to offer choices and where plates were cleared people were offered second helpings. Staff sat with people encouraging social interaction. People were offered choice about their meals. They were asked what they would like to eat after they had sat at the table. Hot food was prepared to order. One person had three breakfasts. A staff member told us, "[Person] loves breakfast but doesn't eat much the rest of the just snacks so she can have as much as she likes." Staff told us they have access to a variety of food to make additional snacks and sandwiches for the people in between meals if the cook was not present and if they were hungry during the night. The home had been awarded the highest rating in food hygiene in the month prior to our inspection. The cook told us that they were proud of this achievement and also proud that they offered home cooked food including a fresh cake every day.

People were being supported to maintain good health. They had access to a variety of health care professionals when they needed to. One person's relative told us how a person's medicines had been reviewed and their condition monitored by the GP and nursing staff. This had resulted in them feeling much better. People's weights were monitored monthly or more frequently if needed. Dietician referrals had been made in the past when there were concerns. Nursing staff sought advice from specialists if they needed it. For example a tissue viability nurse had had input in devising a care plan to guide the nurses to dress a person's wounds. The wounds were regularly photographed, the quality of the pictures enabled the nurses be able to evaluate the effectiveness of the treatment and identify any early indications of possible deterioration. This person's wound was healing as a result of the care they were receiving.

Good

Is the service caring?

Our findings

People were supported in a caring way. A person's relative told us, "The carers are good they are like a family at work.'' One staff member told us, "People come here to live and we like to employ staff who genuinely care." Another staff member told us, "I think people here are treated the way I would want to be treated." We observed that staff communicated with people effectively and used different ways of enhancing that communication by touch, ensuring they were at eye level with those who were seated and altering the tone of their voice appropriately. Interactions between staff and people was warm and compassionate. Care plans guided staff to adapt their communication style to suit people's needs. For example in one person's care plan it was written 'speak slowly and clearly and allow me to process the information.'

People's independence was respected and promoted. One person told us, "I just need a bit of help. They're here if I need anything." Another person said, "I do as much as I can for myself. If I want help I know it is there. But I want to do as much for as long as possible.'' One person's relative told us, "They know she is independent. She just needs someone to steady and support her as she walks so that's what they do.'' Staff were observed and heard to be discreet when people needed assistance. They reassured people who were anxious and distressed and responded promptly, calmly and sensitively. We saw staff supporting people when they observed that they needed it but in a way that meant that people were still involved. For example we observed a staff member offer help when a person seemed to be struggling with a condiment at the meal time. They asked, "Shall I open that for you? Shall I put it on for you? Where would you like it?'' People's care plans guided staff to promote people's independence and offer them choices.

Staff took people's concerns seriously. One person expressed that they were uncomfortable. The staff member took time to help reposition the person and check that they were comfortable. Another staff member was observed to help a person locate their handbag when they had misplaced it. During our inspection some vital maintenance work was being carried out. Staff explained to people what was happening and why there needed to be a level of disruption to their usual routines. One staff member asked the trades man to bend down to talk with a person and explain what they were doing and show them their tools to help the person understand what was happening.

People's dignity was respected. Comments from people included, "Staff always knock at my door or say excuse me.'' "They say why they are there and what they are going to do. I choose my clothes with their help.'' A person's relative told us, "Because of her medical condition she needs immediate help with toileting. The staff know this and respond well." This meant that the person was not worried about having their dignity compromised. Staff were observed and heard when doors were closed to knock on the door and identifying themselves on entering the room. Doors were closed when personal care was being provided to provide people with privacy. One staff member explained they ensured that people were respected as they, "Treat people like adults."

One staff member told us that care started before people move in and visits were encouraged. If this was not possible family members were encouraged to bring in personal items so their bedroom could be prepared to make it welcoming and familiar. We saw that people's bedrooms were personalised as were the areas

that they preferred to sit in within the communal areas of the service.

Requires Improvement

Is the service responsive?

Our findings

People were not supported to follow their interests or to be active if they wanted to be. One person said, "We have a lovely singer who comes in from time to time. Last week we had a great choir. But not much else goes on apart from a bit of bingo.'' Staff explained that activities took place and that they were led by staff members when they were free to provide them. One staff member said, "About three days a week we get some games out. Usually in the afternoon as mornings are busy. Not today as people are sleepy.'' Staff told us that they didn't think people had enough to do to keep them occupied. One staff member said, "I would bring in activities, there are not enough. No one is responsible for activities and apart from toileting they are there in the lounge until tea." Some entertainment had been provided by external groups such as a choir and a relative who visited and played the piano. The registered manager told us that they had previously employed a staff member to carry out activates with people but that this had not been successful. Following our inspection they had allocated two care staff members to take a lead in organising activities.

People's care needs were met. One person told us that staff, "Know what I need.'' The care that people needed was assessed before they began using the service. This was so that the registered manager could be sure that the service could meet people's needs. Care plans were in place to guide staff on meeting people's needs and included information on care activities and the level of support people required for each task in their daily routine. The care plans were personalised stating the person's preferences and choices relating to their daily routines. Staff demonstrated that they knew people's routines, likes and dislikes. One staff member said, "Some residents can't tell you what is wrong but you can tell by little changes in their behaviours that something is not right." Records showed that people received their care in line with the guidance that was provided.

People's care plans were reviewed monthly to ensure that the information contained within them was up to date. It was not always clear within people's care plans if people had been consulted about their on-going care, nor whether checks had been made with them to show that they were satisfied with the care they received. The registered manager told us they would record people's involvement within their care plans. Changes to people's care needs were documented within the monthly reviews so that staff could be clear on what support people required. Handovers also took place to ensure that staff were kept up dated on people's needs and any changes in the support that they required.

People's relatives were involved in planning their care. One person and their relative together said, "We talked about what was needed.'' They told us that they were kept up to date with events that took place and informed if there was a concern about their relatives condition. One relative told us, "They phone us about things. The nurse is lovely, she explained to us about the medication."

People felt able to raise concerns if they needed to and that action would be taken to address them. One person said, "I can talk to the staff. They know what I like.'' A person's relative said, "We know the manager and could speak with her and we know she would respond.'' We saw that complaints had been investigated and action taken to prevent re-occurrence. Where appropriate an apology had been issued.

Good

Is the service well-led?

Our findings

People told us they felt that the service was well led. A person told us, "[Manager's name] and the nurses especially want the best.'' Comments from people's relatives included, "I would come here to live if I needed care.'' "Staff are a good team they are like friends.'' "I believe there is a low turnover of staff which is good. They work as a team.'' And "We can't fault it really." People and their relatives had faith in the registered manager and their abilities. One person's relative said, "The manager is organised and a good communicator.''

People were asked for feedback about the service that they received. One person said, "I have seen a suggestion box.'' Relatives that we spoke with were aware that the registered manager held a regular 'Surgery.' We saw posters around the home informing people and their relatives when the surgeries would be so that they could attend. The registered manger told us that they had found this method of gaining feedback from people and their relatives more effective than other means such as asking people to complete surveys. Menu questionnaires were carried out with people to find out about their preferences, what they enjoyed or didn't and things they would like to see on the menu.

Staff were clear about their roles and were guided to meet people's needs in line with the provider's policies and procedures. The shift was well organised as staff appeared to be clear about their duties and responsibilities. Staff told us that the registered manager was accessible, visible and supportive. One staff member said, "If you go to the manager with any problems she tries her best to sort it." They also said that they felt valued and supported in their role and enjoyed their work. There were regular staff meetings which covered all aspects of life in the home and staff were encouraged to put forward agenda items and generate ideas during the meeting to further enhance people's experiences of care.

There were systems in place to monitor service delivery and drive improvement. The registered manager audited all aspects of care delivery in the as well as the operational running of the home. These included the environment and the kitchen facilities. Medication systems were audited weekly by the nursing staff and then monthly by the registered manager. Action was taken when concerns were identified. For example nutritional audits which were carried out monthly identified where people had gained or lost weight. The registered manager checked that appropriate action had been taken, such as referrals to dieticians. Accidents and incidents were checked monthly. The registered manager looked for patterns or common themes to see if action could be taken to prevent reoccurrence. They also checked that people's risk assessments and care plans had been reviewed and updated following accidents. Environmental audits were carried out to ensure that the home remained safe and clean.

There was a drive for continued improvement. The registered manager received support from the local authority quality improvement team (QIT) to help ensure that positive changes had occurred and that they were sustainable. Feedback from the QIT team was that the provider and registered manager had engaged well with them, taken ideas on board and made the necessary changes. Feedback from other professionals had been taken on board and actions taken following their advice.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating was given. It is also a requirement that the latest CQC report is published on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found that the most recent report was on display in the home and on the provider's web site.