

Mrs. Carole Susan Fryer

# Charterhouse Residential Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

Charterhouse Residential Care Home provides accommodation and personal care and support for up to 20 people. This inspection was unannounced and took place on 14 and 20 May 2015. Two adult social care inspectors carried out this inspection.

At the time of our first inspection visit there were 12 people living at the home. Many people at the home were

living with dementia and physical frailty. This service does not need a registered manager as the registered provider is an individual. Registered providers are 'registered persons' have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

The service did not have effective quality assurance systems in place to monitor the quality of the care and support provided. The service had not responded to a concern raised prior to the inspection.

People were positive and complimentary about the staff who cared for them. We saw staff to be kind and caring when interacting with people. The relatives and people we spoke with told us that they felt well cared for at the home. Comments included "I never want for anything" and "one hundred per cent better, much more mobile and better all round."

People were provided with information about their care and people's wishes had been respected. Care plans were

reviewed regularly and staff demonstrated a person centred approach. People's preferences were recorded. However, not all plans detailed the actions staff should take if someone became agitated or distressed.

Staff received support through supervisions and appraisals where any training and development needs were discussed. However, staff had not undertaken all the training they needed to meet people's needs, including moving and handling and the Mental Capacity Act 2005.

People's medicines were managed safely. People said and they enjoyed the food and were supported by staff to eat and drink.

We found breaches of regulations and you can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## 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.

Staff demonstrated a sound knowledge of signs of potential abuse and knew what actions to take if they had concerns over people's welfare.

People were supported by sufficient numbers of staff who knew them well. Recruitment practices were safe.

People received their medicines as prescribed and practices were safe.

Food storage and preparation practices were safe.

Good



### Is the service effective?

The service was not always effective.

Although staff received supervision and appraisal they had not all had all the training they needed.

People enjoyed the food and received adequate nutrition and fluids to maintain their health.

Staff understood people's rights in relation to depriving people of their liberty.

Requires Improvement



### Is the service caring?

The service was caring.

Staff were caring, kind and patient.

People were provided with information about their care and people's wishes had been respected.

Staff involved people in maintaining their independence.

Good



### Is the service responsive?

The service was not always responsive.

Appropriate action was not always taken in relation to feedback or complaints.

Care plans were reviewed regularly and staff demonstrated a person centred approach.

People's preferences were recorded.

Requires Improvement



### Is the service well-led?

The home was not always well led.

The service did not have effective quality assurance systems in place to monitor the quality of the care and services provided.

Requires Improvement



# Charterhouse Residential Care 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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 14 and 20 May 2015 and was unannounced. This inspection was carried out by two adult social care inspectors.

This was a comprehensive, planned inspection which was brought forward due to information we received about food safety and issues with the management ethos at the home.

Prior to the inspection we reviewed the information we had about the home, including notifications of events the home is required by law to send us. During the inspection we met and spoke with six people who used the service. Some of

the people who lived at the home were not able to share their experiences with us verbally as they were living with significant dementia. We used the Short Observational Framework for Inspection (SOFI) during the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not communicate verbally with us. We also spoke with four relatives and friends of people who used the service.

We received feedback from healthcare professionals who dealt with the home regularly and also spoke with local environmental health officers. During the inspection we spoke with the registered provider, the care manager, the deputy manager and nine members of staff. This included two cooks at the home.

We observed how people were supported and looked at eight people's care, treatment and support records. We also looked at other records relating to the management of the service including staffing rotas, recruitment and training records, maintenance records and staff meeting notes.

# Is the service safe?

## Our findings

Prior to the inspection we had received concerns about the home and people's safety. We were told that the upstairs corridor was dimly lit and that food hygiene standards were not being adhered to.

When we visited we found the lights in the upstairs corridor were switched off. The registered provider told us that people did not come out of their rooms alone and staff could switch the lights on when they came upstairs. However, they also said that sensor lights would be fitted which would come on automatically when doors are opened or when people walked by.

We shared the concerns we received about food hygiene with the environmental health agency. An officer visited at the time of our inspection. They found the kitchen was clean and in good order and did not pose risks to people. However, the date on which food had been frozen had not been identified on individual food items. The environmental health officer identified it was good practice to do so as staff would be able to identify which food items should be used first. Staff were observed walking into the kitchen preparation area with outdoor clothes. This was not good practice as only those staff with a need to be in the kitchen should access food preparation areas. Improvements had been made by our second inspection visit in relation to these issues.

During the inspection we could not find evidence that some safety checks, such as those required for electrical systems and gas safety had not been undertaken. Following our inspection we were provided with copies of the recently completed gas safety certificate and electrical appliance testing certificate. The registered provider told us further electrical systems safety assessments and legionnaire's assessments would be carried out.

We observed care workers displayed skill, patience and caring when attending to a person who was agitated, using effective distraction techniques to reassure the person. Staff demonstrated awareness of risks to individuals and their safety. However, where people were at risk because of their behaviours associated with dementia, strategies such as de-escalation or distraction techniques, as

demonstrated by the staff's good practice, were not clearly recorded. We saw on one person's care record that they had been agitated. There was no written records to indicate that steps had been taken to calm them or reassure them.

People told us they felt safe living at Charterhouse Residential Care Home. One person told us "I am safe here" and another said "it hasn't occurred to me but yes I think I am safe". A relative of a person living at the home told us that they felt their relative was safe. Staff demonstrated a sound knowledge of signs of potential abuse. They were aware of their rights and responsibilities in relation to whistle blowing. Staff expressed confidence that the care manager would deal with any concerns about people's safety appropriately.

There were sufficient staff to keep people safe and meet their needs at a time convenient for them. We observed staff attending to people's needs in an un-hurried way. Call bells were responded to promptly.

Medicines were stored appropriately and people were protected from the risks of unsafe medicines. We looked at Medication Administration Record (MAR) charts and these showed that people had been given their medicines as prescribed. Medicines which required stricter controls were stored correctly and their administration was recorded appropriately. We asked two people about their medicines and they told us they felt they received them safely and on time from staff who knew about their medicines.

People were protected from the risk of unsuitable staff because the service had appropriate recruitment systems in place. We looked at five staff files and saw the service had followed robust recruitment processes. We saw each member of staff had completed an application form, had undertaken interview questions, had undertaken a Disclosure and Barring Service (DBS) check, had provided references and had provided the service with adequate proof of identity. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Accidents and incidents were recorded appropriately and measures had been put in place to mitigate some risks.

# Is the service effective?

## Our findings

Some staff told us they did not feel they had up to date training to ensure they could meet people's needs effectively. When we looked at records relating to training they were not up to date. It was not clear that all staff had received the training they needed. Records showed that some staff needed to update their moving and handling training, and staff had not completed mental capacity training. We had identified this as a concern at our inspection in August 2014. The provider sent in a plan saying this would be completed for all staff by the end of 2014. During this inspection we found that training had not taken place.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff said they had supervision and appraisal meetings which they felt were useful and helped them to do their job effectively. They also said they had regular informal contact with the care manager, who was very supportive. Appraisals were recorded in staff's training files.

People we spoke with told us that they felt well cared for at the home. Comments included "This home seems good" and "I never want for anything". One relative told us their family member's care had been effective to the extent that they were "one hundred per cent better, much more mobile and better all round".

People told us they had access to healthcare professionals. One person told us they had been visited by an optician and another said they had seen a chiropodist. Healthcare professionals involved with the home said they had no concerns about people living in the home or the care provided.

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Where people had limited capacity to be involved in decision making there was evidence that people who were close to the individual or their legal representatives had been involved in best interest decision making.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. A senior member of staff had taken advice relating to the actions they were taking to keep people safe, which could mean they were depriving people of their liberty. Some people can be lawfully deprived of their liberty if they lack capacity to keep themselves safe, if this is authorised through the Deprivation of Liberty Safeguards (DoLS). Applications had been made to authorise that people living at this home were being deprived of their liberty. This was because the home had a locked door policy and locked garden gates.

We had received concerns about whether people's nutritional needs were met. We observed mealtimes, spoke with the cooks and found that people were receiving sufficient quantities of freshly prepared food. Both cooks were aware of people's individual needs and preferences. These were appropriately documented and the lead cook described each person's appetite for either a larger or smaller meal, and told us about each person's favourite foods. People told us their meals were good. Comments included "The food is very good". We observed that people who required assistance to eat and drink received this. People were offered drinks regularly.

# Is the service caring?

## Our findings

People were positive about the caring attitude of staff. We observed staff were appropriate in relation to people living at the home: they were kind and caring, and anticipated people's needs.

People's comments about the home were positive. One person said, "It's almost like a family being here". People named particular staff as being very kind and approachable. During our observations we saw staff supporting people in a kindly way, and that staff anticipated people's needs. We also saw that staff were discreet and respected people's privacy.

Records showed that people and their relatives or representatives were provided with information about their care and we saw evidence of discussions about care had taken place, to help ensure people were involved in their care. Where people could not remember that they had been involved in discussions, visiting relatives confirmed that these had taken place. Another relative of a person living at the home told us "The girls (care workers) tell me everything I need to know and mum is really happy".

People were supported to be as independent as possible. People were encouraged to maintain, and where possible improve, their mobility. We saw staff protected people's privacy and dignity, and promoted their independence.

# Is the service responsive?

## Our findings

CQC received information of concern. The provider told us they had received similar concerns which they had not acted upon because they were not sure the communication was a legitimate complaint. We could not be sure that people knew how to make a complaint as the notice telling people how to do this was not easily accessible.

People and relatives told us that staff treated people as individuals and responded well to people's health and care needs. Staff demonstrated a person centred approach. For example, one person was not eating their toast and a care worker saw this. They appeared to know the person's preferences very well and said "Oh, I see they have left the

crust on". They took the plate away and came back with toast without crust and the person began to eat independently. People's preferences were recorded in care plans. These included their preference around the gender of carers who provided their personal care. We saw these preferences were respected.

People were provided with information about their care and people's wishes had been respected. Care plans were reviewed regularly and staff demonstrated a person centred approach. People's preferences were recorded. People's care plans had been reviewed regularly, about every two to three months, and changes in people's needs had been recorded. Some plans were more detailed than others and the care manager confirmed that work was being done to address this.



# Is the service well-led?

## Our findings

The service did not have effective quality assurance systems in place at the time of our inspection. We made the registered provider aware of a number of environmental issues during our inspection. These were largely remedied by our second visit but had not been identified by the home's own quality checks. These included insecure light fittings, a trip hazard in relation to carpet and sharp edges. Where tasks had been allocated to staff to be done, there was no record of any checks to confirm they had been done. The registered provider expressed frustration at tasks not being completed. However, there was no consistent system to assess the quality of service people were receiving.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who lived at the home told us they were happy and the home was good. They told us who the care manager was and some people knew who the registered provider was. Visiting relatives told us they felt the home was well led.

However, although staff expressed confidence in the care manager they were reluctant to speak with us about the overall culture of management. Records of staff meetings in 2014 and January 2015 recorded that staff were reminded about their duties and were given reprimands. The minutes recorded that staff were advised they could leave and work elsewhere. This type of communication does not promote positive working relationships and teamwork.

The registered provider told us there were about to be changes to the management of the service which would address this. A member of staff had recently completed a management qualification and would be applying to become registered manager.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The service did not have an effective governance systems in place.

This is a breach of Regulation 17(1) (2) (a) (b) (e) HSCA 2008 (Regulated Activities) Regulations 2014

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff had not received training to ensure they could met people's needs safely.

This is a breach of Regulation 18 (2) (a) HSCA 2008 (Regulated Activities) Regulations 2014