Nicholas James Care Homes Ltd

# Charles Lodge

## Inspection report

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## Ratings

| Overall rating for this service | Requires Improvement |
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| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

We undertook an unannounced focused inspection on 12 October 2017 due to information of concern we had received with regards to an incident that had occurred at the home. The incident is subject to an investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident prior to it, indicated potential concerns about the management of risk, This inspection examined those risks. We looked at the key questions of safe, effective and well-led. This report only covers our findings in relation to these areas.

Charles Lodge provides accommodation for up to 27 older people, a majority of whom are living with dementia and who may need support with their personal care needs. On the day of our inspection there were 22 people living at the home. The home is a large property situated in Hove, East Sussex. It has a large communal lounge, dining room, conservatory and gardens.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

There was an inconsistent approach in the practical application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Some people's capacity had not been assessed in relation to specific decisions that affected their care and privacy and dignity needs. In addition, appropriate precautions had not been taken to ensure that relevant people involved in decisions that affected people's care had a legal right to act on their behalf. This was an area of concern.

Not all risks associated with the environment and people's safety were identified and managed appropriately. Accidents and incidents that had occurred were recorded, however, action had not always been taken in response to accidents to ensure that people's care plans and associated risk assessments were up-to-date to reflect changes in their needs and to reduce the risk of accidents occurring again.

Records did not always reflect staff's good practice. Care plans, although recognising people's specific needs, were not always detailed enough and did not always provide staff with sufficient guidance to ensure that good practice was consistent amongst the staff team.

People told us that they felt safe.  One person told us, "I'm safe alright". There is always someone to help me; they always come if I use the call bell. I'm never worried, staff would help me". People were protected from harm and abuse. There were sufficient quantities of appropriately skilled and experienced staff who had undertaken the necessary training to enable them to recognise concerns and respond appropriately. A visitor told us, "Staff know what they're doing". People's freedom was not unnecessarily restricted and they were able to take risks in accordance with risk assessments that had been devised and implemented. People received their medicines on time and according to their preferences, from staff with the necessary

training. There were safe systems in place for the storage, administration and disposal of medicines.

People and their relatives, if appropriate, were fully involved in the planning, review and delivery of care and were able to make their wishes and preferences known. Care plans documented people's needs and wishes in relation to their social, emotional and health needs. People's health needs were assessed and met and they had access to medicines and healthcare professionals when required. One relative told us, "They would recognise if they are unwell, the staff are very switched on. Their pain relief has been changed recently, they were pale in colour and I noticed that they had had the doctor in already. Staff are ahead of any changes".

People had a positive dining experience and told us that they were happy with the quantity, quality and choice of food. One person told us, "Last year I put on weight because the food is so good here".

The home had a warm, friendly and relaxed atmosphere. The registered manager welcomed feedback and used this to drive improvement and change. There were regular residents' meetings to gain people's feedback. People, relatives and staff were complimentary about the leadership and management of the home. One member of staff told us, "It's very good, it's one of the best I've known and I've been doing this for over 30 years. They are a team, they're easy to talk to and things get done. I'm happy with it".

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The home was not consistently safe.

Not all risks had been identified and assessed and a serious incident had occurred. Care plans and risk assessments were not always updated following accidents that had occurred.

There were sufficient numbers of staff working to ensure that people were safe, staff were aware of how to recognise signs of abuse and knew the procedures to follow if there were concerns regarding a person's safety.

People received their medicines on time, these were dispensed by trained staff and there were safe systems in place for the storing and disposal of medicines.

### Is the service effective?

**Requires Improvement**

The home was not consistently effective.

People were asked their consent before being supported. The registered manager was aware of the legislative requirements in relation to gaining consent for people who lacked capacity, however, had not always underpinned this to ensure that formal assessments of people's capacity had taken place.

People were cared for by staff that had received training and had the skills to meet their needs. People had access to health care services to maintain their health and well-being.

People were happy with the food provided. They were able to choose what they had to eat and drink and had a positive dining experience.

### Is the service well-led?

**Requires Improvement**

The home was not consistently well-led.

Records did not always provide staff with sufficient guidance to inform their practice; neither did they always reflect the good practice carried out by staff.

People and staff were positive about the management and culture of the home. People were treated as individuals, their opinions and wishes were taken into consideration in relation to the running of the home.

Quality assurance processes monitored practice to ensure the delivery of high quality care and to drive improvement.

# Charles Lodge

**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 home, and to provide a rating for the home under the Care Act 2014.

The inspection was unannounced, which meant that the registered manager and staff did not know we were coming. The inspection team consisted of two inspectors. Prior to the inspection we reviewed the information we held about the home which included the information of concern as well as information we had received from the local authority. We used this information to decide which areas to focus on during our inspection. On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This was because our inspection was unplanned and we were responding to risk.

We undertook this focused inspection in light of information of concern we had received with regards to an incident that had occurred at the home. The incident is subject to an investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident prior to it, indicated potential concerns about the management of risk. This inspection examined those risks and our inspection enabled us to confirm whether a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had taken place.

Prior to the inspection we had communicated with a professional from the local authority to gain their feedback. During our inspection we spoke with two people, three relatives, one visitor, four members of staff and the registered manager. Some people had limited or no verbal communication and were unable to speak to us. Therefore 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. We reviewed a range of records about people's care and how the service was managed. These included the individual care records for seven people, medicine administration records (MAR), four staff records, quality assurance audits, incident reports and records relating to the management of the home. We observed care and support in the communal lounges and in people's own bedrooms.

Requires Improvement

# Is the service safe?

## Our findings

People, as well as their relatives and a visitor told us that the home was a safe place to live. Observations showed that people felt safe and free from harm at the home. People were smiling and looked relaxed in the company of staff. People asked for help and support from staff that were happy to help. One person told us, "I'm safe alright". When asked why they felt safe, they told us, "There is always someone to help me; they always come if I use the call bell. I'm never worried, staff would help me". When asked about their relative's safety a relative told us, "I think they're on the ball, they're very aware of my relative's limitations. Once they tried to go to the bathroom on their own during the night and had a fall, they put a sensor mat in place straight away, they seem very proactive to make things right". Despite these positive comments we found an area of practice that required improvement.

At the previous inspection, an area in need of improvement related to the management of risk with regards to activities that were specific to people's assessed needs. This related to people who self-medicated and those that accessed the community independently. At this inspection it was evident that improvements had been made, these risks had been identified and appropriate precautions implemented to ensure people's safety. People's freedom was not unlawfully restricted and they were able to take risks. Observations showed some people independently mobilising around the home, whilst others were able to access the local community independently or with their relatives.

Maintenance plans were in place and had been implemented to ensure that the building and equipment were maintained to a good standard. Regular checks in relation to fire safety had been undertaken and people's ability to evacuate the building in the event of an emergency had been considered, as each person had an individual personal emergency evacuation plan. A business continuity plan informed staff of what action needed to be taken in the event of an emergency. However, not all risks associated with the environment and people's safety were identified and managed appropriately. Regular audits of the environment had failed to identify potential hazards and therefore appropriate measures had not always been taken to ensure that the environment was safe. Once this had been raised with the registered manager they had taken immediate action to ensure people's safety. Accidents and incidents that had occurred were recorded, however, action had not always been taken in response to accidents to ensure that people's care plans and associated risk assessments were up-to-date to reflect changes in their needs and to reduce the risk of accidents occurring again. The auditing of the environment as well as the responsiveness of the registered manager when accidents and incidents occurred were areas identified of practice in need of improvement.

Staff had a good understanding of safeguarding adults, they had undertaken relevant training and could identify different types of abuse and knew what to do if they witnessed any incidents. Incident records documented injuries that people had sustained and these were regularly analysed and monitored to ensure people's safety. The registered manager had an understanding of safeguarding and had cooperated with the local authority when they were looking into safeguarding concerns to assure people's safety. There were whistleblowing and safeguarding adults at risk policies and procedures. These were accessible to people and staff and they were aware of how to raise concerns regarding people's safety and well-being. A

whistleblowing policy provides staff with guidance as to how to report issues of concern that are occurring within their workplace. A member of staff told us, "I'd go to the manager or report it to head office".

People were supported by staff that were suitable to work within the health and social care sector. Prior to their employment commencing identity and security checks had been completed, and their employment history gained. In addition to this, their suitability to work was checked with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people.

There were sufficient numbers of staff to safely and effectively meet peoples' needs. People's needs had been assessed when they first moved into the home and these were regularly reviewed to provide an accurate overview of their needs. Staffing was flexible to meet people's needs and staffing levels were increased if people's needs changed. The registered manager had recently increased the staffing levels during the afternoons and evenings to ensure that there were sufficient staff to meet people's needs when they required support. People, as well as their visitors and relatives told us that there was enough staff and that when people required assistance staff responded promptly to their needs. As well as there being sufficient staff to meet people's' physical needs, staff spent time with people, enjoying conversations and interacting with people. A visitor told us, "I've never felt that there has not been enough staff, you hear people asking for help and there is always someone around to help people. All the residents seem happy, staff take time for them and when the call bell rings staff come quickly". A member of staff told us, "We have time in the afternoons to just sit with people and be with them, it's nice".

People and relatives told us that people received support with their medicines and had these on time. People were assisted to take their medicines by staff that had undertaken the necessary training and whose competency was regularly assessed. In order not to be interrupted the member of staff responsible for dispensing and administering the medicines wore a red tabard, this made everyone aware that they were not to be disturbed, therefore minimising the risk of any medication errors occurring. People's' consent was gained and they were supported to take their medicines in their preferred way. People were asked if they were experiencing any pain and were offered pain relief if required, this complied with the provider's policy for the administration of 'as and when' required medicines. People confirmed that if they were experiencing pain that staff would offer them pain relief. One person told us, "I get my medicine every morning they always remember. If I am in pain I just ring down and they give me my tablet". One person, who was able, had chosen to administer their own medicine. Each person had a medicine administration record (MAR) sheet which contained information on their medicines, these had been completed correctly and confirmed that medicines were administered appropriately and on time. Medicines were stored correctly and there were safe systems in place for receiving and disposing of medicines.

Requires Improvement

# Is the service effective?

## Our findings

People and relatives confirmed that they felt staff were competent, well trained, and efficient and knew people well and our observations confirmed this. One person told us, "Staff are trained". A visitor told us, "Staff know them really well; they know when to leave things and know how to approach them". A relative told us, "Staff know what they're doing". People, relatives and a visitor told us that people were asked for their consent before being supported and our observations confirmed this. A visitor told us "They never force them to do anything". However, despite these positive comments, we found an area of practice that required improvement.

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 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).

The registered manager had an understanding of the MCA and staff gained people's consent in relation to day-to-day decisions that affected their lives. However, this had not always been underpinned with the relevant documentation to demonstrate that people's capacity had been formally assessed in relation to specific decisions; neither did it demonstrate that relevant people had been involved in making decisions on people's behalves.

The provider had introduced and deployed the use of CCTV (surveillance) within the communal areas of the home, such as the lounges and dining areas, for the purpose of safety and investigating incidents. The legal framework requires that any use of surveillance in care homes must be lawful, fair and proportionate and used for purposes that support the delivery of safe, effective, compassionate and high-quality care. Signs to inform people of the use of CCTV were in place and one person was able to tell us about its use, commenting that 'Big brother is watching'. The registered manager had taken steps to inform people on the use of CCTV and had asked some people, as well as some relatives and staff, to sign a piece of paper stating that they were aware of its use.

The registered manager had not ensured that people, who potentially lacked capacity, had relevant mental capacity assessments in place to determine their capacity to fully understand the decision that they were making. The registered manager had informed some relatives of the use of CCTV and had asked them to sign the document to confirm they were happy for it to be used. The registered manager had not ensured that people's relatives had the legal right to make decisions on people's behalves. There was no formal documentation to confirm that people living at the home had been informed of the use of CCTV. The provider had policies and procedures to ensure people's privacy and dignity, however these did not identify the use of CCTV nor did they consider the impact that CCTV might have had on people's privacy, dignity and human rights.

The registered manager had made DoLS applications for some people. Some people were living with dementia, the registered manager had identified that these people required DoLS applications to be made due to the restrictive practices operated within the home, such as the use of bed rails, locked staircases and front doors. The registered manager also confirmed that people would be discouraged from leaving the home unaccompanied. The registered manager had not yet submitted the DoLS applications for some people and as a result people were potentially being deprived of their liberty unlawfully.

The registered manager had not ensured that the care and treatment of service users was provided with the consent of the relevant people. This was a breach of Regulation 11 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by staff that had the relevant skills, experience and knowledge. The registered manager had a commitment to learning and development, they explained that they had recruited staff who held diplomas in health and social care, but would encourage staff to undertake the Care Certificate if they were new to the health and social care sector. The care certificate is a set of standards that social care and health workers can work in accordance with. It is the minimum standards that can be covered as part of the induction training of new care workers. Newly recruited staff, regardless of their previous experiences, were able to familiarise themselves with the provider's policies and procedures, orientation of the home, people's needs and the expectations of their role as they were able to undertake shadow shifts with more experienced members of staff. Staff had completed training which the registered manager considered essential to their roles as well as completing training that was specific to the needs of the people they were supporting, such as falls safety and supporting people living with dementia. There were links with external organisations to provide additional learning and development for staff, such as external healthcare professionals and private training providers. Staff told us that they received sufficient training to enable them to provide care to people in a competent and consistent way.

People were cared for by staff that had access to appropriate support and guidance within their roles. Regular supervision meetings and annual appraisals took place to enable staff to discuss their needs and any concerns they had. They provided an opportunity for staff to be given feedback on their practice and to identify any learning and development needs. Staff told us that they found supervisions and appraisals helpful and supportive, however, explained that they could also approach the registered manager at any time if they had any questions or concerns.

People's communication needs were assessed and met. Observations of staff's interactions with people showed them adapting their communication style to meet people's needs and care plans documented people's abilities and informed staff of the additional support the person might need. In addition to care plans, regular handover and team meetings ensured that staff were provided with up-to-date information to enable them to carry out their roles and support people effectively.

People, relatives and a visitor told us that staff knew people well and were able to recognise when people were unwell and seek support from external healthcare professionals when needed. A visitor told us, "They would recognise if they unwell, the staff are very switched on. Their pain relief has been changed recently, they were pale in colour and I noticed that they had had the doctor in already. Staff are ahead of any changes". People's health needs were assessed and met. People received support from healthcare professionals when required, these included GPs, and district nurses and specialist consultants.

People's skin integrity and their risk of developing pressure wounds was assessed upon admission and regularly reviewed using a Waterlow Scoring Tool, this took into consideration the person's build, their weight, skin type, age, continence and mobility. These assessments were used to identify which people were

at risk of developing pressure wounds. For people who had pressure wounds, district nurses visited regularly and ensured that wound assessment charts had been completed providing details of the wound and the treatment plan recommended, effective monitoring also took place to monitor for improvement or deterioration. There were mechanisms in place to ensure that people at risk of developing pressure wounds had appropriate equipment to relieve pressure to their skin, these included specialist cushions and air mattresses, these items were regularly monitored to ensure that they were at the correct setting for people's weight to ensure that they remained effective. People's risk of malnutrition was assessed upon admission and regularly reviewed. A Malnutrition Universal Screening Tool (MUST) was used to identify people who were at a significant risk, and these people were weighed regularly, to ensure that they were not unintentionally losing weight.

People had a positive dining experience and told us that they enjoyed the food and had a choice of menu each day. One person told us, "Last year I put on weight because the food is so good here". People ate their meals in the dining room, or in their own rooms, dependent on their preferences and care needs. The dining rooms created a pleasant environment for people, tables were laid with tablecloths, placemats and condiments and people could choose what they had to eat and drink. Observations showed that people were encouraged to have regular drinks and snacks throughout the day and a list was displayed informing people of the snack choices available once the chef had left for the day. People's preferences and needs in relation to their nutrition were documented in their care plans and associated risk assessments. Staff were provided with information about people's dietary requirements in relation to their cultures. Care plan records for one person stated that the person couldn't eat certain types of food and this was respected by staff. A relative of one person told us how the chef went out of their way to prepare food in accordance with the person's culture, particularly when their appetite decreased. The relative explained that the person enjoyed this and was soon enjoying eating foods that had been familiar to them throughout their life. They told us, "Staff are very aware and they always ensure that this is respected".

Requires Improvement

# Is the service well-led?

## Our findings

People, relatives and a visitor praised the leadership and management of the home. They told us that the registered manager was supportive, approachable and friendly. A relative told us, "The manager is on the ball". A comment within a recent relative's survey, stated, "The manager gave me lots of time and information and couldn't have been more supportive". However, despite this positive feedback, we found an area of practice that needed improvement.

Staff were knowledgeable about people and knew about people's needs and abilities. They demonstrated good practice and ensured that people's care and health and well-being were promoted. Records did not always reflect staff's good practice. Care plans, although recognising people's specific needs, were not always detailed enough and did not always provide staff with sufficient guidance to ensure that good practice was consistent amongst the staff team. One person was living with diabetes. Records of the person's blood glucose levels showed that these were not always well-controlled. Care plan records for the person did not provide staff with sufficient guidance as to what action they should take if the person's blood glucose levels were too low or too high.

Observations within a staff handover meeting demonstrated that staff had a good awareness of one person's health condition and the impact that this was having on their comfort. Their care plan records did not identify the healthcare condition and therefore did not provide staff with sufficient guidance to ensure that all staff were working in a consistent way to promote the person's health. The registered manager had identified that entries in daily care records, to demonstrate the good practice that staff were undertaking, were not always detailed enough. Records of a recent staff meeting stated, 'Sometimes there isn't enough information in the care plans. Mostly they are okay, more information is needed". Staff were not always provided with sufficient guidance to enable them to care for people in a consistent way and records did not always reflect the good practice demonstrated by staff. Following the inspection, the provider informed us that electronic care plans had been introduced that provided staff with more detailed and specific information to inform their practice. However, this was an area of practice that needed improvement and requires embedding in practice.

The home was part of a wider organisation; the provider has a number of homes throughout the South of England. As part of the support provided to the registered manager they were visited on a regular basis by the area manager. The management team consisted of a registered manager, a deputy manager and senior care staff. The provider had a statement of purpose, this stated, 'We aim to make every service users stay as homely and as comfortable as possible for the duration of their stay. We want our service users to feel that they are in their own home'. This was demonstrated and embedded in practice. People, relatives and a visitor consistently provided positive comments about the culture of the home and the approach of the manager and staff. When asked what Charles Lodge did better than other homes, a member of staff told us, "It's a home from home, that's what made me want to work here. Its homely, the staff are nice and it's well run. It shows in the running of the home and it's why we've got the waiting list we've got".

Staff told us that they thought the home was well-led and managed well. One member of staff told us, "It's

very good, it's one of the best I've known and I've been doing this for over 30 years. They are a team, they're easy to talk to and things get done. I'm happy with it". Staff morale was good and staff appeared happy in their work. A relative told us, "Morale is good, core staff stay". Another relative told us, "The manager is usually around. The staff seem happy; you don't ever see them with grumpy faces". The registered manager and staff promoted a calm and friendly atmosphere. Records of a recent staff meeting demonstrated how staff were empowered and valued. The registered manager had informed them, 'We are a great team. Be proud and keep our standards up'. The positive culture within the home was recognised by people, relatives and a visitor, who told us, "I can't think of anything they can do better. They couldn't do any more for them. I have visited a lot of homes and have seen things but I've never seen that here. I never come here and leave worried. I would recommend it 100% to anyone".

There were good systems and processes in place to ensure that the home was able to operate effectively and to make sure that the practices of staff were meeting people's needs. There were mechanisms in place to obtain feedback from people and relatives to enable the management team to have an oversight of the service people were receiving. This ensured that people were receiving the quality of service they had a right to expect. People were involved in decisions that affected the running of the home. Regular resident's meetings took place enabling people to voice their opinions about food choices, activities and the home. Actions had been taken in response to people's feedback within meetings. Records showed that the registered manager had monitored the minutes of meetings and had commented and signed against actions to state that they had been completed. People and relatives confirmed that the registered manager was responsive and strived to improve the home. Regular audits were conducted by the registered manager and the area manager. Action plans, as a result of the audits, were implemented and monitored to ensure that any improvements that needed to be made were completed appropriately and in a timely manner. The local authority also undertook their own quality monitoring visits to ensure that the home was a safe and suitable place for people to live.

There were links with external organisations to ensure that the staff were providing the most effective and appropriate care for people and that staff were able to learn from other sources of expertise. These included links with the local authority, the Care Home In-Reach team and other healthcare professionals. This ensured that people's needs were met and that the staff team were following best practice guidance. The registered manager attended management meetings and was supported in their role through these meetings as well as through regular contact with the area manager who frequently visited the home. The provider had a membership with the National Care Association. The National Care Association represents small and medium sized care providers and liaises with Government and key stakeholder groups to ensure that the voice of the care sector is heard.

The registered manager demonstrated their awareness of the implementation of the Duty of Candour CQC regulation and records showed that they had informed peoples' relatives if peoples' health needs or condition had changed. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons'. This was confirmed by relatives who told us that they were involved in their loved ones care and kept up-to-date when changes occurred. A relative told us, "Oh yes, definitely. My relative had a fall and they called me and let me know that they were okay". The registered manager had submitted notifications to CQC to inform us of certain events and incidents that had occurred to enable us to have oversight of them to ensure that people were safe.

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 | Regulation 11 HSCA RA Regulations 2014 Need for consent<br><br>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2014. Need for consent.<br><br>Regulation 11(1) (2) (3) (4) (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for consent.<br><br>The registered person had not ensured that suitable arrangements were in place for obtaining and acting in accordance with the consent of service users or establishing and acting in accordance with the best interests of the service user in line with Section 4 of the Mental Capacity Act 2005. |