

Amore Elderly Care Limited

Charles Court Care Home

Inspection report

The Ploughman
Hereford
Herefordshire
HR2 6GG

Tel: 01432374330
Website: www.prioryadultcare.co.uk/find-a-location/charles-court-care-home

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Charles Court Care Home is a care home providing nursing and personal care for up to 76 younger adults and older people some of whom are living with dementia. The home's purpose-built environment is divided into two units, which specialise in nursing care for people with dementia and general nursing care respectively. At the time of our inspection, there were 74 people living at the home.

People's experience of using this service and what we found

Staff understood how to identify and alert others to potential abuse involving people who lived at the home. The risks associated with people's individual care needs, the premises and equipment in use were assessed and managed. The provider employed enough staff to safely meet people's care needs. Systems and procedures were in place to ensure people received their medicines safely and as prescribed. Staff and management took steps to protect people from the risk of infections.

People's individual care needs were assessed before they moved into the home. Staff received an initial induction, following by ongoing training and management support to enable them to work safely and effectively. People had encouragement and, where needed, physical assistance to eat and drink. Staff and management worked with a range of community health and social care professionals to ensure people care needs were monitored and met. Steps had been taken to adapt the home's purpose-built environment to the needs of people living with dementia. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had taken the time to get to know people well and approached their work with kindness and compassion. People and their relatives were supported to express their views about the care provided. Staff treated people with dignity and respect and took steps to protect their personal information.

People's care plans were individual to them and promoted a person-centred approach. People's communication and information needs had been assessed in order to address these. People had support to participate in a range of social and recreational activities. People and their relatives were clear how to raise concerns and complaints about the care provided. The provider had procedures in place to identify and address people's wishes and choices regarding end-of-life care.

People and their relatives spoke positively about the overall management of the service. Staff felt valued and supported by the management team. The management team understood their responsibility to inform people and relevant others if something went wrong with care provided. They took steps to keep themselves up to date with current legislation and best practice guidelines and sought to engage with people, their relatives and staff. The provider had quality assurance systems and processes in place to monitor and improve the quality of people's care.

Rating at last inspection

The last rating for this service was Requires improvement (report published 20 October 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

Charles Court Care Home

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 Care Act 2014.

Inspection team

The inspection was carried out by three inspectors and a specialist advisor who is a nurse specialist.

Service and service type

Charles Court care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This was an unannounced inspection.

What we did before the inspection

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought feedback on the service from the local authority and local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection

We spoke with eight people who used the service, five relatives and a community healthcare professional about their experience of the care provided. We also spoke with the registered manager, deputy manager,

two clinical leads, head chef, two senior care staff and four care staff. 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. these included 10 people's care records, medicines records and five staff recruitment records. We also reviewed incident and accident records, complaints records and records relating to the safety of the premises and management of the service.

After the inspection

We spoke with six community social care professionals about their experiences of the care provided. We also reviewed additional information provided to us by the registered manager.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in how to identify and alert others to potential abuse involving people who used the service. They told us they would report any abuse concerns to the management team without delay, and had confidence these would be acted on.
- The provider had safeguarding procedures in place to ensure the relevant external agencies, such as the local safeguarding adults team and police, were notified of any suspected or witnessed abuse.
- People told us they felt comfortable speaking to staff if they had any concerns about their own or others' care at the home.

Assessing risk, safety monitoring and management

- People felt safe living at the home. They told us the availability and attitude of staff, along with the security of the premises, helped them feel safe and secure. People's relatives were confident staff and management took appropriate steps to help their loved ones stay safe. One relative told us, "I feel 100% confident in the care. We [relatives] visit on alternate days and are very confident [person] is being well looked after."
- The risks to people's health, safety and wellbeing were assessed, kept under review and plans implemented to manage these. This included consideration of people's nutrition and hydration, mobility and risk of falls, physical and mental health, and their risk of developing pressure sores.
- Staff received training in the provider's health and safety procedures and safe working practices. However, we witnessed one staff member using an unsafe moving and handling technique, which was challenged by the home's manual handling trainer. The management team assured us this staff member had completed moving and handling training, and would be undergo further training and competency checks before they were involved in helping people to move and transfer.
- The provider had robust systems and processes in place to check the safety of the premises and equipment staff used to support people, including regular checks on people's wheelchairs, hoists and beds.
- Procedures were in place to ensure up-to-date information on the risks to people was communicated across the staff team. These included documented handovers between shifts and daily 'flash meetings' attended by key members of staff. A staff member explained, "Communication has to work well here. We have to have good rapport with each other and work as a team."

Staffing and recruitment

- People told us staff were available to help them when they needed support. One person said, "Staff come to help you within a matter of minutes - usually five minutes or less." Another person told us, "There is no waiting for support [from staff]."
- Staff felt the staffing levels maintained at the home were safe. One staff member told us, "Staffing levels

are safe. They [management] always call in staff if we are short and they try their best to cover. This is important as we have some people who are prone to falls."

- The management team monitored and adjusted their staffing requirements in line with people's current care needs, using a monthly 'dependency tool'.
- Pre-employment checks were completed on all prospective staff to confirm they were suitable to work with people who lived at the home.

Using medicines safely

- The provider had systems and procedures in place to ensure people received their medicines as prescribed.
- People's medicines were administered by nurses, aside from non-medicated creams and ointments which were applied by trained care staff who underwent periodic competency checks.
- 'PRN protocols' had been produced to provide staff with clear written guidance on the expected use of people's 'as required' medicines.
- Any decisions to administer people's medicines covertly were taken in line with the principles of the Mental Capacity Act 2005, through consultation with the person's next of kin, GP and pharmacist.

Preventing and controlling infection

- Staff received infection control training to help them understand how to protect people from the risk of infections. The provider had an infection control policy in place, and the management team had appointed an infection control lead to monitor and improve working practices in this area.
- Staff had been provided with personal protective equipment (disposable gloves and aprons) and we saw they made appropriate use of this.
- As part of infection control measures, regular checks were completed on the condition of people's mattresses to identify any damage to these.
- Domestic staff supported care staff in maintaining standards of hygiene and cleanliness at the home. We found the home's environment to be clean and hygienic throughout. One person told us, "It [the home] offers a warm welcome and is clean and tidy ... The standard of hygiene seems quite high to me personally."

Learning lessons when things go wrong

- The provider had procedures in place to enable staff to report and record any accidents or incidents involving people who used the service.
- The provider and management team monitored all accident and incident reports in order to understand underlying causes, learn from these events and take action to prevent things from happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people moved into the home, their individual care needs were assessed and recorded, to ensure the service was able to meet these effectively and to inform initial care planning.
- The management kept themselves up to date with current legislative requirements and best practice guidelines. They achieved this through, for example, weekly updates from the provider and attending further training, monthly managers' meetings and events organised by the local authority.
- Staff and management recognised the need to promote people's equality and diversity through their work, and to take into account people's protected characteristics. They explained they had attended a presentation on inclusiveness at the home by a representative from the local authority.

Staff support: induction, training, skills and experience

- People and their relatives had confidence in the competence of staff.
- All new staff completed the provider's induction training to help them understand and settle into their new roles.
- Staff participated in a rolling programme of training and refresher training, designed to give them the knowledge and skills needed to work in a safe, effective and person-centred manner.
- Staff told us their training reflected their duties and responsibilities and enabled them to work with confidence. Some staff referred to their recent training on maintaining a positive culture within the home, which had prompted them to reflect on their interactions with people.
- Nursing staff attended additional clinical training to enable them meet people's nursing care needs. They also received support from management with their three-yearly revalidation. Revalidation is the process by which registered nurses demonstrate to the Nursing and Midwifery Council (NMC) they remain fit to practice.
- Aside from training, staff attended regular one-to-one meetings and group supervisions with a senior colleague or member of the management team, and an annual appraisal with the registered manager. One staff member explained, "We are always having supervisions down here [on ground-floor unit]. We've also had lots of group supervisions. Most recently, these have been around people's oral healthcare and changing their beds." Staff confirmed they received constructive feedback on their work as part of their one-to-one meetings and were able to raise any work-related issues or additional training needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People had support from staff to eat and drink enough and were encouraged to make choices about what they ate and drank on a day-to-day basis. Menus were displayed in a pictorial format to aid people's choices.
- If people did not want the options available at a particular meal, they were able to choose alternatives

from the home's 'café menu'. People were invited to complete periodic food surveys to inform menu-planning at the home.

- Any complex needs or risks associated with people's eating and drinking were assessed, with specialist advice where appropriate. The head chef explained they were kept up to date with people's individual dietary needs, including any cultural or religious requirements, by nurses and management.
- Mealtimes at the service were social, unhurried and well-organised events. Staff gave people any physical assistance needed to eat safely and comfortably, offered them a choice of drinks and checked they were enjoying their meals.
- Staff ensured people had access to regular drinks and snacks in between mealtimes, including those who were cared for in their personal rooms.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People and their relatives confirmed staff and management helped them access primary care services when they needed these. One person told us, "They [staff and management] certainly would get you a doctor if you were ill."
- People's care files included details of their medical history, to help staff understand their health needs, and care plans had been developed in relation to the management of long-term health conditions.
- Where people had skin damage or wounds, procedures were in place for nursing staff to evaluate and manage these.
- Each person had a 'hospital passport', designed to provide medical staff with key information about their needs in the event of a hospital admission.
- People's oral healthcare needs were assessed on a monthly basis. Staff underwent periodic oral healthcare competency checks, to ensure people had the support they needed to maintain and improve their oral health.
- Staff and management recognised the need to work collaboratively with community health and social care professionals to meet people's individual care needs. People's care records evidenced staff and management liaised with community professionals, such as GPs, specialist nurses and dieticians, in response to changes in their physical and mental health.

Adapting service, design, decoration to meet people's needs

- The home's purpose-built environment provided people with enough space to socialise with one another and participate in recreational activities, eat in comfort, receive visitors or spend time alone if they chose. The home's large garden was well-designed, level and secure.
- The size, layout and lighting of corridors, communal areas and people's personal rooms enabled staff to make safe use of specialist moving and handling equipment.
- Long corridors had resting places with comfortable chairs and well-designed handrails to help people move around their home safely.
- People were encouraged to personalise their rooms, and corridors contained artwork depicting the local area and the creative projects people had been involved in.
- Efforts had been made to create a dementia-friendly environment. This included the use of clear, pictorial signage and different coloured bedroom doors to help people navigate around their home. The registered manager explained the provider's dementia specialist carried out periodic reviews of the home's environment. The purpose of this was to look at ways of further adapting this to the needs of people living with dementia.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff and management recognised and promoted people's rights under the MCA.
- Staff received training to help them understand their role in supporting people's day-to-day decision-making. We saw they sought people's consent before carrying out their care.
- Formal mental capacity assessments and best-interests decision-making had been completed in relation to significant decisions about people's care. This included the proposed introduction of restrictions, such as floor sensor mats to reduce people's risk of falls.
- DoLS applications had been submitted based upon an individual assessment of people's and care arrangements. The management team and nurses reviewed any conditions on DoLS authorisations in order to ensure they were complied with.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives spoke positively about the kind and caring manner in which staff approached their work. One person told us, "Staff have the right attitude. They're caring and considerate ... You can talk to them if you have a problem and they'll help you." Another person said, "They [staff] are very patient and very helpful." A relative explained, "Nothing is too much trouble [for staff] ... They take such good care of [person]. They always make sure [person] is nicely dressed and their clothes are coordinated the way they always have dressed."
- Staff and management knew people's individual needs and preferences well. They spoke to us about the people they supported in a respectful and person-centred way. One staff member explained, "You have to know the people who live at the home really well, as some can't tell you what is wrong. You can tell by little changes in their behaviours that something is not right."
- Staff met people's personal care needs in a discreet and sensitive manner, and gave people reassurance during care interventions.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us they were able to freely express their views about the care provided to staff and management.
- We saw staff had enough time with people to engage in unhurried conversation with them and respond to their questions and requests.
- Monthly 'Your voice' meetings were held with people, to which their relatives and friends were also invited, to invite their views and suggestions on the service.

Respecting and promoting people's privacy, dignity and independence

- Staff and management understood the need to promote people's rights to privacy, dignity and independence.
- Staff spoke to people in a polite and respectful manner and knocked on their doors before entering their personal rooms.
- The provider had procedures in place to protect the confidentiality of people's personal information and we saw staff understood and followed these.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individualised care plans which were kept under monthly review by staff and management.
- People's care records contained details of their personal history, interests and known preferences to promote a person-centred approach.
- People and their relatives were invited to care review meetings to discuss whether the service provided was still meeting their needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The management team understood their responsibilities under the AIS.
- People's care files included information about their individual communication and information needs to ensure they had the support they needed in these areas. We saw staff adjusted their communication with people to suit their individual needs.
- We saw examples of alternative accessible formats in use to aid people's understanding of key information. This included a large wall-mounted pictorial activities board informing people of upcoming activities for the week.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their relatives were satisfied with the choice of social and recreational activities on offer at the home. One person told us, "They [staff and management] put on a good variety of activities." Another person said, "They usually find something for us to do. I'm generally quite happy with the activities."
- The provider employed activities staff who took the lead on planning and facilitating people's day-to-day activities. These staff engaged with local specialists, projects and interest groups to enhance activities provision at the home. For example, people had worked on a project led by the creative ageing team at the local theatre to investigate the history of the site on which the home had been built.
- The range of activities on offer included gentle exercise sessions, pet therapy, visiting entertainers and musicians, arts and crafts and trips out into the local community. Examples of people's artwork were on display at various points within the home.
- In planning people's activities, consideration had been given to the specific needs of people living with dementia. Dementia-friendly activities included 'music & memory' sessions designed to draw upon people's

music-related memories.

- Staff and management had developed and maintained good community links to support people's faith. This included enabling people to receive regular communion at the home.

Improving care quality in response to complaints or concerns

- People and their relatives were clear how to raise any complaints or concerns about the service provided, and told us they felt comfortable doing so.
- The provider had systems and procedures in place to ensure any complaints received were clearly recorded and responded to in a fair and consistent manner. One relative described to us how the management team had resolved their concern about an aspect of their loved one's care.

End of life care and support

- At the time of our inspection, one person living at the home was receiving end of life care.
- The provider had systems and procedures in place to identify people's wishes and choices regarding their end of life care, and worked with community healthcare professionals to address these at the appropriate point in time.
- A community professional praised the prompt manner in which staff and management sought their advice when people were deemed as requiring end of life care.

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 the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 notify us of the outcome of several (DoLS) applications made to deprive people of their liberty, in accordance with their registration with us. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff and management demonstrated a clear understanding of their respective roles within the service. We saw they worked in an organised manner and communicated well with one another.
- There were effective systems of communication within the home and regular governance meetings to ensure staff and management had a shared understanding of any quality performance issues and risks affecting people's care.
- The management team understood the regulatory requirements upon the service, including the need to tell us about certain changes, events and incidents that affect their service or the people who use it. Our records showed they had submitted these 'statutory notifications' in line with their registration with us.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We saw people and their relatives were at ease in the presence of management and freely engaged them in conversation. People and their relatives spoke positively about the overall management of the home and standard of care provided, and their direct dealing with management. One relative told us, "I don't think they [management] tell you what you want to hear; they tell you the truth ... They are approachable, as are the nurses and I am more than happy with the care." Another relative said, "[Registered manager] doesn't believe one size fits all, but that things in the home should be tailored to the individual resident [person who lives at the home]."
- Staff spoke about their work with enthusiasm and respect for the people living at the home. One staff member told us, "I like my job and I love the residents [people who live at the home]. We have lovely staff team and good teamwork." Another staff member said, "I have fallen in love with the place [the home]; It's my passion. I love coming to work."
- Staff felt the management team were supportive, fair and understanding. One staff member told us,

"[Deputy manager] is amazing ... She understands and take into account our feelings. They [management team] are both kind and caring." Another staff member said, "If I've got a problem, I go and see them [management team]. I can talk to them anytime." A further staff member commented, "[Registered manager] empowers you to do what you are good at."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team recognised their responsibility to be open and honest with people and relevant others if something went wrong with the care provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The management team took steps to involve people, their relatives and staff in the service. This included the monthly 'Your voice' meetings with people, their relatives and friends. They also distributed annual quality surveys to invite people and their relatives' feedback on the service, and sent out regular newsletters to update them on recent and upcoming events at the home.
- Regular staff meetings were organised to provide staff with an open forum to put forward their views and suggestions regarding the service.
- People's care records demonstrated staff and management worked with a range of community health and social care professionals to ensure their needs were met. The community professionals we spoke with expressed mixed views on their dealings with, and confidence in, the management team. The management team assured us they understood the need to work collaboratively and effectively with external professionals, teams and agencies.
- Staff and management sought to maintain and develop links within the local community to benefit people living at the home. This included work with local schools, churches and community projects.

Continuous learning and improving care

- The provider had quality assurance systems and processes in place to enable them to monitor and improve the quality and safety of people's care.
- There was a clear schedule of 'quality walkarounds', audits and checks in place, focused on key aspects of the service provided. This included checks on the cleanliness, safety and suitability of the home's environment, the management of people's medicines, people's dining experience and health and safety arrangements at the home.
- The provider and management team used these quality assurance activities to identify and address areas for improvement within the service.
- We identified some contradictory and out-of-date information in people's care records including discrepancies between the information recorded in people's supplementary and main care files. We discussed these issues with the management team and a clinical lead. They assured us the current procedures for updating care plans and supporting documentation would be reviewed and improved. During our inspection, they implemented a new standard operating procedure to address this issue.