

# Amore Elderly Care Limited

# Charles Court Care Home

## Inspection report

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Date of inspection visit: 19 November 2014  
Date of publication: 01/10/2015

### Ratings

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

### Overall summary

This inspection took place on 19 November 2014 and was unannounced. Charles Court provides nursing care for up to 76 people. There were 41 people living at the home when we visited. The person managing this service had applied to become its registered manager. Soon after this inspection the person was registered as 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.

The last inspection was on 17 March 2014.

People said they felt safe living at Charles Court and the relatives that we talked with agreed. People knew who to talk to if they had any concerns. There were sufficient numbers of appropriately trained staff to meet the needs of people and keep them safe.

Assessments had been completed so that staff had the information they needed to manage identified risks.

People received their medication as prescribed.

# Summary of findings

People's healthcare needs were met as they were supported to see healthcare professionals when needed. They received their medicines as prescribed.

People's needs were met by staff who had the skills and knowledge to provide their care. People told us that the staff were kind and respectful. Relatives told us they were kept informed about their family member's care. We saw that staff involved people in their care giving people explanations of what could happen so that they could make informed choices. We saw that people were treated with dignity and respect.

People were able to raise their concerns or complaints and these were investigated and responded to. People were confident they were listened to and their concerns taken seriously.

The provider did not always act in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The provisions of the MCA are used to

protect people who might not be able to make informed decisions on their own about the care or treatment they receive. At the time of our inspection nobody was subject to DoLS, however, the provider agreed that this aspect of people's care had not been addressed. This meant that the provider could not be sure that all steps had been taken to protect the rights of those people. Applications for DoLS for a number of people have since been made.

Staff meetings were held so staff could discuss the service provided to people. People and their relatives told us that the manager and the staff were approachable at all times. We saw that staff gave people choices and asked their opinions.

The provider had taken steps to assess and monitor the home which took account of people's preferences and the views of relatives and other professionals. These had been used to make changes that benefitted the people living at the home.

# 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.

People felt safe living at Charles Court. Staff knew how to safeguard them from the risks of abuse.

The risks to people had been assessed to make sure they received safe and appropriate care.

There were sufficient staff to meet people's needs.

There was a procedure for managing people's medication safely.

Good



### Is the service effective?

The service was not effective.

People were supported by care staff who had received appropriate training.

The manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Assessments to identify if people needed to be subject to a DoLS had not been carried out which meant people's rights were not protected. However, a number of applications have been made to the local authority since this inspection as a result of assessments being carried out by the provider.

People were provided with a choice of meals and drinks that met their dietary needs. People were referred to appropriate health care professionals to ensure their health and wellbeing was maintained.

Staff followed advice and guidance so people's health needs were supported effectively.

Requires improvement



### Is the service caring?

The service was caring.

People's privacy and dignity was respected. People and their relatives were positive about the care they received.

Staff showed an interest in people encouraging them to chat about everyday matters in ways that stimulated them.

People and their relatives were encouraged to express their views on the care they received and staff were knowledgeable about their needs.

Good



### Is the service responsive?

The service was responsive.

People had their needs and wishes met by staff who responded appropriately.

Good



# Summary of findings

People's wishes and preferences, their history, the opinions of their relatives and other health professionals were respected. This ensured people received the care and treatment that met their needs.

People were encouraged and supported to raise concerns and complaints.

## **Is the service well-led?**

The service was well led.

People and their relatives were confident that their concerns would be listened to and acted upon.

The provider had put systems in place to monitor the home which took account of people's preferences and the views of relatives and other professionals.

Staff were supported by a manager who had maintained up to date knowledge on changes in legislation so that steps could be taken to protect people's rights if necessary.

**Good**



# Charles Court 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 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.

This inspection took place on 19 November 2014 and was unannounced.

The inspection team consisted of one inspector.

Before the inspection we looked at information sent to us by the provider and other bodies such as local authorities who fund the placing of people in this service and the local Healthwatch.

When we reviewed the information that had been provided it prompted concerns about the numbers of staff available to care for people, particularly at night. As a result of those concerns we started this inspection at 5:30 a.m.

Throughout the inspection we talked with nine people, four of their relatives and 19 staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing how people interact with others to help us understand the experience of people who could not talk with us. We looked at four records about people's care, staff duty rotas, complaint files and of how the home was monitored by the provider.

# Is the service safe?

## Our findings

The people we talked with told us they felt safe and the staff treated them well. One person told us, "I'm safe, yes," and a relative said, "I have never seen anything that gave me cause for concern". Another relative told us they felt confident that their family member was kept safe and not at risk of abuse.

All of the people we talked with told us they felt confident that they could raise concerns with any of the staff if required. One person said, "I would say something to the manager if I was worried".

The staff that we talked with showed a good knowledge of what an abuse was as well as the Local Authority and provider's procedures for reporting safeguarding concerns. Staff described how they would respond to allegations or incidents of abuse, and who they would report them to. One member of staff said, "I would report it; no hesitation".

Where risks had been identified the plans detailed how to minimise or manage them. For example, we saw that a number of people required assistance to get from their wheelchairs to the chairs. We saw that staff followed the written instructions about how to provide that support.

Before the inspection we had been told that there were not enough staff available in one part of the home at night. Staff told us, and the manager confirmed that extra staff were being made available to overcome this problem. We saw that the staffing rota for the following nightshift reflected this. This increase in staff had been made as a

result of an identified change in the needs of the people being cared for. During the day we saw that staff were available to support people when they needed assistance. One relative said, "I can always find someone (staff)".

We saw that staff spent time with people and talked with them. They told us that this was not only to stimulate people but to check they were well and look for any changes that might indicate the person was subject to abuse. Call bells were answered promptly by staff ensuring that people's needs and wishes were met as quickly as possible and they were not left in a distressed or undignified state.

People we talked with told us that staff looked after their medicines for them. They said they got their medicines at the same time every day. One person said, "They do that for me". We saw that people's medicines were managed so that they received them safely.

Nursing staff told us that their ability to give medications was regularly assessed by the senior staff. The quantities and type of each person's medication was clearly recorded to avoid confusion. Guidelines had been written for the staff to follow to make sure that medication was given correctly.

We saw that medications were stored and handled in a way which helped to ensure only the right person could be given them. Staff told us that regular audits of the medication system were carried out to check to make sure that medicines were being administered correctly. We saw records that confirmed this.

# Is the service effective?

## Our findings

We talked with the manager about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). No progress had been made in ensuring that those people who required a DoLS had applications made on their behalf. This meant that people's rights may not have been protected. Shortly after this inspection was completed the local authority confirmed that they had received a number of DoLS applications from the service indicating that further assessments had been carried out.

During the inspection we observed many interactions between staff and the people who use this service. We saw and heard people being given choices about such things as drinks, where they would like to sit and what they would like to do. Many of the people we saw had difficulty communicating. However, staff asked questions in a way that made it easier for them to make a choice and communicate what their answer was.

As we observed the staff we saw that they showed skills and the knowledge of procedures that enabled them to meet the people's needs. Examples of this were how they were able to help people to move around the building or to comfort and reassure people who may have become confused or upset. We talked with the staff and they told us that they had received a wide range of training in areas such as moving and handling training and dementia care that had assisted them in gaining and maintaining their skills.

We arrived at the service before breakfast had been prepared. We found that a small number of people were already out of bed. We saw that they had been offered and received drinks and one person had been given biscuits.

We talked with that person. They had difficulty communicating with us but we did establish that both the drink and the flavour of the biscuit were what they wanted. Staff told us that these were what they knew to be the person's favourites. During the inspection we regularly heard people being offered drinks and snacks. This shows that people were able to have drinks and snacks they liked, when they needed them.

Staff told us that they had asked people what their likes and dislikes were or had checked with their relatives. During both breakfast and lunchtime we saw that people were offered a choice. The meals themselves were well presented. There was a choice of two main dishes. During the inspection we heard people being asked what they wanted from the day's main meal menu. During meal times we saw that staff provided support to people if they needed it.

We talked with a group of care staff and the chef. They explained that the menu had been developed by letting the catering staff know what meals had been popular as well as being aware of people's individual preferences. Medical conditions such as diabetes were also taken into account. Staff told us that preferences and needs were taken into account so that people were encouraged to eat a healthy diet.

Relatives told us their family members had been able to access further healthcare support from outside the home. One relative told us, "I know that the doctor has seen [name] because I talked to them after they'd been". Talking to the staff and looking at care records confirmed that people had accessed such things as falls clinics, hearing clinics and chiropodists. This meant that they had access to healthcare services and received ongoing support.

# Is the service caring?

## Our findings

We saw that many of the people who lived at the home were not always able to express their needs. We saw they looked happy, were often laughing and smiling when with staff and were comfortable and relaxed. They were confident and at ease when asking staff for support.

We saw that when someone's mood changed and they became unhappy or upset staff responded by quietly talking with people and this helped to provide reassurance to the person. We heard the staff quietly talking between themselves about what was wrong and why, as well as discussing ways to calm and reassure the person.

As people had difficulty expressing themselves we spent time in the communal lounges and dining rooms of the home and observed the care provided to them. We saw that staff constantly checked and reassured people. We saw staff listened to people make choices about what they wanted, responded to them and encouraged them to take part in activities. People that we talked with told us that staff spent time with them asking what their likes and dislikes were.

We saw that a number of the people who used this service had memory and cognitive related conditions. We saw a member of staff sitting with someone discussing a magazine. The person was smiling and answering the member of staff. The staff later told us they had been discussing a picture of a place that the person was familiar with. They said they had encouraged them to talk about the place to bring back pleasant memories. Another example of positive interactions between people and the staff was a music session that we observed. Music from a

number of decades ago was being played when a staff member entered one of the lounges. The member of staff started to encourage people to listen and we saw people tapping their feet or nodding their heads in time with the music. They told us that this was to stimulate people to remember times in their lives when that music was popular.

When we talked with people's relatives they told us that they had been involved in planning their family members' care. One relative told us how they had regular meetings with the staff involved in their family member's day to day care. They also told us they found the manager and the senior staff to be approachable about any concerns.

We talked to relatives who were visiting their family members. They told us that they were able to visit at the times that they chose. We saw that the staff greeted them in a friendly and relaxed manner. We saw that they were able to stay with people in the privacy of their relatives' bedrooms or in the communal areas.

We saw that staff knocked and waited for an answer before going into bedrooms and bathrooms. We also saw that when people were assisted by staff using a hoist they made sure that this was done in as dignified a manner as possible. We saw that when people's care and personal issues were being discussed conversations were carried out in such a way as to keep them private. We also saw that people's personal records were kept securely and were only looked at by people who were authorised to do so. Staff told us that the recently appointed manager had already joined them in carrying out day to day tasks and had made constructive comments to them about how to maintain people's privacy and dignity.

# Is the service responsive?

## Our findings

Many of the people who use this service had difficulty expressing themselves and would have difficulty taking part in a formal needs assessment. We saw that staff, as part of their everyday support for people were asking them questions about their likes, dislikes and preferences in how they liked to be cared for. We talked with people who were visiting their relatives. They told us that they knew how to raise any issues or complaints. They said that they service had displayed a positive attitude towards their comments. One said, "I went straight to the manager". They told us that any issues they had were dealt with or were being dealt with to their satisfaction. Another relative described how they had talked about the difficulties they had maintaining communication with the home about their family member's wellbeing. They told us that staff had talked with them so that they could establish a system that met their particular situation.

We talked to the staff and they told us that they had used the information contained in people's records to help establish what people might like. An example of this was where a member of staff wanted to know what a person may like for breakfast. They knew that during the person's working life they used to have a particular breakfast with their workmates each morning. The staff offer that person that breakfast because they thought they might still like it and may bring back pleasant memories. We saw the person eat their breakfast and they were smiling as they did so.

We talked with a senior member of the provider's management team who was at the service during the inspection. They told us that they had been tasked with working with the manager to enhance the experience for people had memory and cognitive issues. They had visited on that day to meet with the manager and develop the plan for achieving this. We also saw that during their visit they met with a relative of one person to discuss how their family member's care could be improved.

The relatives of people using the service told us that they had been asked to provide information about their family members' likes and dislikes. They told us that this had happened before the person was admitted and since admission they had regularly been asked further questions. Staff told us that they were kept informed of any changes to people's needs during either the periodic staff meetings or the meetings that were held at the start of each shift. We also saw that changes were entered in people's care plans so that staff had up to date information to refer to should they need to. An example that they gave was when one person was moved from one bedroom to one nearer to the nursing station so that they could be more closely supervised by the night staff. We saw that these reflected what we had seen and been told about them and they had all been updated recently. This ensured that care staff had up to date information about the people they were caring for.

# Is the service well-led?

## Our findings

We talked with staff who told us that they felt able to approach the manager with comments about how the service was run. One member of staff told us, “If I see something that isn’t right I need to say something; so I will”. They told us that they thought that constructive comments by them were welcomed. Staff gave examples of how they had been encouraged to improve the service for themselves. One example was when a member of staff had questioned the way a person’s care was being delivered. They told us they had been able to discuss how that care was being delivered with a senior manager and how they could assist in improving it. They also told us that they were aware that the service had a whistle blowing policy that is designed to support and protect them should they need to report an issue.

Staff told us that senior members of the provider’s management team visited the service regularly to observe how well people’s needs were being met. The manager confirmed that this happened and was part of the provider’s corporate policy. These visits included checks to ensure that such things as staff one to one meetings and reviews of people’s care were taking place. They also include checks to make sure care records were being kept appropriately. The manager told us the need for support from the provider’s dementia specialist had been agreed at one such visit. We saw a selection of the records that were kept of these visits.

The manager had recently been appointed and was in the process of applying to be registered with us. The manager was clear about the responsibilities of a registered manager. They told us they were receiving support from members of the provider’s senior management team. On the day of this inspection their line manager and one of the provider’s specialist advisors were providing support.

Information we hold told us that where necessary the service notified us of events that they are required to inform us about.

When we talked with people who were visiting their relatives they told us that they regularly saw the manager around the building talking with people. One relative told us about meetings that were held where relatives could get together and discuss ways in which the service could be improved. Staff also told us that the manager often helped out with day to day care and would talk with them about any issues they may have. One member of staff said, “It’s good, we know that there is someone there for us”.

We saw that the provider had looked at accidents and incidents as they occurred. They were also looked at as part of the senior managers’ regular reviews of the service. This enables them identify trends so that they could put measures in place that reduces the possibility of the issue happening again.