brighterkind (KS) Limited

Charlotte House

Inspection report

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Date of inspection visit:
15 May 2018
16 May 2018

Date of publication:
21 June 2018

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

This unannounced inspection took place on 15 and 16 May 2018. Charlotte House 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 home is registered to accommodate up to 103 people in purpose-built three-storey premises, and 65 people were living there at the time of this inspection.

The home is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The home had a registered manager who had been in post for one year.

At our last inspection of the home in February 2017 we found a breach of Regulation 12 of the Health and Social Care Act 2008 because people's medication was not always managed safely. During this inspection we found that improvements had been made and medication was managed safely.

People we spoke with believed the home was safe. Maintenance records showed that regular checks of services and equipment were carried out by the home's maintenance person and testing, servicing and maintenance of utilities and equipment was carried out as required by external contractors. We found concerns regarding fire doors and this was addressed swiftly.

All parts of the premises looked clean. The home had received a good score following an infection control inspection and the kitchen had a five star food hygiene rating.

Before the inspection we received concerns regarding staffing levels, however during our visits to the home we found there were enough qualified and experienced staff to meet people's care and support needs. Recruitment records showed that robust procedures had been followed to ensure new staff were suitable to work with adults at risk of abuse or neglect..

Risk assessments were recorded in people's care notes and plans were put in place to reduce the risks identified. A log of accidents and incidents was maintained and the records showed that appropriate action had been taken when accidents occurred.

Staff received training about safeguarding as part of their induction, with updates periodically. The manager had reported safeguarding incidents as required and full records were kept of safeguarding referrals that had been made.

The service complied with the requirements of the Mental Capacity Act 2005 and appropriate Deprivation of Liberty Safeguard applications had been made to the local authority.

People told us they enjoyed their meals and had plenty to eat and drink. The cooks were aware of people's preferences and individual dietary needs.

There was a comprehensive programme of training for all staff to ensure that they knew how to work safely. New staff had a five day induction before starting work.

People who lived at the home told us that the staff provided them with good care and support. One person commented "I couldn't wish for better staff. They're all lovely." Another person said "They go out of their way to help you, they're so caring." Everyone had their own bedroom and personal care was provided in a discreet way in the privacy of the person's room.

The care files we looked at showed that people's care and support needs were assessed covering all aspects of their health and personal care needs and personalised plans were written for the care and support people needed. These were kept up to date with monthly reviews.

There was a planned programme of regular social activities, including trips out.

Regular meetings were held for staff and for people living at the home and their families. The staff we spoke with told us they enjoyed working at the home and found the management very supportive.

There was a schedule of quality audits for the year and these had all been completed to date. These were accompanied by action plans for improvement as needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People's medicines were stored and handled safely.

There were enough staff to meet people's support needs and robust recruitment procedures had been followed to ensure that new staff were of good character.

Maintenance records showed that regular checks of services and equipment were carried out by the home's maintenance person, and testing, servicing and maintenance of utilities and equipment was carried out as required by external contractors.

Is the service effective?

Good

The service was effective.

The home complied with the requirements of the Mental Capacity Act 2005.

People enjoyed their meals and individual needs and choices were catered for.

Staff received regular training and supervision to ensure they knew how to work safely and effectively.

Is the service caring?

Good

The service was caring.

People told us that the staff provided them with good care and support.

We observed that staff protected people's dignity and individuality by respecting their choices and preferences.

People's personal information was kept securely to protect their confidentiality.

Is the service responsive?

Good

The service was responsive.

The care files contained comprehensive assessments and plans that were updated monthly.

A range of social activities was provided to keep people occupied.

The home's complaints procedure was displayed and complaints had been addressed.

Is the service well-led?

Good

The service was well led.

The home had a manager who was registered with CQC.

Regular meetings were held for staff and for people living at the home.

The manager completed a series of quality audits which were accompanied by action plans for improvement as needed.

Charlotte House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited the service on 15 and 16 May 2018. The inspection was unannounced and was carried out by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Before our inspection we looked at the information CQC had received about the service including notifications of incidents that the provider had sent us, complaints and safeguarding. The manager had completed a 'Provider Information Return'. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We read the report from Healthwatch Cheshire West following their visit to the home in 2017, and information received from the local authority.

During our visit to the service we spoke with 12 people who used the service, five visitors and 15 members of staff including the manager and the deputy manager.

We observed care and support in communal areas and staff interaction with people. We looked at six people's care records and records relating to health and safety, staff, and the management of the service.

Good

Is the service safe?

Our findings

People we spoke with all said they felt safe at the home. They told us "I'm very safe here."; "Goodness me, of course I'm safe here. That's why I'm here, it's safer than when I was at home."; "Yes I'm safe here, we all are." and "I'm perfectly safe here. I know if I need help I've got it."

Before the inspection we had received concerns that there were not always enough staff on duty to meet people's needs. Staff told us that, although they were busy, if there were the planned number of staff on each shift then they could meet people's care needs in a timely manner. They said that management always planned for sufficient staff and in the event of sickness they tried to find another member of staff to come in. Staff on South Unit told us there were usually four care staff and a senior on duty. They described how they reorganised their work if someone called in sick and said they would get help from the other units or from the manager and deputy.

We discussed this with the area manager and the registered manager who told us that sickness levels had decreased in the home and they had employed a number of additional staff over the last 12 months. The manager told us that a dependency tool was used to determine staffing levels. During the day there was a minimum of ten care staff on duty, also a nurse on each of North and Ground Units, and a senior care worker on South Unit. At night there were two nurses and six care staff. At the time of the inspection, 22 people required nursing care. Two of the senior care staff were 'Care Home Assistant Practitioners' (CHAP). We spoke with one of these members of staff who told us she was a qualified nurse in her home country and had completed lots of training to become a CHAP.

One person who lived at the home told us "No matter what time of the day it is I can press my call button in my room and the staff come quickly."

In addition to the staff providing direct care, there were two activities organisers, a receptionist between 9am and 7pm and an administrator. Four cleaning staff and one laundry assistant were on duty each day, also a cook, two kitchen assistants and a hostess. The home had a full-time and a part-time maintenance person.

Personnel records we checked showed that robust recruitment procedures had been followed before any new staff started working at the home. This ensured that staff working at the home were of good character.

The home had polices in place to guide staff on how to identity and report any safeguarding concerns they had. A whistle blowing policy was also in place. Whistle blowing is when someone reports a concern in the workplace that they believe is in the public interest. The provider had taken steps to ensure staff had this information freely available. This included posters in the staff room and a key ring that included contact details.

Records showed that safeguarding concerns had been reported appropriately to the relevant authorities. The registered manager had also recorded these and where needed investigated. This meant that the

records could be audited to identify any emerging patterns and take action if needed.

Accidents and incidents were recorded on an electronic system and we saw a summary each month of actions that had been taken to help prevent further accidents, for example a low bed had been ordered and a sensor mat put in place to minimise the risk of injuries occurring.

All parts of the premises looked clean and the home had scored 96% on an NHS infection control audit carried out in October 2017. The kitchen had a five star food hygiene rating. The laundry was spacious well-equipped, clean and well organised. The sluices were clean and tidy. Disposable gloves and aprons were available for staff to use when providing personal care.

Fire routes were clear and equipment to help evacuate people was located at pertinent points. Monthly fire drills were held and recorded and staff we spoke with were aware of the procedures they needed to follow in the event of a fire alarm sounding. A fire risk assessment had been carried out in July 2017. Individual personal emergency evacuation plans were available in people's care plans and in a folder kept in the reception area.

However, while walking around the home we noticed that a number of bedroom doors were not fully closed. The doors were fitted with closing devices, but staff left the doors just resting into the recess to avoid them banging shut. We asked the maintenance person if the doors would close fully if the fire alarm was activated and he told us they wouldn't. This meant that they would not provide protection against smoke or fire. We brought this to the attention of the manager who took immediate action to inform all staff that doors must be closed fully. Following the inspection, the manager told us that new door closers had been fitted within a week.

We looked at maintenance records which showed that regular checks of services and equipment were carried out by the home's maintenance person. Records showed that testing, servicing and maintenance of utilities and equipment was carried out as required by external contractors.

Medication was administered by nurses on the two units where nursing care was provided and by appropriately trained senior care staff on South unit. One of the people living at the home told us "They always bring me my medication regularly and wait while I take it."

Appropriate storage was provided and room and fridge temperatures were recorded daily to check that medicines were stored at safe temperatures. We checked the controlled drugs currently in use and found that the records were accurate.

We saw good administration records with no missed signatures. Since our last inspection, clear written guidance had been put in place for all medication that was prescribed to be given 'as required' to ensure that the medication was given consistently.

We found a lack of clear, written information for staff regarding the application of prescribed creams and ointments, and regarding the use of thickening agents in people's drinks. However, when we spoke with staff they were able to tell us exactly what people required. We brought our concerns to the attention of the deputy manager and they were addressed immediately by adding additional information to the records kept in people's bedrooms.

Good

Is the service effective?

Our findings

The home was spacious providing plenty of room for people to move around using mobility aids. Two passenger lifts provided access to the upper floors and a smaller platform lift led to the older part of the house which had a small dining / meeting room people could use if they chose. Call bells were available for people to use in bathrooms, toilets and bedrooms. Bathrooms had adaptations to support people with their mobility and personal care, these included, grab rails, adapted baths and toilet chairs. However, we suggested to the registered manager that the locks on the toilet doors in the main corridors should be replaced with mechanisms that are easier for people to use and show clearly when the room is occupied.

On the ground floor there was a large dining room which led through to a sitting area. We observed that some people enjoyed sitting in the spacious reception area where they could see visitors coming and going. There was also a cinema room and several small, comfortable, homely sitting rooms that were little used.

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 be as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met and found that they were. A matrix was in place showing who the home had made DoLS applications for, if and when they had been granted, and when they required renewal.

An assessment of people's capacity to consent to live at the home and receive care was undertaken and if the person lacked the ability to consent then a DoLS application was made on their behalf. Capacity assessments of other decisions pertaining to the person's daily life had been undertaken and the care plans we looked at reflected the decisions the person could make in their daily lives and those that they may need support with.

Information on upcoming training was displayed in the staff room. Staff told us that training was provided face to face by an in-house staff member. They told us "It's good training, a good trainer. The quality of training is really good now it's not on-line." and "If we went to the managers they would provide it." Staff said that they also found information in people's care plans that could help them understand the person's health conditions. The home had a training room with moving and handling equipment; two members of staff provided moving and handling instruction and a third was being trained. The training records we looked at showed most staff were up to date with all training.

The manager told us that new staff attended a five day, comprehensive face to face induction training

course. Any members of the care staff who did not have a national vocational qualification or diploma were enrolled on the Care Certificate. Registered nurses had on-going clinical training covering areas such as venepuncture, pain management, verification of death, palliative care, wound care, pressure area care, and catheterisation.

Staff said they had regular supervision meetings and we saw records to support this. Dates for staff meetings for the year were displayed in the staff room.

People interested in going to live at the home had an assessment of their care and support needs to ensure it would be a suitable place for them. People's health care needs were identified and clearly recorded in their care files. Care records showed that people were supported to see health care professionals such as the dietician, GP, and speech and language therapist. The deputy manager told us "The GPs are brilliant." and described how a doctor had come out immediately the previous day to see someone whose health had suddenly deteriorated. They also provided a routine weekly visit.

People told us they were happy with their meals. Some comments were "They always tell me what's for lunch and if I say I don't like it, they always make me something I do like."; "It's always very good."; "The homemade cake we have with afternoon tea is lovely."; "It's perfect."; "It's always very good and there's plenty of it."; "The homemade soup is beautiful." and "They always make me a lovely bacon sandwich in the morning and bring it to my room still hot."

Breakfast was served from 7am and we saw people still being served breakfast at 11am. People could have this in their bedroom or in the dining room. The main meal of the day was served from 12:30, which for some people was very soon after their breakfast. We discussed this with the manager who said she would ask at the next resident and relative meeting whether people would prefer their main meal in the early evening.

Approximately half of the people living at the home had lunch in the large dining room on the ground floor. Tables had linen tablecloths and linen napkins and were set with condiments and sauces. Some people asked for small portions as they told us the portions were very generous.
We observed that the hostesses and care staff were kind and patient when serving the meals and people who needed a little help were assisted in a kindly way by staff.

We spoke with both of the cooks who told us they really enjoyed cooking for the home. The menus were decided by head office four weeks in advance and changed every three months. The cooks were able to tell us about special diets that people needed and a large board in the kitchen gave details. One of the cooks told us they had been sent on food texture courses to make a more pleasant dining experience for people. The other cook said "I love what I do here. I've got several diplomas to show my competence in care home food preparation and I've done a five day course with the vegetarian society."

Good

Is the service caring?

Our findings

Staff knew the people living at the home very well. When we asked staff to tell us about people and their support needs they spoke warmly about the person's personality and their choices and feelings. Staff told us that they enjoyed the times when they could sit with people and interact with them or spend a little time joining in activities with people. This showed us that staff saw people as individuals first and were not only focused on the tasks they needed to undertake to meet the person's physical needs.

One member of staff commented "We try to make people feel good, better about themselves, whether talking or personal care." Another member of staff said, "This is their home, we are where they live." Staff said they would be happy for someone they cared about to live at the home.

We asked people who lived at the home what the staff were like and they told us "They're perfect."; "I couldn't wish for better staff. They're all lovely."; "They're all so helpful."; "They go out of their way to help you, they're so caring."; "The carers are very lovely. They always take me in the garden when it's nice."

The expert by experience commented "The staff I spoke to and observed genuinely seemed to care for the residents and showed kindness and care towards them. I could see that staff really had formed relationships with quite a few of the residents I saw. All the staff I saw that day showed kindness and compassion towards the residents. The residents were treated with dignity and respect by the staff and management."

We also spoke with visiting relatives who told us "From day one they've been very accommodating. She struggled at first but with the help of the staff and management she's settled now. It's peace of mind for me." and "I can't fault the staff here, they're all very good to her. Every time we visit her she tells us how much she loves it here."

People we met were all well dressed and wore clean clothes and shoes or slippers. Some people were having their hair done in the hair salon by the hairdresser who visits twice a week. However, two visitors we spoke with said they would like their relative to have a bath or shower more frequently.

Care plan reviews referenced people's privacy, dignity and autonomy. One example we saw was "[Name] remains fully dependent on care staff for all her washing and dressing needs. She continues however to have a pride in the way she appears and is fully able to express preferences with regards to her personal presentation."

People's religious needs were met by regular visits from both Church of England and Roman Catholic clergy and another visitor provided a weekly bible study group for people who wished to attend

A series of information leaflets was available in the entrance area, and there was a brochure giving details of the services available in the home.

We saw that personal information about the people living at the home was kept securely in the office on

each of the living units which protected the confidentiality of the information.

Good

Is the service responsive?

Our findings

People we spoke with were happy with the care they received and told us they were able to make choices in daily living. One person said "Even if I'm watching a film in my room and it's 11pm I just press the call button and they come straight away and put me to bed." Another person told us "I choose when I go to bed and when I get up and they don't mind."

People's care plans contained a series of assessments that identified their support needs. Where it was identified that the person required support from staff, then a care plan was put in place to guide staff on how to provide that support. The verbal information staff gave us about people's likes and dislikes and the support that they needed and preferred matched the information recorded in their care plan. The care files were lengthy but had a "care alerts" card in the front of the folder so that staff were immediately aware if the person had a particular need or condition such as a wound or a risk of falls or choking. The assessments and care plans we looked at had been fully completed and were reviewed monthly to ensure they remained current.

The manager told us that the home's nurses had done end of life training at a local health centre and were signed up to do the Six Steps care home programme later this year. This aims to enhance end of life care through facilitating organisational change and supporting staff to develop their roles around end of life care. Staff told us they tried to do everything they could for people who were at the end of their life including supporting the person's family. A member of staff explained "We make sure their last days, hours are comfortable." Another member of staff said that if possible "we go to their funeral and management go." They told us that they often talked of people who had passed away as they are "part of the home." The manager also showed us a draft leaflet she had produced to give relatives information about end of life care.

The home's complaints procedure was displayed in the entrance area. This required more detail to ensure that people knew who they could contact with a complaint or concern and had contact details, for example email addresses. We brought this to the attention of the manager and it was addressed immediately. People we spoke with said that they had no complaints. One person told us they had spoken to the manager about a concern and it was quickly sorted out. The manager provided details of how complaints made since our last inspection had been addressed.

The home had two activities coordinators and were recruiting for two more. A weekly programme of activities was displayed on noticeboards and circulated to people living at the home. The planned activities included Bingo, board games, quizzes, ball games, lawn darts, exercises, manicure, and spa days. We watched one of the activity coordinators doing a quiz and it seemed very enjoyable with plenty of good natured banter.

The activities team organised visits from various animals and entertainers such as a magician and a singer. Eight people a month went out in a minibus and visited places such as the Boat Museum, ten pin bowling and a garden centre. We also saw that a visitor had brought in two rescue dogs. One of the dogs was very

small and people clearly enjoyed holding it. People were generally pleased with the social opportunities although one visitor told us they would like their relative to have "a bit more gentle encouragement to go outside".

We checked whether the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. In one person's care plan we saw the following information "He can answer yes or no but allow time to answer as he will groan first. He likes to use hand gestures, thumbs up for yes and for no he will put his hand flat to you."

The registered manager told us that polices within the organisation could all be provided in different languages. They also explained that information about the home could be made available in large print or braille. She provided us with examples of how they had supported people with their individual communication needs and we saw that this was recorded within the person's care plan. She also explained that they used a local library to provide large print books and in the past had accessed talking books for people.

Good

Is the service well-led?

Our findings

The home had a manager who was registered with CQC. She had been in post for one year and had previous experience as a home manager. During the inspection we also met the regional manager and the regional support manager. People who lived at the home told us "The manager is nice." and "The manager often pops in to see if I'm alright."

Staff told us that they found the registered manager approachable and supportive. Their comments included "She is hands on, she is good. It is lovely to have. "and "If we want help her door is always open." They told us that the manager would "put her uniform on" and provide physical support to people living there. A member of staff who had worked at Charlotte House for a few years said "The home has improved immensely. The manager is brilliant, she's hands on and very approachable, her door is open and you can talk to her." Another member of staff told us "There's a big difference, it's better, more homely. The manager recognises your work, even texts you at home and gives incentives for extra hours worked. She's willing to help, stays late and helps on the floor, comes in at the weekend and is so approachable."

In 2017 and 2018 the manager had won an award from the provider as the manager within the company who most displayed their value "Do it from the heart."

A member of staff told us "We are lucky, it's a lovely place to work, we look out for each other." and another member of staff commented "The staff all get on well with each other. The residents all get on well with each other. It's very relaxed here with a nice atmosphere. I've got to know all the residents. It's much better than other homes I've worked in. They send you on courses and really care about the residents."

The registered manager explained the provider had recently introduced a scheme called 'WOW'. This will look at all areas of the home to see where actions could be taken to improve people's lives. It will also look at how appreciation can be shown to staff. A personal letter and key ring had recently been sent to all registered nurses at the home to celebrate nurses day and thank them for their work. The provider also runs an 'employee of the month' scheme. A box at reception enables visitors, staff and people living at the home to vote.

We saw evidence of regular meetings for all staff, groups of staff, and for people living at the home and their families. There was also a 'daily flash meeting' to keep the team updated. The manager told us "A lot of our time as management is spent going out being visible around the home and getting to know the residents so if there were any concerns they would know who to speak to."

An annual satisfaction survey was carried out for people living at the home, relatives and staff. The regional manager provided details of the most recent surveys which showed significant improvements in satisfaction across the service.

The manager had a schedule of monthly audits to complete. Every month six areas were looked at covering care, support, environment, staffing, and management. We saw that these had all been completed up to

date with action plans and dates achieved.

We saw that plans were in place for future development of the service. This included replacement of one of the passenger lifts which had become unreliable and a contingency plan for the time it will take to replace the lift.

The registered provider is required by law to display their current CQC rating in a prominent place within the service. During the inspection we observed that a summary of the home's last CQC inspection report was displayed.

The registered provider is required by law to notify the CQC of specific events that occur within the service. Prior to the inspection we looked at notifications that had been submitted by the manager and found that this was being done.