

RV Care Homes Limited

Charters Court Nursing and Residential Home

Inspection report

Charters Towers
Felcourt Road
East Grinstead
RH19 2GW

Tel: 01342872200

Website: www.hc-one.co.uk/carehomes/charters-court

Date of inspection visit:
13 May 2021

Date of publication:
09 June 2021

Ratings

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

Summary of findings

Overall summary

About the service

Charters Court Nursing and Residential Home is a care home in East Grinstead providing personal and nursing care to up to 60 people aged over 65yrs who require support due to physical and health needs, some of whom also live with dementia. At the time of the inspection, 40 people lived and received personal and /or nursing care in the four suites of the home.

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

People received care and support meeting their individual needs and were protected from avoidable harm. Staff knew people well, protected them from abuse and neglect and provided safe support with medicines. The manager ensured lessons were learned to protect people following any adverse events.

People and staff told us there were enough staff on duty to provide safe and timely care. The provider reduced the use of temporary staff and employed more permanent staff. The manager implemented changes in roster planning to ensure good quality care was provided by the team of staff who had appropriate mix of skills and experience.

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. Where appropriate, people had deprivation of liberty safeguards authorisations and staff supported them in a least restrictive way.

The home management continued to engage with people, their relatives, staff and other professionals to ensure good governance and continuous improvement of the service. This led to improvements in food quality, staff training, safety of medicines administration and individual people's care. Staff told us they felt very supported by the manager and the provider. The provider regularly engaged with the home management team to support service quality monitoring.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 26 July 2019) and there were breaches of regulation 11 (Need for consent) and regulation 17 (Good governance). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 23 May 2019. Continued breaches of legal requirements were found, although we saw improvements had also been made to the service in other areas. The provider completed an action plan after the last inspection to show what they

would do and by when to restore their compliance with regulation 11 (Need for consent) and regulation 17 (Good governance).

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for <Name of location> on our website at www.cqc.org.uk

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Charters Court Nursing and Residential 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection site visit was carried out by two inspectors and the inspection activity was led remotely by another inspector.

Service and service type

Charters Court Nursing and Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, there was a home manager in charge of the day to day running of the service who was in the process of applying for CQC registration.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed all information we received about the service since the last inspection. We requested feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 11 people who received care and two relatives about their experience of the care provided. We spoke with 10 members of staff including the home manager, the deputy manager, staff nurse, senior care staff, care staff, the area director and the area quality director.

We reviewed a range of records. This included four people's care records and multiple medicines records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff training data, meeting records and further governance and quality assurance records. We looked at two staff records in relation to recruitment checks. We spoke with four relatives of the people using the service and one more staff member. We also received feedback from one professional working with the home.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection we made a recommendation that there is an increased management oversight of people's risks with medicines to ensure safe practice at all times. At this inspection we saw improvements were made.

- At the last inspection we found not all topical medicines had the opening dates recorded, instructions for staff were not always clear in people's medicines records, for example for 'when required' or short-term medicines. At this inspection topical medicines opening dates were recorded, people's medicines records provided with clear guidance for staff on how to administer them and there were robust individual protocols for 'when required' medicines.
- People's medicines were managed safely. Senior staff had an effective oversight of the management of medicines and individual risks. People confirmed this. One person said, "They're good with my medication. I keep my inhaler and they change it when it's empty."
- Staff supported people to reduce any risks involved in taking specific medicines. One staff explained how they monitored and managed side effects of certain medicine, "People can get bruising easily. We do care plans and we monitor the skin. We contact the GP and next of kin and the senior manager. We do the incident report. [The managers] are very accommodating if we need to call them out of hours."
- The managers implemented effective systems to communicate any changes to people's medicines which ensured risks were safely managed. For example, kitchen staff were updated when people's medicines changed and could interact with certain foods. Where people had antipsychotic medicines prescribed, we saw evidence these were regularly reviewed by a healthcare professional.
- Staff followed safe systems and processes of managing people's medicines. Where people had time sensitive medicines, their records were clear and staff set reminders to ensure people received them at the right time. Staff appropriately recorded support they provided to people with all their medicines, including 'when required', topical medicines and controlled drugs.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the home. One person said, "I feel very safe. The staff are lovely people. I'm happy."
- Staff knew how to protect people from abuse and received training in safeguarding. One member of staff said, "I would go to the manager if I make any observations and report this. From my training, I will raise it with the area director, or I report with the whistleblowing and report it anonymously. There is a number for whistleblowing on the posters and I have saved it in my phone. Violence or aggression I would report to the police on 999."

- The home manager reported any safeguarding concerns to the local authority and worked with the safeguarding teams to protect people. A visiting professional commented on how it worked for one person, "We were able to bring the district nurses into the conversation. This was also a new working relationship and has worked well with the nurses providing some updated skin care training."

Assessing risk, safety monitoring and management

- People were protected from the risk of avoidable harm. For example, staff confirmed one person's pressure areas were healing as they implemented a range of strategies to support them. This included regular support to change their position and other treatment which was described in the person's care plan.
- Staff knew people's needs well and were aware of how to support them safely. One staff member explained a person's individual needs, "If she is walking, I make sure she has her walking frame. She is at risk of falling. I also ensure her environment is safe and there is nothing on the floor. We also check her room to make sure it is safe. She likes to take care for herself, we just make sure her environment is safe for her." We observed staff followed the care plans when supporting people.
- People's care plans included clear guidance for staff on how to support them to manage risks. For example, personal emergency evacuation plans detailed how medicines could affect people's ability to evacuate. People also had detailed risk assessments which provided guidance on their mobility, choking risk, modified diet, continence or being prone to certain infections depending on their individual needs.

Staffing and recruitment

- People and their relatives told us staffing in the service had improved. One person said, "It is better with permanent staff." Another person said, "I never have to wait. They always come quickly."
- Staff confirmed there were enough of them on duty. Staff stated this enabled them to provide good quality care and not to rush people. One staff member said, "[The home] had an issue with agency staff but have addressed that. It is steady staff now." Staff also told us they had alarm systems in place where they could page staff from another suite for support.
- The management team recently reviewed their roster planning systems to ensure appropriate staff skill and experience mix on each unit. They also continued to recruit new staff and records confirmed the use of temporary staff had reduced. People's care needs were regularly monitored to ensure staffing levels were safe.
- The provider had safe systems in place to recruit new staff. The manager obtained proof of identity and suitable references for any applicants. Staff also underwent a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The management team analysed causes of any incidents and took action to protect people. We saw this led to a steady decrease in incidents and accidents since the beginning of the year. For example, the manager implemented new 'falls information pack' and falls flow chart and undertook staff competencies checks and group supervisions in response to high number of falls resulting in fractures.
- The manager shared lessons learned from recent medicines errors with staff and acted to reduce any ongoing risks. One staff said, "We talked about the [recent medicines errors] errors and we discussed them. We are checking the medication regularly." Staff commented they also received a refresher training, medicines checks were increased, and information was shared on each unit with reminders around safe medicines management and timely reporting for any potential errors. Records confirmed this led to the reduction of medicine errors since the beginning of the year.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection the provider had failed to act in accordance with the Mental Capacity Act 2005 and code of practice and was in a continued breach of regulations. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- At the last inspection we found shortfalls in mental capacity and 'best interests' decisions records and staff's knowledge and understanding of MCA. The provider addressed those issues. People's records were updated and evidenced good understanding of the code of practice. People's DoLS authorisations and their conditions were now closely monitored by the managers and discussed with staff. For example, staff explained one person regained capacity to make a certain decision and we saw this was promptly addressed with the local authority DoLS team and in this person's care records.
- Staff were re-trained since our last inspection and demonstrated good understanding of MCA and DoLS. One staff member told us, "[Person] has bedrails so I saw in his care plan that he has DoLS." The area director explained how this improved, "There is now cultural understanding of MCA and choice and person-centred approach, we also see staff asking questions which was not happening before." Records confirmed staff completed the relevant training.
- People were asked for their consent to support and care. One person said, "They always ask first and they're polite." Where people might have lacked capacity to make certain decisions for themselves, mental

capacity assessments and 'best interests' decisions were now completed and recorded. People's legal representatives confirmed they were consulted as needed.

- People were supported in the least restrictive ways. Staff explained they involved people in their day to day care and enabled them to make choices on their own, even if people lacked capacity to make more complex decisions. One person was supported to freely access the garden to minimise the impact of them not being able to leave the home unsupported.

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

- People had individual needs assessments completed prior to moving into the home. Those assessments included all relevant guidance for staff to support them safely, as well as people's preferences, wishes and information on their protected characteristics. For example, one person's care records included person-centred information such as their allergies, sensory needs, mobility, sleeping, eating and drinking, religious identify and personal preferences.

- The provider had a robust policy and plan in place to ensure COVID-19 national guidance was adhered to when people moved into the home. Staff completed individual COVID-19 risk assessments with people and relatives confirmed they were involved in care assessments and reviews via zoom meetings where relevant.

Staff support: induction, training, skills and experience

- People and their relatives confirmed staff received training relevant to their roles and were competent. One relative explained how staff safely supported the person with their mobility and said, "I can't fault them. I can't recommend [the home] enough."

- Staff were trained in a range of topics including first aid, nutrition and personal care. One staff said about the e-learning they could access, "Once you finish, more keep coming." Staff training was closely monitored, and staff were not allowed to support people with tasks which they were not trained for. We observed one member of staff who was receiving their induction was not supporting with manual handling as they were not yet fully trained.

- New staff received a robust induction. This included knowledge based and practical skills training whilst observing other staff when supporting people. Each new staff member had an allocated supervisor who acted as their mentor. One member of staff explained they had to complete an induction handbook and their progress was regularly assessed.

- Staff received ongoing support and supervision. One staff said, "I had supervisions with my mentor. They also ask me how I'm feeling. I get that question all the time." Additional face to face training, including nurse training was carefully planned as the COVID-19 restrictions were easing and we saw evidence of some courses already completed by staff.

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

- People told us the quality and choice of the meals had significantly improved. One person said, "It (food) is greatly improved. I'm vegetarian and I had a meat-free quiche for lunch which was very nice." We observed a varied choice of cold and hot refreshments and snacks were offered to people as per their preferences. People received modified texture diet where needed and meals were well-presented and appetising.

- Staff supported people to enjoy their meals and offered physical support where needed. We saw people were supported as per their individual care plans. For example, vegetarian or 'free from' food options were made available and reduced sugar foods were provided for diabetics where appropriate. People had access to supplements and were encouraged to follow the speech and language therapist advice around choking risks.

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

- People were supported to access healthcare services when their needs changed. One person told us, "If I want to see the doctor they would arrange this for me." People's care records confirmed they were seen by the speech and language therapist, community nurses or occupational therapist and their recommendations were implemented by staff.
- Staff had a good understanding of people's health needs and arranged for them to be regularly reviewed by appropriate healthcare professionals. The deputy manager commented, "Once a week we do a virtual GP round. We can email the GP if anything is urgent." Staff also ensured routine care was provided and people were seen by the paramedic, dentist, optician or chiropodist as needed.
- On the day of the inspection, one person was visited by a physiotherapist. Staff explained this was in place to maintain the person's comfort, "[Person] receives end of life care. [The physiotherapist] does exercise with her. We try to do the exercises as well."

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

- The home was divided in four suites and adapted to meet people's needs. For example, there was levelled access and supportive handles in place which enabled people with mobility support needs to move around independently, safely and with ease. We observed people could easily access the outside gardens and paths and could use a lift or wet room. People who lived with dementia were supported to orientate themselves at home with signs identifying different rooms.
- People were engaged and consulted in service design and decoration and could personalise their bedrooms. One relative told us the person was encouraged to furnish their room with their own items and to put personal pictures and photos on the walls to make it homely. We saw one person had a knitting set available on their bedside table which they were using on the day.
- Staff supported people to re-arrange their environment to better meet their changing needs. One relative said, "[Staff] are going to move the furniture around in her room as they are now supporting her to go around the village in a wheelchair."

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; 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

At our last inspection the provider had failed to ensure that all requirements and care regulations were met. This was a breach of a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The home management team changed since our last inspection. The home manager and deputy manager demonstrated good working ethic and strong oversight which were praised by people, their relatives and staff. The home manager commented on how they effectively worked as a management team, "We have a good relationship, work towards the same outcomes and we are on the same page, making improvements for residents. (That is why) we know we will get out there what we cascade."
- The home manager implemented a range of improvements to the service governance which addressed the previous breach of regulations and were complimented by staff. For example, daily meetings with key staff members, more robust handovers at the end of each shift and changes to the way how documentation was updated and communicated improved team-work and communication. This positively impacted the continuity of people's care, as risks were managed better and people's feedback was considered timely.
- The management team had a good system in place to monitor the quality and safety of the service. They carried out a range of audits, daily 'walk about' checks and clinical risk reviews. They were effectively supported by the provider who regularly visited the service and complete quality and safety reviews and spot checks.
- Staff told us they were now clear about their roles and responsibilities and felt supported by the manager. One staff member said, "The manager is so helpful and supportive, and you can go to her to ask about anything and know she will help. She has totally changed things here; we now can raise or ask about anything."
- The provider and the home manager worked in an open and transparent way. One staff member said, "[The manager] is open and transparent." People's relatives confirmed they were informed of any accidents and incidents involving their loved ones and what action would be taken to protect them. The provider informed CCQ of significant events in line with their regulatory requirements.

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

- People and their relatives told us they were happy in the home. One person said, "I like it here. The carers are kind and good and most considerate." A relative said, "Excellent transition from the previous manager. They listen and they accommodate me. They're very flexible and worth every penny."
- Staff felt there was a positive culture in the home and the manager was very approachable. One staff member said, "Generally there is a positive culture here. I really do like the home and the way [staff] relate with each other and how they are willing to teach you."
- The provider ensured the impact of the COVID-19 pandemic on the home was minimised. One staff member told us, "Support during COVID-19 time was amazing; brilliant, brilliant support. Senior managers visited continuously and offered help as staff were weak either from exhaustion or recovering from COVID-19 themselves." Staff told us they were also supported to access mental health resources for social care workforce.
- People, their relatives and staff told us the home did improve since the appointment of the new manager. One relative said, "It's incredibly improved." People were especially complimentary around the improvements made to the food quality, staffing and general atmosphere of the home.
- The home manager ensured improvement actions identified in audits were implemented. For example, early in the pandemic laundry systems were changed to adhere to good infection prevention and control following one of the provider spot checks. The manager also undertook reflective practice with staff following incidents and staff's practice around PPE was regularly monitored, so face masks were worn correctly.

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

- People and their relatives told us they felt involved and listened to. One relative said, "The manager is exceptional. She will absolutely act if I have concerns." Another relative said, "There is a lovely atmosphere about [the home], everyone is quite inclusive." People's relatives confirmed they received ongoing communication from the service and felt they could approach the staff or the manager with any queries.
- Staff were encouraged to be involved in the improvements. One staff member said, "Our opinion is being heard now. The manager wants to be informed of everything." The home manager asked staff to become 'champions' in different areas of good practice and 15 staff members came forward to receive additional training and responsibilities.
- The home manager worked effectively with local partners such as local authorities, the local health protection team, clinical commissioning group and specialist nurses supporting care homes in the area. One professional working with the service said, "This home has experienced change in management which I believe to be extremely positive. They seek help and advice when needed and are open on discussing how they can provide a safe and caring environment for residents and staff."