

Prior's Court Foundation

Charlotte House

Inspection report

4 Charlotte Close
Hermitage
Thatcham
RG18 9TU

Tel: 01635247202
Website: www.priorscourt.org.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Charlotte House is a residential care home which is registered to support up to five people between the ages of 19 to 25 years old who are severely affected by autism. At the time of our inspection there were five people living at the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen

Overview of findings:

- Staff were not regularly assessed as competent to administer medicines in line with clinical guidance and best practice.
- Staff had not always attended training that the provider deemed as mandatory.
- Audits had not always been undertaken. Those that had, did not always identify gaps or highlight trends, themes or lessons learnt.
- People were happy living at the service. People were observed smiling and positively interacting with the staff supporting them.
- Staff supported people to have a meaningful life and encouraged them to be independent.
- People received care that was designed to meet their individual needs and preferences.
- Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.
- People who lacked capacity were supported to have maximum choice and control of their lives. Policies and systems supported them in the least restrictive way possible.
- The registered manager and home manager demonstrated a commitment to providing person centred care for people.
- Staff felt the management was supportive and approachable. Staff were happy in their role which had a positive effect on people's wellbeing.

Rating at last inspection:

This was the first inspection of the service since it was added to the provider's registration on 28 February 2018. Therefore, the service was not previously rated.

Why we inspected:

This was a planned comprehensive inspection in line with our aim to carry out the first inspection of a service within six to twelve months of the date of registration.

Enforcement:

Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Charlotte House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

Charlotte House is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (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 inspection was unannounced.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). 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 looked at the notifications we had received for this service. Notifications are information about

important events the service is required to send us by law.

People using the service could not communicate always communicate verbally with us but we observed their interactions with staff and each other throughout the day of inspection. We looked at three care plans, daily notes and other documentation, such as medication records, relating to people who use the service. In addition, we looked at the records related to the running of the service. These included a sample of health and safety audits, quality assurance, staff and training records. We spoke with seven staff members including, the registered manager, home manager, senior autism practitioner, team leader and three autism practitioners. We spoke to four family members of people who live at the home. We requested information from external health and social care professionals and received four responses.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe. There was an increased risk that people could be harmed. A regulation was not met.

Using medicines safely:

- There had been no medication errors in Charlotte House since they had registered with the Care Quality Commission. However, staff were not always assessed as competent to administer medicines in line with clinical guidelines and best practice. The registered provider contracted an external training provider to deliver medication training to staff supporting people in Charlotte House.
- The National Institute of Clinical Excellence (NICE) states that social care providers should ensure staff, "have an annual review of their knowledge, skills and competencies." However, we found that staff had not always had their knowledge, skills or competency suitably reviewed in line with clinical guidance, to ensure they were able to administer medication safely. For example, one staff member had completed a one-day refresher training course in 2017 but had not had their medication competency assessed since 2010. Another staff member had not undertaken any form of review of their skills or knowledge since they last completed training in 2016.
- The provider advised that only staff who had completed the training course followed by observations and a competency assessment completed by a nurse, would they then be able to administer medicines. However, we found not all staff administering medicines had been competency assessed. For example, we looked at one person's medicine signing sheets for February 2019 which highlighted which staff had administered medicines. We found that not all the staff who had signed these sheets had undertaken the provider's training and competency assessment process.
- Where people were prescribed 'as required' (PRN) medication, the service did not always have protocols or guidance in place to ensure that staff knew when to administer PRN medicine.
- For example, where one person was prescribed a PRN medicine for a long-term illness that affected their airways, there were no guidelines regarding when this medicine might be required. There was no information to support staff to look for particular signs and symptoms to ascertain if the medication should be given. There was no guidance advising staff about when to administer the medicine or if the person was able to identify for themselves when they needed the medicine.
- We spoke to staff who demonstrated they knew people well and were able to clearly identify how people indicated when they may require their PRN medicines.
- Where medication was required to be stored in a refrigerator, we found that this was being met. However,

fridge temperatures had not always been checked and recorded by staff. This meant we could not always be assured that medication was being stored at the correct temperature.

The failure to ensure the proper and safe management of medicines is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's medication administration records (MARs) were up to date and had been completed correctly by the staff administering the medicines.
- People's medicines were stored safely and securely. Each person had their own medicines storage box in a designated locked medication room.

Systems and processes to safeguard people from the risk of abuse:

- Staff knew how to recognise abuse and protect people from the risk of abuse.
- Staff told us they were confident the management team would act on any concerns reported to ensure people's safety.
- Relatives said they felt their family members were safe with the staff.
- The provider had a whistle blowing policy which staff told us they would not hesitate to use, should it be necessary.

Assessing risk, safety monitoring and management:

- Risks to people were identified by individual risk analysis and appropriate risk management plans were incorporated in to care plans. These were detailed and provided staff with information which ensured they delivered care in the safest way possible.
- People's risk assessments included areas such as support with behaviours that challenge and weight management. As people's needs changed, risk assessments were also adjusted to reflect it.
- People benefitted from internal resources such as trained nurses and occupational therapist. Where people required support from external healthcare professionals, prompt referrals were made to ensure people's safety, health and welfare needs were being met.
- Staff were familiar with and followed people's risk management plans. People were supported to take positive risks in a safe way.
- Personal emergency and evacuation plans were tailored to people's particular needs and behaviours in the event of an emergency.
- Health and safety and maintenance checks were completed. These included gas safety checks, water regulation inspections and fire equipment checks.

Staffing and recruitment:

- Staff were provided in line with the hours identified in people's individual care packages.
- Required staff recruitment checks were carried out to ensure people were protected from having staff work with them who were not suitable.

Preventing and controlling infection:

- Staff received training in the control of infection.
- Staff were provided with personal protective equipment so they could carry out their work safely.

Learning lessons when things go wrong:

- Where accidents and incidents happened, initial actions were clearly recorded. Management staff were able to tell us details regarding their investigation into the incidents and if any action had been taken to prevent recurrence. However, this had not always been recorded.
- Staff told us that any concerns are discussed in team meetings. This meant that lessons were shared and improvements sought when an accident or incident occurred.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience:

- The registered provider had a list of training they deemed mandatory for staff members. However, we found that not all staff had completed this training. For example, training provided to staff included Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), and person-centred planning. We requested an up to date training matrix from the registered manager and saw that only four staff members had completed this training out of the 16 staff who worked at Charlotte House.

- Staff we spoke to had the knowledge and skills related to MCA and DoLS and demonstrated they knew how to work with people in a person centred way.

We recommend that the provider ensures staff receive the appropriate training to ensure they are supported, skilled and assessed as competent to carry out their roles.

- Staff told us they had regular one to one meetings (supervision) with their manager and an annual appraisal of their performance. We saw evidence to support this.

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

- People received effective care and support from staff who knew how they liked things done.

- Care plans detailed the outcomes people wanted to achieve and how they wished to be supported.

- Each care plan was based on a full assessment, included individual preferences and choices, and demonstrated the person or their family (where appropriate) had been involved in drawing up their plan.

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

- People were provided with food of good quality and people's nutritional needs were included in care plans.

- During the inspection, we saw that people enjoyed the food and were given options of food they preferred. Staff took the time to understand food people preferred and encouraged people to support them in cooking meals for the home.

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

- Records showed the service communicated with other health and social care professionals such as social workers, GPs and dieticians, to make sure people's health and care needs were met.
- A community professional thought the service supported people to maintain good health, have access to healthcare services and received ongoing healthcare support.

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

- People and their relatives were involved in decisions about the premises and environment; individual preferences and support needs were reflected in how adaptations were made and the premises were decorated. For example, people were supported in choosing how they would like their bedrooms decorated and furnished.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff understood the need to assess people's capacity to help them make decisions. People's rights were protected because the staff acted in accordance with the MCA.
- Staff encouraged people to make their own decisions and ensured those important to the individual were involved in this decision making, if appropriate.
- Where someone lacked capacity to make a specific decision, best interest principles were followed and appropriate professional support was sought.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were provided with sensitive and compassionate support by a kind, committed and caring staff team.
- Staff supported people to plan their own days with them in detail, to ensure routines helped individuals to manage their own behaviour. People were treated as individuals and with patience and kindness.
- People's equality and diversity needs were identified and set out in their care plans. For example, food preferences were identified based on people's culture and religion.
- Relatives said staff were caring when they supported their family members.
- Community professionals said the service was successful in developing positive caring relationships with people.

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

- People and their relatives' views on the support they received was regularly sought.
- One relative told us, "They always call me. Ask me my thoughts on support for [Name]."
- People's care records detailed how people made their feelings known and how they displayed choices and preferences about the care they received.

Respecting and promoting people's privacy, dignity and independence:

- People's dignity was maintained and staff ensured people's privacy was respected. Staff were able to describe how they supported people with privacy and dignity in their daily work and routines.
- Language used in people's care plans was caring and respectful.
- The service continued to support people to maintain and develop their independence. Plans included information about how people were supported to make decisions and keep as much control over their lives as possible.

- Detailed risk assessments were in place to support people to live their life as independently as possible, as safely as possible. For example, when going out into the community or doing specific activities.
- People's right to confidentiality was protected. All personal records were kept locked away in an office.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received person-centred care that was responsive to their needs. One person had sustained an injury which meant their mobility had been impacted. Staff prioritised this person's rehabilitation. Staff worked alongside internal resources such as an occupational therapist that was based on the Prior's Court main site. Equipment was implemented to ensure the person had access to the correct facilities to support their recovery from the injury.
- Care plans were detailed and written in an individualised style which provided staff with information and guidance on each person so that they could meet their individual needs.
- Care plans showed people were supported to set goals that were important to them. These were regularly reviewed with the person and provided an opportunity to review what people wanted.
- Relatives said their family members received the care and support they needed.
- Staff knew people very well and understood their needs and how to respond to them. Where changes in behaviour or incidents had occurred, the service responded promptly.
- People were encouraged to develop their skills and knowledge at the local learning centre provided by Priors Court Foundation. People engaged in a learning programme that was individualised to meet their person-centred needs and wishes. The learning programme enabled people to build on their strengths and interests and engage in a varied range of activities including woodwork, IT and office skills.
- People were actively supported to undertake work placements, providing them with the skills to take part in paid employment.
- People took part in a wide range of activities including gardening, walking, going to the beach and festive activities such as Christmas cake competitions.

Meeting people's communication needs:

- The provider was aware of the Accessible Information Standard (AIS). From August 2016 onwards all organisations that provide adult social care are legally required to follow the AIS.
- The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and

meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- Information was provided, including in accessible formats, to help people understand their care and support.

Improving care quality in response to complaints or concerns:

- The service had a complaints procedure which was accessible to people, their friends and families and others interested in the service. A relative told us, "I know I can contact them at any time if I have a concern."
- Staff were aware of the procedure to follow should anyone raise a concern with them.
- Where a concern had been received, this had been recorded in detail and action taken to rectify the situation and improve the quality of the service.

End of life care and support:

- At the time of our inspection no one was receiving 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

Systems and processes did not always assess, monitor and improve the quality and safety of the service being provided. A regulation was not met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care:

- The registered person had some quality assurance audits in place. However, we found some of these were not always effective.
- The home manager was responsible for auditing medicine administration records to ensure medicines had been administered in a safe way and that there were no gaps in recording. In addition, the home manager and senior staff conducted observations of new staff, assessing their skill and knowledge around the administration of medication.
- The registered providers 'Medication Administration' Policy stated staff, "competency to be assessed by a Home Manager, Senior or competent other who has completed their own training and competency." However, we found that the home manager and some senior staff undertaking these roles had not had their competency assessed to ensure they understood the proper and safe administration of medicines.
- People's MARs identified clearly what medicine they were taking. However, the provider also kept a 'Regular medication' list in the medication folder alongside MARs. This was not always up to date and did not always reflect the medicine people were prescribed.
- The registered provider had implemented a system where they required a senior member of staff or manager to sign that all medicine had been administered and medication records had been completed appropriately. We found that this had not always been completed. For example, we looked at people's MARs and found that there were gaps where a senior staff member or manager had failed to sign to evidence they had reviewed the medicine records in line with their policy.
- We saw that fridge temperatures where medication was stored was not always checked and recorded. This was noted by the home manager on the day of inspection, however, audits did not highlight this as a concern.
- The registered provider had monthly audits to monitor the quality and improvement of the service being provided. These covered areas such as medication and health and safety. However, we found that these had not been completed in the last 4 months.

- The registered provider did not always ensure that staff had completed training in line with their mandatory training. Staff were not always trained, skilled and assessed as competent to carry out their roles.
- Accidents and incidents records did not always identify what investigation had taken place by a manager and did not clearly highlight what action may need to be taken (if any) to prevent recurrence.

The registered person failed to consistently assess, monitor and improve the quality and safety of the services provided. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a quality improvement plan which highlighted projects that were taking place to provide innovative care. The provider had recently implemented a system to have better oversight of accidents and incidents, such as behaviours that challenge. The registered manager advised this was used to identify trends, themes and to identify ways to improve the service.
- There was a clear management structure in place. Staff had clearly defined roles and were aware of the importance of their role within the team.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- Staff were encouraged to bring any issues up to make improvements to help ensure people received the best care and support.
- The team promoted an open and transparent atmosphere and no blame culture.
- Relatives told us they felt the registered manager was open and transparent.
- The registered manager and provider had a good understanding of their responsibilities under the Duty of Candour regulation and followed it whenever it applied.
- There was a clear commitment from the registered manager and home manager who inspired staff to maximise people's independence. The variety of individual and personalised activities which took place demonstrated that staff had a positive impact on people's lives.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- Staff had team meetings and discussed various topics such as any changes in people's needs or care, best practice and other important information related to the service.
- Staff said the managers asked what they thought about the service and took their views into account.
- Staff received training in relation to the Equality Act and human rights as part of their induction. We saw evidence in people's care plans of how this was put into practice.
- We saw that the provider actively sought feedback to gain the views of people, relatives, staff and professionals on a regular basis. We saw evidence to support that people's views were used to influence

what happened in the service. The provider had not conducted any quality assurance surveys since the service was registered, however, advised that they would be undertaking this in the very near future.

Working in partnership with others:

- The concept of partnership working was embedded in the service and there were many examples provided where external health and social care professionals had been consulted or kept up to date with developments.
- The provider and staff team worked well with other external services to achieve positive outcomes for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person failed to ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. The registered person failed to ensure the proper and safe management of medicines.</p> <p>12(1)(2)(c)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person failed to consistently assess, monitor and improve the quality and safety of the services provided. Risks were not always assessed and monitored to mitigate such risks to ensure the safety and welfare of service users. Service user records were not always up to date and accurate. Audit and governance systems were not always effective.</p> <p>Regulation 17(1)(2)(a)(b)(c)(e)(f)</p>