Amore Elderly Care Limited

Charles Court Care Home

Inspection report

The Ploughman
Hereford
Herefordshire
HR2 6GG

Tel: 01432374330
Website: www.priorygroup.com

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Ratings

Overall rating for this service	Requires Improvement
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This was an unannounced focused inspection carried out on the 9 November 2017.

Charles Court Care Home provides accommodation, nursing and personal care to a maximum of 76 people, divided over two floors. At the time of our inspection there were 57people living at the home.

We previously carried out an unannounced comprehensive inspection of the home during January 2017. During that inspection, we identified a breach of regulation in relation to how the provider had failed to effectively assess, monitor and improve the quality and safety of services provided. We undertook a further comprehensive inspection in July 2017, and found that the provider continued to be in breach of regulations in relation to good governance. We issued the provider with a 'warning notice,' which required the home to be compliant with regulations within a given time scale.

As part of this focused inspection we checked to see that improvements had been implemented by the provider in order to meet legal requirements. This report only covers our findings in relation to those requirements and relate to the well-led domain only. You can read the reports from our last comprehensive inspections, by selecting the 'all reports' link for Charles Court Care Home on our website at www.cqc.org.uk.

During this inspection, we found that the provider was now meeting the requirements of the 'warning notice.' When we last visited the home, we found numerous areas of concern relating to the completion, accuracy and lack of person centred care planning relating to people's needs. During this visit, improvements had been made. Falls care plans, where relevant, had been re-written with links to other risk assessments including bed rails, skin integrity and falls. We saw evidence of good practice regarding oral hygiene, where a risk assessment detailed aspect of meeting the person's oral hygiene needs; this was then linked to the person's oral hygiene care plan.

There was no registered manager in post at the time of our inspection. Charles Court have been without a registered manager since the 14 February 2017. Since that time, the home has been managed by three separate managers, supported by a senior management team. Prior to this inspection, we were informed that a further manager had been appointed, who we spoke to during the inspection visit. Together with the management team who were present, they provided reassurance of their intention to submit an application to become the registered manager for the service.

People and staff told us that the constant changes in the home manager since January 2017 had been unsettling. However, they felt there had still been a commitment from the provider to make improvements.

There were quality assurance system in place to monitor the quality of service provision, including regular feedback from people and relatives. Regular checks and audits were undertaken and included monthly accident/ incident analysis, falls risk assessment monthly evaluation, medication audits, and tissue viability audits.

People, relatives and staff we spoke with told us the management team was open and transparent. They had confidence any concerns or incidents would be investigated and that information was provided to people and staff where it was needed.

Staff told us they felt appreciated and their views and opinions were valued by the provider.

People and staff felt that the new manager and the management team were approachable and supportive.

There were good links with the local community in addressing abuse, intimidation, victimisation and harassment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

Requires Improvement

The service remains not always well-led.

The provider has not had a registered manager in place since January 2017, though a person has been appointed and is in the process of registering with CQC.

Action had been taken to address requirements of the 'warning notice,' which had been met.

Though improvements had been made, We could not improve the rating for 'well-led' from requires improvement at this time. This was because the registered manager conditions were not currently being met and that evidence of consistent good practice over time was required. We will review this during our next planned comprehensive inspection

Charles Court Care Home

Detailed findings

Background to this inspection

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

This was an unannounced focused inspection carried out on the 9 November 2017. The inspection was carried out by two inspectors and a specialist advisor in nursing. A specialist advisor is a person with a specialist knowledge regarding the needs of people in the type of home being inspected. Their role is to support the inspection. The specialist advisor was a nurse with experience in nursing care for the elderly.

Before the inspection, we also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law. We also asked the local authority and the Herefordshire Clinical Commissioning Group for any information they had, which would aid our inspection.

At the time of our inspection there were 57 people living at the home. There were 26 people living on the nursing unit situated on the first floor and 31 people on the ground floor in the dementia unit. During the inspection, we spoke with four visiting relatives and friends.

We also spoke with the new home manager, the temporary home manager, Operations Director, Quality Improvement Lead, three nurses, one agency nurse, one senior member of care staff, five care staff, and the activity coordinator.

We reviewed a range of records about people's care and how the home was managed. These included eight care files, and quality assurance audits undertaken by the provider.

Requires Improvement

Is the service well-led?

Our findings

We previously carried out an unannounced comprehensive inspection of the home during January 2017. During that inspection, we identified a breach of regulation in relation to how the provider had failed to effectively assess, monitor and improve the quality and safety of services provided. We undertook a further comprehensive inspection in July 2017, and found that the provider continued to be in breach of regulations in relation to good governance. We issued the provider with a 'warning notice,' which required the home to be compliant with regulations within a given time scale.

During this inspection, we found that the provider was now meeting the requirements of the 'warning notice.' Staff told us the standard of care planning and frequency of care plan reviews had improved under recent management. When we last visited the home, we found numerous areas of concern relating to the completion, accuracy and lack of person centred care planning relating to people's needs. We found that people's life histories and one-page profiles had been recorded. People's health needs had been clearly and accurately recorded. We saw that person-centred dementia care pathways had been completed for each person. Pre-admission assessment had been completed and recorded. These included health needs assessment, dependency assessment, continence assessment and personal care needs assessment. A wide range of care assessments had been completed and were kept under consistent review, such as dependency assessment, pain, bowel, choking, communication needs, and continence assessment. We looked at a sample of charts that included food, fluid and repositioning chart. All these charts were up to date and accurate.

Care reviews of people's needs had been completed with people's relatives. Care plans were in place and kept under regular review, such as mobility needs, use of medicines, eating and drinking, pressure care, social activities, sexuality / self-image, behavioural issues, and diabetes. However, in some cases, there was a lack of evidence of meaningful reviews having been undertaken. For example, in one care file we looked at the documentation simply recorded 'reviewed' and dated, without further details. Falls care plans, where relevant had been re-written with links to other risk assessments including bed rails, skin integrity and falls. We saw evidence of good practice regarding oral hygiene, where a risk assessment detailed aspect of meeting the person's oral hygiene needs; this was then linked to oral hygiene care plan.

Both relatives and staff told us about the constant changes in the home manager since January 2017 and how unsettling that had been. However, they felt there had still been a commitment from the provider to make improvements. One relative told us, "The new manager is very approachable and listens. Only time will tell what they are like." Another relative said, "My view is that the place is well managed and staff are good." Another relative described the care provided as generally good, with effective monitoring of their relative's weight and ensuring they were informed of any developments. They felt improvements had been made by the provider, specifically around improved communications with families.

One member of staff told us, "We have had no stability as each manager has new ideas. The new manager engages well and is always on the floor. They [manager] are very supportive even though they have only been here two weeks." Another member of staff told us how the current management team have helped

reduce any unnecessary burden on the nurses so they could work more effectively. They described the management team as more approachable and visible, and felt they knew the people who lived at the home. They said leadership had been effective in ensuring that care files and associated care documentation had been improved.

There was no registered manager in post at the time of our inspection. 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.

Charles Court has been without a registered manager since the 14 February 2017. Since that time, the home has been managed by three separate managers, supported by a senior management team. Prior to this inspection, we were informed that a further manager had been appointed, who we spoke to during the inspection visit. Together with the senior management team who were present, they provided reassurance of their intention to submit an application to become the registered manager for the service. The home also had three deputy managers during this period and was currently in the process of recruiting a new deputy manager.

There were quality assurance system in place to monitor the quality of service provision, including regular feedback from people and relatives. Regular checks and audits were undertaken and included monthly accident/ incident analysis, falls risk assessment monthly evaluation, medication audits, and tissue viability. These recorded any action required to address specific issues or developing themes. Monthly governance and staff meetings were undertaken. Examples of improved governance included changes made to the handover sheet, which were now updated daily and ran over a seven day period. The Do Not Attempt Resuscitation (DNAR) status for each person was reviewed regularly to ensure they remained accurate reflecting peoples' wishes.

People, staff and relatives we spoke with told us they believed the management team to be open and transparent. They had confidence any concerns or incidents would be investigated and that information was provided to people and staff where it was needed. One person told us, "You are encouraged to raise any issues and they do try their best." One member of staff said, "What I like at this nursing home is that you have freedom of speech. You can raise any concerns that you have straightaway (with management). The office door is always open and the issues raised during the daily flash meetings are recorded. [Regional manager] is contactable and always has the answer for you. They never blank you and always offer help." Another member of staff told us, "I think they (management) are listening to staff more. It's important because we know the residents."

Staff told us they felt appreciated and their views and opinions were valued by the provider. One member of staff said, "I can see improvements. (In relation to the management of the service). We need management to solve issues, before they look to make changes. They have the right approach now." Another member of staff said, "I feel more confident in management than ever before; they're stronger." Staff told us they felt a sense of shared purpose, which was "To provide good care and make the residents feel it's their home." Staff understood what was expected of them in their roles and felt motivated to improve the quality of lives for those they supported. Staff were aware of the provider's whistle-blowing procedures and knew where contact information was located should they need to raise a concern.

The service worked in partnership with other agencies, such as the local authority in addressing abuse, intimidation, victimisation and harassment. Meetings had been held with local authority 'no prejudice team,' which set out how working in partnership could promote the scheme. This had initially involved

'posters' and also for all senior management team to sign up to the 'no to hate crime' poster, which would be displayed in the reception area of the home. Training was being arranged for staff to understand the scheme and its local impact. The provider told us any information/ learning would be feed into monthly governance meeting where promoting equality and diversity for the people at Charles Court would be discussed.

The provider had when appropriate submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we are able to monitor any trends or concerns.