

Mr Aytach Mehmet Sadik

Charlotte James Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 26 June 2015 and was unannounced. The home had been recently purchased by a new provider. This was the first inspection since registration in March 2015.

Charlotte James Nursing Home provides personal and nursing care for up to 28 older people

There were 17 people living at the home on the day of our inspection.

There was no registered manager in post at the time of our inspection; however a newly appointed manager was on duty. 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.

Summary of findings

The legal requirements of the Mental Capacity Act 2005 (MCA) were not followed when people were unable to make certain decisions about their care. The MCA and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate; decisions are made in people's best interest. Where people lacked capacity to make decisions they had not been assessed appropriately to ensure their rights were upheld. Deprivation of Liberty Safeguards were not in place where needed, to ensure people were not deprived of their liberty unlawfully.

There were not always enough staff available to meet people's needs in a timely way and ensure their needs were fully met. People were supported to take their medicines but staff did not have clear guidance to follow regarding some 'as required' medicines.

Individual plans to support people in the event of an emergency were in place but were not being used as a working document to ensure people could be evacuated in a safe way.

Care staff knew about people's individual risks and told us they had all the equipment they needed to assist people safely. The provider checked that the equipment was regularly serviced to ensure it was safe to use. Assessments were in place that identified risks to people's health and safety. Care plans directed staff on how to minimise the identified risks and support people in a safe way.

People who lived at the home told us they felt safe and that the staff treated them in a respectful way. The staff understood their responsibilities to protect people from harm. Staff were suitably recruited which minimised risks to people's safety. Staff received training that was appropriate to meet people's needs.

People told us that they liked the staff and confirmed they were supported to maintain their independence and make choices and decisions. People we spoke with told us they were involved in deciding how they were cared for and supported.

People told us that the staff were caring and supported them in a way that protected their privacy and dignity. We saw that staff treated people with consideration and respect. People told us they enjoyed the meals and were provided with choices. People were supported to maintain good health and accessed the services of other health professionals.

Due to the changes in provider and manager, the quality monitoring systems required development. This was to ensure people's views were sought and the quality of the service was monitored and improved upon as required.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities). You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

The staffing levels in place did not ensure people's needs were met in a timely way. Guidance was not in place for staff, to ensure 'as required medicines' were administered safely. Risks to people's health and welfare were identified and their care records described the actions staff should take to minimise risks. Recruitment procedures were thorough to ensure the staff employed were suitable to support people. Staff understood their responsibilities to keep people safe and were confident any concerns they raised would be listened to and appropriate action taken by the manager.

Requires improvement



Is the service effective?

The service was not consistently effective

Assessments were not in place to demonstrate that decisions were made in people's best interest when they lacked capacity to make decisions for themselves. Staff received training and guidance to ensure they had the skills, knowledge and support required to meet people's individual needs. People's nutritional needs were monitored appropriately. People were supported to maintain good health and to access other healthcare services when they needed them.

Requires improvement



Is the service caring?

The service was caring.

There was a positive relationship between the people that used the service and the staff that supported them. People liked the staff. Staff knew people well and understood their likes, dislikes and preferences so they could be supported in their preferred way. People's privacy and dignity was respected and their relatives and friends were free to visit them at any time.

Good



Is the service responsive?

The service was not consistently responsive.

People's support needs were not always met in a timely way and their social needs were not fully met. People and their relatives were involved in discussions about how they were cared for and supported. Complaints were responded to appropriately. The provider's complaints policy and procedure were accessible to people who lived at the home and their relatives.

Requires improvement



Is the service well-led?

The service was not consistently well led

Requires improvement



Summary of findings

There was no registered manager in post. Quality monitoring systems had not been developed to gather people's views and monitor the services provided. Staff and people that used the service were positive about the new management of the home. People found the provider and manager approachable and friendly. Staff felt supported and part of a team.

Charlotte James Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on the 26 June 2015 and was unannounced. The inspection team consisted of three 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.

We did not send the provider a Provider Information Return (PIR) request prior to this inspection. 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. However, we asked the provider if there was information they wished to provide to us in relation to this.

We reviewed the information we held about the service. We looked at information received from the public, from the local authority commissioners and the statutory notifications the manager had sent us. A statutory

notification is information about important events which the provider is required to send to us by law.

Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with 13 people who used the service and seven people's visitors. We spoke with three care staff, one nurse, the chef, the manager and the provider.

We observed how staff interacted with people who used the service and looked at six people's care records to check that the care they received matched the information in their records. We looked at the meals to check that people were provided with food that met their needs and preferences. We looked at the medicines and records to check that people were given their medicines as prescribed and in a safe way. We looked at other records that related to the care people received. This included the training records for the staff employed, to check that the staff were provided with training to meet people's needs safely.

We looked to see if staff were provided with support in their jobs. We looked at the recruitment records of four staff to check that the staff employed were safe to work with people. We looked at the systems the provider had in place to monitor the quality of the service and the maintenance and servicing of equipment.

Is the service safe?

Our findings

People told us that there were occasions when they had to wait for staff support. One person said, “Sometimes I have to wait for someone to come.” Another person told us, “At times it can be a bit hectic and you do have to wait, but by and large they will respond pretty quickly.” A visitor said, “The staff can be pretty pushed work-wise and I think they could do with a few extra staff.” Our observations identified that the numbers of staff on duty were insufficient to meet everyone’s needs in a timely way. This was because a high percentage of people required two staff to support them.

Some people needed assistance with all care needs including assistance with eating. Two people cared for in bed were on the first floor, this meant that care staff had to spend time away from the ground floor to support these people. This reduced the staff available to the majority of people on the ground floor. A nurse told us they were, ‘overloaded with work.’ Another staff member told us, “There are not enough staff on duty to meet people’s needs.” The provider did not have a tool to determine the staffing levels needed to meet the needs of people. The provider and manager told us they were aware of the need for more staff and intended to increase the staffing levels in line with people’s needs. However this had not been done at the time of our inspection.

This is a breach of Regulation 18 (1) of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

We saw that some medicines to be given as required, that are known as PRN medicines did not have a protocol in place. A protocol provides staff administering this medicine with detailed information to ensure PRN medicine is administered safely. For example a protocol states what the medicine is for and when it should be administered. It also gives information on the amount of medicine that can be given in a 24 hour period. The nurse on duty and manager were not aware of why one PRN medicine had been prescribed for a person recently admitted to the home and no protocol was in place. This meant that the person’s care was compromised, as they may not receive this medicine when needed.

We saw that medicines were kept securely in a locked cupboard to ensure they were not accessible to unauthorised people. We looked at the medicine

administration records for people and saw that nurses had signed to say medicines were administered in accordance with people’s prescriptions. People told us that they received their medicines on time.

Plans to respond to emergencies, such as personal emergency evacuation plans were not seen at the inspection because the manager was not aware if these plans were in place. The purpose of these plans is to provide guidance to staff in the event of fire or any other incident that required the home to be evacuated. The manager advised us by email that they had located the personal emergency evacuation plans and confirmed that some required updating.

The manager checked staff’s suitability to deliver care before they started work. Staff told us they were unable to start work until all of the required checks had been completed by the manager. We looked at the recruitment checks in place for four staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The four staff files seen had all the required documentation in place.

We saw the premises were maintained to a good standard and records were in place to demonstrate that the maintenance and servicing of equipment was undertaken as needed.

Where risks were identified the care plan described how care staff should minimise the identified risk. Care staff we spoke with explained the actions they took and the equipment they used to support people safely. One member of staff told us, “We have a lot of people that need two staff for their care. Some people need to be moved using equipment that takes two staff to ensure they are safe.” We saw risk assessments were in place and were relevant to the individual. Risk assessments were reviewed regularly to ensure the person’s safety and well-being was maintained. We observed staff supported people with moving and handling equipment and this was done in a way that showed us that people were supported safely.

People confirmed that they were comfortable with the staff team and felt safe. One person said, “I’m completely safe here, much better than in my own home where I was a danger to myself.” Other people told us they had not experienced anything that caused them concern.

Is the service safe?

Staff confirmed they attended safeguarding training and learnt about the whistleblowing policy during their induction. This is a policy to protect staff if they have

information of concern. Staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person was at risk.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate; decisions are made in people's best interests when they are unable to do this for themselves. In the care plans we looked at, we saw that where people lacked mental capacity, assessments had not been completed to ensure their rights were upheld and their best interests met. The manager recognised that this was an area that required improvement.

The MCA and DoLS require providers to submit applications to a Supervisory Body for authority to deprive a person of their liberty. The manager told us that no applications had been made under DoLS and said they intended to review the numbers of people who met the criteria and complete applications as required. We saw that several people met the criteria as they required continuous supervision and would not be safe to leave the home independently. This indicated that several people were being deprived of their liberty unlawfully as the correct procedure had not been followed to protect people.

This is a breach of Regulation 11 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

We observed the lunch time meal being served and saw that staff did not always support people in a timely way. There was a period of 25 minutes from when the meal was served to one person being supported with their meal. We saw that some people needed support to cut up their food. Another person waited for 25 minutes before a member of staff supported them with this. This meant that the person did not have an opportunity to eat their meal whilst it was warm. We saw that this person only ate a small amount of food during the meal. This demonstrated that the support people required was not always offered in a timely way.

Staff had the necessary skills and training to meet people's needs and promote their wellbeing. Staff understood people's needs and abilities and their descriptions of how they cared for and supported people matched their care plans. One relative told us, "It seems the staff are well-trained." A person talking about the support they received from staff with their mobility said, "They [staff] know what to do, let me tell you. If they can handle me, they can handle anyone! I can be a bit stiff and awkward

sometimes." Another person talking about their relative said, "As their condition deteriorated, the skills of the staff came to the fore. They were absolutely brilliant with [Name]."

Staff told us that they were provided with training that was specific to the needs of people they supported. One member of staff said, "We do have people that are receiving end of life care and all staff are booked onto palliative care training." We saw that staff were provided with training to support them in meeting people's needs.

The manager told us they were in the process of planning one-to-one supervision meetings for all the staff. One member of staff told us, "The manager has spoken to all the staff but we haven't had a formal supervision yet." Staff told us that they felt supported by the manager and said they were approachable and available to speak with if needed.

We were aware that recommendations left by a visiting professional had been left regarding four people's dietary needs. The manager showed us the actions that had been put in place to address this. We saw that clear records were in place that demonstrated the food and fluids people had received were in line with the guidance provided to ensure their dietary needs were being met in a safe way.

One person's relative told us, "[Name] was Nil by mouth in hospital; I just wanted them to come back to Charlotte James. The manager has put food and fluid charts in place. [Name] is now taking liquids and supplements with small amounts of fortified foods. The home are doing an excellent job."

People received a diet that met their needs and preferences. The chef told us they were provided with information regarding people's dietary needs and preferences. There was a choice of menu and people told us that food was of a good quality. People confirmed that breakfasts were prepared on an individual basis and this included a cooked breakfast if preferred. Meals were either taken in the dining room, in the lounges or in people's rooms. Discussions with people confirmed that they were able to choose where to eat. One person told us they generally had their meals in their room, but had decided to eat in the lounge on the day of our visit.

We saw that people's health care needs were met as referrals were made to the appropriate health care professionals when needed. For example one person who

Is the service effective?

had developed a pressure area prior to admission had a treatment plan which included the information needed. Daily records demonstrated that this plan was being followed and the person's condition was monitored. We spoke with this person who told us they were settling well

into the home and told us that the staff spoke in a kind and supportive way to them. People's visitors confirmed that they were informed of any illness or healthcare needs. One visitor said, "I am always informed if there are any changes to [Name's] health."

Is the service caring?

Our findings

We observed a positive and caring relationship between people who used the service and staff. People were treated with respect and approached in a kind and caring way. We saw that staff talked to people whilst providing them with support and engaged positively with them. For example people were approached by staff in a sensitive and caring way. People were asked if they had everything they needed and staff checked on their wellbeing. One person talked about their room and the colourful items they had brought from home. The member of staff responded well, smiled and we saw that communication was individual and meaningful to that person.

We saw that people's diverse needs were met. For example one person had a phobia that was caused by a trauma in their childhood. The provider met this person's needs by providing an alternative product for them; this was clearly recorded and available for the person in their bedroom. One person talked about a particular staff member and

told us, "They will do anything for you, you know. They are wonderful." When asked why this member of staff was good, the person told us, "They just know what I like and how I like it."

People told us that staff supported them to maintain their independence. One person said, "They [staff] let me do as much as I can, they don't take over. I really do appreciate this."

We saw that people's dignity was maintained when staff supported them using moving and handling equipment, by ensuring they were covered to maintain their dignity. One person told us that when staff supported them to have a wash, they respected their dignity by covering them lightly so they could complete the task in a respectful way.

People's relatives and friends were made to feel comfortable and welcomed by staff. Visitors told us that they were able to visit at any time. One visitor said, "Everyone here is friendly and welcoming. I visit every day and am always offered a drink by the staff."

Is the service responsive?

Our findings

There was comprehensive activities wall plan giving pictorial information about activities provided over seven days. Three specific activities were provided for each day. A member of staff was employed to provide activities. They told us they worked 20 hours a week, but some of these hours were taken up providing care duties, as the numbers of care staff available sometimes had difficulty in meeting people's needs. During our inspection there was no evidence of activities being provided. Staff engaged positively with people but there was insufficient time for them to engage in specific activities, although staff did approach people to chat when time allowed and personal care duties were complete. The provider told us and people we asked confirmed that the local clergy regularly visited the home and provided a service to meet people's pastoral care needs.

Some people were able to confirm they were involved in their care or confirmed their family members were involved. One person told us, "Oh, that's all done by my daughters". Visitors confirmed that they had been involved in completing care plans about the care, treatment and support their relative received. One person told us they had not been asked to sign care records but had been involved relating to their relative's care. Records we looked at had been signed by people's relatives to demonstrate their involvement.

The home was in the process of using two formats for care planning. We saw that for a person recently admitted the manager had carried out a pre-admission assessment and been involved in discussions with the person's family and other relevant people prior to admission. The care plan contained information about the person's needs and included risk assessments to enable staff to provide personalised care. However, in some care plans we did see some omissions where records were not dated and some assessments had not been completed. This had the potential to put people at risk if staff did not have clear up to date guidance to follow.

People told us they had been supported by staff to access local community facilities. One person had visited the local pub with a member of staff. The person said about the member of staff, "They go the extra mile. They sat with me for ages, as well as taking me out."

The provider's complaints policy was accessible and people were encouraged to express their opinion about the service. People told us they were comfortable that they would get a positive response if they needed to make a complaint. One person told us, "I am comfortable and have no complaints." A system was in place to manage complaints. We saw there was a copy of the complaints policy on display in the home. We saw that one complaint had been received and a record was in place that demonstrated that this had been addressed.

Is the service well-led?

Our findings

The provider confirmed that no satisfaction questionnaires had been sought for people and their relatives since registration and told us this was planned for the near future. The provider told us an open day was booked for people and their relatives the week following our inspection. The provider told us this would give people an opportunity to meet the new manager who had been in post for three weeks at the time of our visit.

There was a regular monthly meeting of 'Friends of Charlotte James Nursing Home' which was run by the activities coordinator. We asked a person's relative if the feedback of these meetings resulted in any changes. This person told us that concerns had been raised about staff shortage but said they had not noticed any changes in the staffing levels in place. This was discussed with the provider who told us they were taking action to address this.

There was no registered manager in post. The manager told us they were in the process of registering with us. The new provider had had taken over the ownership of the home three months prior to our visit. People and their visitors told us they found the provider approachable and listened to them. One visitor told us, "There has been lots of good changes since the new owner came, both in the home and the grounds, I have been very impressed." We saw that new furniture and flooring had been purchased and improvements had been made to the grounds of the home to enhance the environment for people.

Visitors and people who used the service told us that they couldn't really comment on the new manager as they had just commenced employment. People did however comment that the new manager seemed, 'approachable' and 'friendly'.

Staff we spoke with understood their roles and responsibilities and said they were supported by their training and by the manager's leadership. Staff told us that the manager and provider were approachable and confirmed that a staff meeting had taken place since the new manager had been in post. One member of staff said, "The manager is very good, we are kept informed of any changes, so there is good team work."

The provider and manager told us the considerable task they faced in establishing a new care planning system and felt that this was a priority. The provider confirmed that no audits had been undertaken and said that a system would be implemented to monitor the quality of the service provided.

The provider's legal responsibilities had been met as we had received statutory notifications that are required in accordance with the regulations. The manager had notified us about important events that affected the welfare, health and safety of people that used the service so that, when needed action could be taken.

We saw that data management systems were in place as people's confidential records were kept securely to ensure they were not accessible to unauthorised persons.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staffing levels were not determined according to people's needs. There was not enough staff available to meet people's needs in a timely way. Regulation 18 (1)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

People who lacked mental capacity were at risk of not being assessed appropriately to ensure their rights were upheld. Mental capacity assessments had not been completed when needed and Deprivation of Liberty Safeguards were not in place where needed, to ensure people were not deprived of their liberty unlawfully. Regulation 11