

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 21 April 2016 and was unannounced. At our previous inspection on the 26 June 2015 the provider was not meeting all the regulations relating to the Health and Social Care Act 2008. There were breaches in meeting the legal requirements regarding the Mental Capacity Act and staffing levels in place. The provider sent us a report in September 2015 explaining the actions they had and were taking to improve. At this inspection, we found improvements had been made since our visit in June 2015, however further improvements were required.

Charlotte James Nursing Home provides personal and nursing care for up to 28 older people
There were 20 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 the provider advised us that an application to register a manager was in progress. 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.

Where people lacked capacity to make decisions, capacity assessments had been completed but further improvements were needed to ensure these assessments were decision specific. When people were being unlawfully restricted this had been considered and Deprivation of Liberty Safeguards (DoLS) applications were in the process of being completed to ensure people's rights were protected. Staff gained people's verbal consent before supporting them with any care tasks and promoted people to make decisions.

The staffing levels had been increased but further improvements were needed, as people sometimes had to wait for staff support. Improvements had been made to medicines management but staff were not consistently recording when medicines had been given. Audits had not been undertaken in all areas to ensure areas for improvement could be identified.

Care staff knew about people's individual risks and plans to support people were in place, including individual plans to support people in the event of an emergency to ensure people could be evacuated in a safe way. The provider checked that the equipment was regularly serviced to ensure it was safe to use. People were provided with the right equipment to meet their needs.

People told us they felt safe at the home and staff understood their responsibilities to protect people from harm. Staff were suitably recruited which minimised risks to people's safety. Staff were provided training to meet the needs of people and were supported by the management team. People received food and drink that met their nutritional needs and were referred to healthcare professionals to maintain their health and wellbeing.

There were processes in place for people and their relatives to express their views and opinions about the

service provided and to raise any concerns or complaints.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

The staffing levels in place did not ensure people's individual needs were always met in a timely way. Risks to people's health and welfare were assessed and actions to minimise risks were recorded but were not always implemented. People felt safe and staff understood their responsibilities to keep people safe and protect them from harm. People were supported to take their medicines as prescribed. Recruitment procedures were thorough to ensure the staff employed were suitable to support people.

Is the service effective?

Requires Improvement 

The service was not consistently effective

Capacity assessments were in place but did demonstrate that decisions were made in people's best interest when they lacked capacity to make specific 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.

Is the service caring?

Good 

The service was caring.

Staff were caring and supported people to maintain their dignity and privacy. People spoke positively about the staff. Staff knew people well and understood their likes, dislikes and preferences so they could be supported in their preferred way. People were supported to maintain relationships with their relatives and friends.

Is the service responsive?

Good 

The service was responsive

People and their relatives were involved in discussions about how they were cared for and supported. Social activities were

provided for people. Complaints were responded to appropriately. The provider's complaints policy and procedure was accessible to people who lived at the home and their relatives.

Is the service well-led?

The service was not consistently well led

Audits to monitor the quality of the service had commenced in some areas but not in all areas to enable improvements needed to be identified. People were encouraged to share their opinion about the quality of the service so that the provider could identify where improvements were needed.

Requires Improvement 

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 21 April 2016 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, 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 17 people who used the service and the visitors of four people. We spoke with three care staff, one nurse, the activities coordinator, the manager, administrator and the provider.

We observed how staff interacted with people who used the service and looked at four 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 three 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

At our last inspection in June 2015 there was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were not enough staff on duty to meet people's needs and the provider did not have a tool to determine the staffing levels needed to meet the needs of people. The provider told us they were aware of the need for more staff and intended to increase the staffing levels.

At this inspection we saw a tool was in place to determine the staffing levels needed and the staffing levels had been increased to support people. However further improvements were needed as we observed occasions during the day when the staff appeared very busy in meeting people's individual needs, such as following the lunch time meal, when people required support to use the bathroom.

We observed that the call bells for two people who stayed in their bedrooms were not within their reach, so they were unable to call for staff support if needed. One person did require staff support but was unable to make themselves heard. Staff attended to this person promptly once their call bell was pressed. This demonstrated that vigilance was required by staff to ensure people had the equipment available to them to call for assistance.

Some people told us there were occasions when staff availability was reduced. One person told us, "I ring the bell and you can wait a long time." Another person told us, "I just have to be patient as I know there are people with greater needs than mine." We attended a staff meeting and saw that the provider had acknowledged that there were periods during the day when an additional staff member was needed to enable more timely support to people. This was agreed by the staff present at the meeting and plans to include an additional member of staff on the morning shift were discussed.

At our last inspection in June 2015 improvements were needed regarding the guidance available to staff for the administration of medicines that were given 'as required', known as PRN medicines. This was because some medicines prescribed on a PRN basis did not have a protocol in place. A protocol provides staff administering this medicine with detailed information to ensure PRN medicine is administered safely. At this inspection we saw that PRN protocols were in place to provide staff with the required information and guidance to ensure people received this medicine in a safe way.

People told us that they received their medicines on time. One person said, "They give me medication on time." Another person told us, "The nurse gives me my tablets and they never miss, I get them at the right time." We observed people being supported to take their medicines at lunch time and saw that people were supported to take their medicine as prescribed. People were given a drink and time to take their medicine whilst the staff member stayed with them to ensure their medicine had been taken before recording this. We saw that medicines were stored appropriately and regular monitoring of the balance of medicines stored took place to ensure people had received their medicines as prescribed.

The care plans we looked at demonstrated that assessed risks to people's health and wellbeing had been

undertaken. Where risks were identified, care plans described how staff should minimise the identified risk. The staff we spoke with knew about people's individual risks and explained the actions they took and the equipment they used to support people safely. However we identified that one person who required the use of a walking frame to mobilise did not have this frame within their reach. This meant they were at risk of falling if they attempted to walk to this frame independently. We also saw one person that used a wheelchair did not have their feet on the foot plate, when supported by a member of staff along the corridor. This put this person at risk of injury to their feet.

Staff confirmed they had all the equipment they needed to assist people, and that the equipment was well maintained. We saw that all of the equipment used was serviced and maintained as required to ensure it was in good working order and safe for people. We saw that a planned programme of checks was in place for the servicing and maintenance of fire alarm systems, water systems and water temperatures. This demonstrated that the provider took appropriate actions to minimise risks related to the premises and equipment.

Plans were in place to provide staff with information on how to support people in the event of an emergency such as a fire or any other incident that required the home to be evacuated. We saw that the information recorded was specific to each person's individual needs.

People who used the service told us they felt safe. One person told us, "I am safe, as staff are very good." Another person said, "I have been here for a year or so, and I think it is a marvellous place." The staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm and were aware of the signs to look out for that might mean a person was at risk. One member of staff told us, "I have had training and know that we can report concerns to the local authority or CQC but I would go to the manager or the nurse if the manager wasn't on duty and tell them."

The provider 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. We looked at the recruitment checks in place for the last three members of staff employed. 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 staff files seen had all the required documentation in place.

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At our last inspection in June 2015 there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because mental capacity assessments had not been completed when needed and Deprivation of Liberty Safeguards had not been considered to ensure people were not deprived of their liberty unlawfully.

At this inspection we saw that improvements had been made as capacity assessments had been undertaken where people lacked capacity to make decisions. However, we saw that the assessments were not decision specific. For example, one person's assessment confirmed that they were unable to make some everyday decisions for themselves but not others; the assessment did not clarify what these decisions were. This meant that people were at risk of not having their rights protected regarding specific areas of decision making and consent, to ensure people were supported in their best interests. We discussed this with the management team who confirmed that capacity assessments would be amended to reflect the specific decisions they related to. Staff we spoke with understood the principles of the MCA. We observed staff obtaining verbal consent from people before providing any care and support.

The clinical lead confirmed that applications under DoLS were in the process of being completed and we saw an action plan was in place for these to be completed by the end of April 2016. The clinical lead told us, "The named nurses for people are doing these applications, which I will review before they are sent off. We have a date for all applications to be completed by." A named nurse was allocated to each person and had the responsibility for overseeing the nursing needs of that person.

The majority of people we spoke with told us that they were happy with the care they received and that staff were helpful and supportive. One person said, "I am looked after well and am happy here." Another person told us "The staff are skilled." Staff we spoke with told us their induction included reading care plans, training and shadowing experienced staff. Staff confirmed they received training and support that enabled them to meet people's needs. One member of staff said, "We have training to help us support the residents, like end of life care. I learnt a lot that I didn't know before, which has helped me to understand the support families need as well as the resident." Another member of staff told about the training they had done around supporting people with dementia and said, "I put into practice what I learnt. If someone is confused I take time to reassure them and explain things." Discussions with staff demonstrated that they had a good understanding of people's individual needs and preferences.

At our last inspection staff supervision meetings had not taken place. At this inspection we saw that

supervisions were planned and some staff had received supervision. One member of staff told us, "I have just had supervision with the manager, I had a supervision form to complete before the meeting and then we discussed everything. The manager is very supportive and always says her office is open for people to come and talk to her."

The majority of people we spoke with confirmed they enjoyed the meals provided. One person told us the food was "Excellent." Another person said, "I enjoy the meals and there is a choice and if I don't want the choices on the menu I am asked what I would like, although I generally do like the choices available." We observed the lunch time meal and saw that people were supported and encouraged by staff to eat when this was needed.

Staff understood people's dietary requirements and information in people's care files included an assessment of their nutritional needs. Where assessments identified people were at nutritional risk the care plans provided clear instructions to staff on how to support people. We saw that daily monitoring charts were in place and completed to ensure people could be referred to specialist service as needed. For example one person had been referred and seen by a dietician who had provided guidance on the support and diet required for this person. We saw that this guidance was followed by staff and the person's weight had increased.

We saw that people's health care needs were monitored and met as referrals were made to the other health care professionals when needed. For example, we saw that the nursing staff had identified, through undertaking a test that one person had an infection. They contacted the doctor who prescribed antibiotics and staff collected these on the same day. This enabled the person to receive the treatment they needed promptly to clear the infection. Visitors confirmed they were kept informed of any changes in their relative's health or other matters. One visitor told us, "When the doctor has been called out I am always informed by the staff." Another visitor said, "Since coming here my relatives health is improving and their medical needs are met."

Is the service caring?

Our findings

People told us they liked the staff. One person said, "The carers look after me, respect me and give me dignified care. They are polite to me." Another person told us, "Staff are very good and very nice. I hope they keep respecting me. They do everything they can do for you." People appeared comfortable with the staff that supported them. One member of staff told us, "I love the residents and working here."

People were supported to celebrate their lives and maintain their sense of self-worth. We saw that special occasions were celebrated such as birthdays. One person told us, "You get a cake on your birthday and a card." We saw that people had their personal affects beside their chair when seated in the lounge area; this demonstrated that people were supported to relax and feel at home. We observed the staff used people's preferred names when talking to them and we saw that people were supported to maintain their personal appearance and sense of style, through wearing clothing, jewellery and accessories of their choice.

We saw that people's dignity was promoted by staff when they received care and support. When people needed to transfer using equipment, we saw the staff check that they were covered to ensure their dignity was promoted. We heard staff explain to a person what they were doing and they checked that the person was comfortable throughout the procedure. This showed us that staff treated people respectfully and with consideration. One person told us, "The staff always explain what they are going to do with me and check I am okay with that, they are very good." We saw that staff respected people's privacy by knocking on their doors and asking if they could come in before entering their room.

Visitors told us there were no restrictions on visiting and confirmed they were made to feel welcome by the staff. One visitor told us, "The staff interacted with us really well as they get to know the family and pop their heads in to say hello." Another visitor told us, "I am always made to feel welcome when I visit." We saw that visitors were encouraged to bring younger family members with them to see their relatives, as a variety of games and toys were available for children to play with.

Is the service responsive?

Our findings

At our last inspection in June 2015 the person employed to provide activities confirmed that their hours were often taken up providing care duties. We saw that improvements had been made as the activities coordinator confirmed that they were employed to provide activities only from Monday to Friday and at weekends when needed. The activities provided included entertainment within the home. One person told us about an external entertainer that had visited the home the day prior to this inspection and confirmed they had enjoyed this. The activities coordinator told us that a trip out was planned for the following day. We saw that a plan of activities was on display but this was not followed on the day of our inspection, as the activities person had changed their hours to attend the staff meeting. They told us, "We did a royal quiz this morning as it's the Queen's birthday today." The activities coordinator demonstrated that they knew about people's interests and confirmed that they supported people to maintain these, such as trips out in the local area, baking, bingo and quizzes. One person who lived at the home wrote poetry and their poems were included in the homes monthly newsletters.

Some people were able to confirm they were involved in their care and some people told us their family members were involved. Visitors confirmed they were consulted regarding the care provided to their relatives. Records we looked at had been signed by people's relatives to demonstrate their involvement. We saw that people's opinions about their care and treatment were listened to and acted on where possible. For example one person had asked for a lower dose of a specific medicine and we saw that the home was waiting for a new prescription following consultation with the person's health care specialist.

The provider's complaints policy was accessible and people were encouraged to express their opinion about the service. People and their visitors told us they were comfortable that they would get a positive response if they needed to make a complaint. One visitor told us they had raised an issue in the past and this had been addressed to their satisfaction. A person that used the service also confirmed that a complaint they made was dealt with immediately. Records were kept of complaints received and we saw that complaints had been responded to promptly and addressed.

Is the service well-led?

Our findings

At our last inspection in June 2015 a system was being implemented to monitor the quality of the service provided. At this inspection we saw that a system was now in place and some areas were audited. For example, monthly checks were completed for pressure relieving mattresses and settings were checked each day to ensure people's pressure relief on their skin was maintained. Manufacturer's checks on equipment were also undertaken and recorded on a six monthly basis, to ensure equipment was well maintained. Visual checks were also undertaken on pressure relieving cushions. Other areas such as audits of care plans, food and fluid charts had templates in place, however no audits had commenced at the time of our visit. The manager confirmed that plans were in place to commence these in the near future.

Medicines administration was not always recorded by nurses. This had been identified by the clinical lead who told us they were addressing this with nurses. The clinical lead said that they had also identified inconsistency in methods of recording. For example people who were prescribed medicine patches had body maps for nurses to record where the patches had been applied. This was to ensure patches were not always applied to the same area of the body, however not all nurses were following this procedure. The clinical lead told us that clinical supervisions would be implemented for all nurses and these issues would be addressed in supervision.

We saw that accidents and incidents were recorded and weekly body maps were completed for everyone that used the service to ensure people's skin condition was monitored. However no analysis of accidents, such as falls were recorded to enable the manager to identify any patterns or trends to be identified and addressed.

At our last inspection in June 2015 the provider confirmed that no satisfaction questionnaires had been sought for people and their relatives and told us this was planned for the near future. At this inspection we saw that satisfaction surveys had been sent out to people that used the service and their relatives and 12 had been returned. We saw that the feedback from people was positive regarding the care provided, the housekeeping standards and the staff and management.

Newsletters were provided each month and made available to people and their relatives. Information included the different activities that had been undertaken. For example the March 2016 newsletter included information on a musical afternoon that people and their relatives had attended in the local area, a tasting activity at the home where people had tasted different foods, a quote and poem of the month provided by a person that used the service and information on up and coming events in April.

People, their visitors and staff told us they found the provider approachable. One person living at the home said about the provider, "He is very nice and comes and has a chat with me." A member of staff said, "Things are much better and get sorted a lot quicker now with the new owner." Since our last inspection a new manager was in post and was in the process of applying to register with us. Staff we spoke with understood their roles and responsibilities and said they were supported by their training and by the manager's leadership. One member of staff said, "The manager is very supportive, she is good at her job and has time

for everyone."

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.