ADL Plc

Charlton Court Nursing Home

Inspection report

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Date of inspection visit: 21 July 2015
Date of publication: 09/11/2015

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**

Overall summary

We inspected the service on 21 July 2015. The visit was unannounced. Our last inspection took place on 23 January 2014 and there were no identified breaches of legal requirements.

Charlton Court Nursing Home is a large, purpose built nursing home with accommodation for up to 60 people. Accommodation is based on two levels, with a small dementia unit on the first floor. The service is located in a residential area of Leeds close to the boundary with Bradford. There are a number of communal areas including lounges, dining rooms and a garden.

There was not a registered manager in post. 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.

We looked at staff personnel files and saw the recruitment processes in place were not robust enough to ensure staff were suitable to work with vulnerable adults.

Summary of findings

There was not always sufficient numbers of staff deployed in order to meet the needs of people in the home.

During our visit we saw people looked well cared for. We observed staff speaking in a caring and respectful manner with people who lived in the home. Staff demonstrated they knew people's individual characters, likes and dislikes.

We found the service was meeting the legal requirements relating to Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People's care records demonstrated that all relevant documentation was securely and clearly filed.

Staff we spoke with told us they were aware of their responsibilities with regard to safeguarding people who lived at the home. They were able to tell us about the signs and symptoms of possible abuse and how they would report this.

We saw the provider had a system in place for the purpose of assessing and monitoring the quality of the service. Records showed that the provider investigated and responded to people's complaints, in line with the complaints procedure in place.

The home met people's nutritional needs and most of the people told us the food was good and they had a choice of food.

People's medicines were managed safely and people received appropriate healthcare support. We saw people were referred to relevant healthcare professionals in a timely manner.

There was an on-going training programme in place for staff to ensure they were kept up to date and aware of current good practice.

We found the home was in breach of Regulation 18 (1) (Staffing) and 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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 always safe.

The staff recruitment process was not always robust, to ensure people employed were suitable to work with vulnerable people.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

People told us they felt safe. Individual risks had been assessed and identified as part of the care planning process.

Requires improvement

Is the service effective?
The service was effective

People had regular access to healthcare professionals, such as GPs and chiropodist. Referrals were made when any additional health needs were identified.

People's nutritional needs were met; however the dining experience for people using the service was not consistent throughout the home.

The service was meeting the requirements of the Mental Capacity Act (2005). Staff understood how to support people who lacked capacity to make decisions.

Good

Is the service caring?
The service was caring.

All of the staff we observed offering people support demonstrated a caring attitude.

Staff knew people's preferences, abilities and skills. Staff were able to explain and gave examples of how they maintained people's dignity, privacy and independence.

Good

Is the service responsive?
The service was responsive to people's needs.

Care plans were written with a person centred approach and ensured staff had clear guidance on how to meet people's needs.

Complaints and concerns were dealt with appropriately.

People told us they enjoyed the activities that were available in the home.

Good

Is the service well-led?
The service was not always well-led.

Requires improvement

Summary of findings

The home did not have a registered manager in place.

The home had mechanisms in place which allowed people who used the service and their relatives to provide feedback on the service provision.

The provider had a robust quality assurance system in place to monitor the service provision.

Charlton Court 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 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 inspection took place on 21 July 2015 and was unannounced. There were 53 people living at the home when we visited. The inspection team consisted of three adult social care inspectors, a specialist advisor in nursing and an expert-by-experience with experience in older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before this inspection we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We also contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the course of the inspection we spoke with 15 people living at the home, five visiting relatives, nine staff, the trainee manager, the area manager and the director of the service. We looked around the home, and observed how care and support was provided to people. We looked at documents and records that related to people's care, and the management of the home such as staff recruitment and training records, policies and procedures, and quality audits. We looked at nine people's care plans.

Requires improvement

Is the service safe?

Our findings

The people we spoke with told us they felt safe living at the home and staff were kind and caring. One person said, "I feel far safer living at Charlton Court than I did living at home. People were always knocking on my door and I did not see anyone. Here there is always someone to talk to and it's nice to know the staff are always there if I need them." Another person said, "I don't have any concerns about my safety. The staff are good and I like the young manager."

We spoke with both nursing staff and care staff who demonstrated a good understanding of protecting vulnerable adults. They told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local safeguarding authority and the Care Quality Commission (CQC) if they had any concerns. They told us they were aware of the whistle blowing policy and felt able to raise any concerns with the management knowing they would be taken seriously.

Medicines were administered to people by trained nursing and senior care staff. We saw the nurse or senior care staff checked each person's identity and explained the process before giving people their medicine. This ensured people received the right medicine at the right time.

Medicines records were accurately maintained. There was secure storage for medication and the temperature of the storage areas and fridges had been monitored daily. There were no staff signature omissions on the medicine administration records (MAR) charts we reviewed, indicating people had received their medication as prescribed. The date on which bottles of liquid medications had been opened had been recorded. A random sample of medicines dispensed in boxes indicated stock control was good with all medicines accounted for. Controlled Drugs (CD) were stored in a steel cupboard on the ground floor, 2 random samples were checked against the CD record (Temazepam 10 Mg and 20 Mg) and Oxycodone which tallied.

Dietary supplements were stored appropriately, and were in date. Sample signatures of staff administering medicines were in place. Mental Capacity assessments were available with the MAR charts records. This gave care staff information about the people they were supporting. One person was noted to have covert medication administered, with a specific care plan in place, as well as a Deprivation of Liberty Safeguard (DoLS) application in process.

One of the nurses gave an outline of the home's medication ordering and delivery system, and the disposal of refused/ or discontinued medication, signatures and explanation of why discarded. Contractors collected disposed medication and signed on collection from the clinic room on the ground floor.

The trainee manager told us sufficient staff were employed for operational purpose and there was a good skill mix within the staff team. The trainee manager said staffing levels were based on people's needs, were kept under review and increased as and when required. We raised some concerns with the area manager and trainee manager. We found staff were not always visible on the dementia unit. We saw a chart was in place for 15 minute checks on some people. This was completed on a regular basis during the morning; however, it was incomplete between 14.30 and 15.50 (this was the time that care staff were having their breaks). This was highlighted to the nurse on duty. We found there was not enough staff on duty to assist people at mealtime. Some people had to wait a long time for their meal whilst staff supported others with their meal. The trainee manager agreed to review the staffing situation to ensure staff were presence at all-times throughout the home.

Comments from relatives were; "Staff are really stretched at times." Not enough staff in the evening and I don't think there's anyone here after nine o'clock."

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

We observed care staff moving people in several rooms, this was by hoist and chair to wheelchair and wheelchair/ chair. On these observations, all were undertaken in a safe manner and explanations were given to people before movement.

We looked at staff files and found recruitment processes which are designed to keep people safe, were not consistently followed. There was not a robust system in place to ensure that background checks were consistently carried out.

Requires improvement

Is the service safe?

When we looked at the files we found three files had copies of paperwork from the Disclosure and Barring Service (DBS). Two files had no copies of completed paperwork, confirmation of a DBS check number or evidence that checks were being undertaken. Both members of staff had commenced working in the service. We were told that they were supervised at all times, although there was no evidence of how this was delegated or managed. We were given copies of supervision forms for two employees which stated 'Risk assessment in place to ensure supervision while working at Charlton Court awaiting DBS'. One employee had a copy of a DBS check in their file but the 'supervision' documentation had not been updated to reflect this.

We found one file contained two unsigned, undated references which were from employees not listed in the work history section of the person's application form. These referred to a 13 month period of employment. Two businesses were listed as most recent employers however, there was no evidence of them been contacted for a reference. Another file had one reference which appeared to be a work reference, however, this had come from a personal email address and did not contain any information as to the role the person had been employed or by whom. A second reference was unsigned and undated and was completed by an unnamed person who stated that they 'worked in a previous care home together'. One file contained no references and this person also had no DBS documentation on file.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed.

We saw there was a disciplinary procedure in place and the trainee manager told us if they found a member of staff was no longer suitable to work in a health or social care setting they would make a referral to the appropriate agency, for example, the Disclosure and Barring Service.

Good

Is the service effective?

Our findings

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring that if restrictions are in place they are appropriate and the least restrictive. We spoke with the trainee manager about the MCA and DoLS and found they understood the key requirements and had the knowledge to safely and legally deliver care. Staff gave good examples of how they supported people to make decisions about their care and support.

The review of the care plans showed that where people did not have the mental capacity to consent to care this was recorded and decisions were taken in their best interest.

Staff we spoke with understood their obligations with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. During our visit we observed staff gaining permission from people before they performed any personal care or intervention. We saw evidence in the care plans that people or their relatives had given consent for their photograph to be taken, to the sharing of their information and their involvement in their care and treatment.

The care plans showed people had regular access to other health professionals, for example, chiropodists, dentists and opticians. A member of staff told us people who used the service had additional support when required for meeting their care and treatment needs. For example the home had regular visits from the chiropodist. We saw care plans were reviewed monthly and changes made as appropriate.

Aspects of training received were discussed with the two nurses who said they were professionally up to date in relation to their nurse registration requirements.

We looked at the staff training matrix which showed the majority of staff had completed all the mandatory training they required for their role. This included first aid, infection control, fire safety, safeguarding and moving and handling. We also saw staff had completed training which the home considered to be 'best practice' which included dementia care. Staff we spoke with told us the training they received provided them with the skills and confidence to carry out their roles and responsibilities. One member of staff said, "The training has given me confidence to do my job well." This meant people living at the home could be assured that staff caring for them had up to date skills they required for their role.

We looked at records of supervision and appraisal for staff and spoke with the trainee manager about how these were arranged. She told us that supervision was done either on a one to one basis or in a group and was mainly triggered by the need to tell people something. We looked at supervision records for four staff. One person had a record which showed that there had been a two way conversation covering performance, training needs and future ambitions. Whilst the details were logged on the back of the form there was no identifiable plan which showed identified objectives, timescales and measures of completion. Other supervision records appeared to show that the supervision process was used mainly to impart information to employees. Supervision had also been used to discuss performance. There was a lack of consistency in format, frequency and whether employees and employer signed records. The trainee manager said this would be addressed.

Review of the care records showed that people had been assessed for risk of malnutrition and we saw people's likes, dislikes and any allergies had been recorded in their care plan. Individual weights were being undertaken regularly, and none of the records reviewed showed any significant weight loss over time. In fact three peoples reviewed showed they had gained weight. Fluid intake was recorded accurately for people subject to monitoring. Mid-morning and afternoon drinks round was observed and people had a choice of hot or cold drinks.

Lunch was observed on the first floor. However, due to the layout of the first floor; the meals are plated outside the dining room, and taken into the dining room. Some people had their meals in their rooms. Some people were observed to be waiting for their meals (those who required assistance) this applied to those people in bedrooms as well. On the day of inspection 12 people had their meal in the dining room. The dementia unit had a separate small dining area, although meals were plated in the main nursing area.

Some people who were independent had difficulty preventing their food slipping off the plate. Some people

Good

Is the service effective?

did not receive lunch until after 14.00 hours due to the number requiring assistance (both in dining room and in bedrooms). This was pointed out to the trainee manager who stated this would be addressed.

People we spoke with told us the food was nice. One person said, “The food’s good, well I enjoy it anyway.” Another person said, “We can ask for drinks at any time.”

Other comments included, “Generally speaking the food is all good. I’m not sure about today.” People said they were offered a choice of food, with the exception of one person who said, “No.” but did not explain further. The menu was observed in the dining room on the wall, and also rotating menus on each table, offering a choice of hot and cold food. Three visitors spoken with said, the food looked good.

Good

Is the service caring?

Our findings

We found people's needs were assessed and their care and treatment was planned and delivered in line with their individual care plan. Throughout the inspection visit we saw that staff approached people in a way which showed they knew the person well and knew how best to assist them.

Some people living at the home had difficulty communicating verbally but our observations and discussion with those who were able indicated people were happy with the care and support they received. One person told us, "I really enjoy talking with the staff, we have a laugh and have a good time." Another person said, "The staff give me all the help I need, they are so kind and helpful."

Staff were kind, caring and patient in their approach and had a good rapport with people. Staff supported people in a calm and relaxed manner. They did not rush and stopped to chat with people, listening, answering questions and showing interest in what they were saying. We observed staff initiating conversations with people in a friendly, sociable manner and not just in relation to what they had to do for them. We saw people's personal information was treated confidentially and their personal records were stored securely.

Staff knew people well, they responded to people's requests and offered them choices. Staff knew what people were able to do for themselves and supported them to remain independent. One staff member told us that they supported people to have choice and control over their lives. They gave examples of offering people choices of drinks, asking if they liked something done in a certain way and encouraging people to be mobile. We saw staff addressed people by their preferred name and always asked for their consent when they offered support or help with personal care.

The relatives we spoke with told us that they were able to visit their family members at any reasonable time. One relative explained that they visited their family member at different times of the day and they were always made to feel welcome and there was always a relaxed and friendly atmosphere. We asked another person about the care their relative received and they told us, "There is good communication; they keep us informed, they are always clean and their room is clean. I have no worries about the place and it's friendly."

We looked at people's care plans and found they contained information about people's past and current lives, their family and friends and their interests and hobbies. We saw specific information about people's dietary needs, their likes and dislikes, their lifestyle and the social and leisure activities they enjoyed participating in. This showed that people who used the service and/or their relatives were able to express their views and were involved in making decisions about their care and treatment.

We observed all the people who used the service were appropriately dressed and groomed. Throughout our inspection we observed people being treated with dignity and respect. It was clear from our observations people who used the service responded positively to staff. A member of staff said, "Privacy and dignity just comes naturally, we knock on doors, we try to ensure people maintain their independence."

Good

Is the service responsive?

Our findings

People told us they felt they had choices in how they spent their day at the home. We spoke with one person who said, “We get choices, I can choose when I want to go to bed and when I get up, nobody forces me to do anything.” Another person told us, “I can do what I like; they just let me get on with it. I can watch TV or I like to read. The staff are very friendly and always ask me if there’s anything I want or need.”

We saw a pre-admission assessment was carried out before people started using the service to determine people’s needs and to ensure that the service could support them. Care plans were clear and detailed with comprehensive information about people’s needs, life histories and preferences. Where needs had been identified, care plans were in place with specific information detailed about how best to support the person.

Care plans were reviewed monthly and changes made as appropriate. The care plans showed how people liked to spend their time and how they liked to be supported. The plan also showed what people or their relatives had told staff about what provoked their anxieties and inappropriate behaviours. This meant that care could be provided in a sensitive way for people.

A large complaints banner was displayed in the stair well. We looked at the way the home responded to concerns and complaints. We were told by staff they would assist people if they wanted to make a complaint. Staff said they thought people would speak directly to management. We found the service had an up to date complaints policy and procedure in place which gave clear timescales for dealing with complaints. We looked at the complaints log and saw the home had received five complaints since our last inspection. We saw all of the complaints had been investigated and where possible resolved to the satisfaction of the complainant. However, we did remind the provider that they should keep a copy of response to complaints in the home complaints file.

The relatives we spoke with told us that they knew how to make a complaint and would have no hesitation in making a formal complaint if the need arose. One person said, “I’ve no complaints, everyone is friendly.” Another said, “I have got to know the staff well over the last year so I would not have a problem discussing any concerns I had with them.”

There were activities provided for people on a daily basis. This included sing-alongs, bingo and massage. The home had also recently started taking people out for day trips, for example, to the park or a local garden centre. If people did not wish to join in the group activities the activity co-ordinator would go and see them in their rooms to have a chat with them and to see if any support was needed to encourage interaction. This included providing telephones so that people could ring relatives.

Requires improvement

Is the service well-led?

Our findings

Charlton Court provides care for a relatively large number of people with complex care needs. Nursing and residential care are provided on both floors, and there is also provision for dementia care in a smaller sub unit on the first floor. Whilst acknowledged as a dementia residential unit, it does not have a clearly defined function or philosophy.

The residential dementia unit is a small part of a much larger home; as such it could be overlooked in terms of development. At the present time the home does not have a 'Dementia Champion', or' Dementia Lead', this is surprising given the relatively large number of people in the home living with various forms of dementia. This may be something the providers may wish to consider.

The home had a relatively newly appointed trainee manager, who was keen to maintain a high standard of care. This person had not yet registered with the Care Quality Commission.

The management and the provider completed a range of audits on the quality of the service provided. This included audits of medicines, care records, staff supervision, mattress quality, complaints, wheelchair maintenance, incidents and accidents. We saw the outcome of the audits resulted in an action plan to ensure areas in need of improvement were acted upon.

Staff told us regular staff meetings were held at the home which gave them the opportunity to give their opinions on the service. We saw minutes which showed regular meeting had been held with all staff working at the home. This showed staff was appropriately supported in relation to their caring responsibilities and were regularly updated about any changes in the service.

We saw there were systems in place to enable people living at the home to comment on the service provided. We saw regular residents meeting were held at the home. We looked at the minutes of the meeting from July 2015. This shows that people's views and opinions were taken into account in the way the service was provided.

The home used survey questionnaires to seek people's views and opinions of the care and support they received. Information provided was collated and an action plan formulated to address any concerns or suggestions made. The results was displayed in the reception area.

We looked at a number of completed questionnaires from people who lived in the home and their relatives. The comments received were positive and people were pleased with the standard of care and facilities provided. Comments included "Completely satisfied with the care and condition of the home, and general helpfulness of friendly staff" and "Good general and personal care."

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **There was not always sufficient numbers of staff deployed in order to meet the needs of people in the home.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **Recruitment procedures must be established and operated effectively to ensure that persons employed meet the conditions of 'having good character' to work with vulnerable people.**