Amore Elderly Care Limited

Charles Court Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Charles Court Care Home is a care home providing nursing and personal care for up to 76 younger adults and older people some of whom are living with dementia. The home's purpose-built environment is divided into two units, specialising in nursing care for people with dementia and general nursing care respectively. At the time of our inspection, there were 72 people living at the home.

People's experience of using this service and what we found
People's care records did not demonstrate staff provided consistent care to minimise identified risks to people. This included unexplained gaps in people's repositioning records and topical medicines application records. Most of the medicines records we looked at did not contain clear written instructions for using people's creams and ointments, increasing the risk of these not being applied as intended. Several people's mattress covers had become comprised, placing them at increased risk of infection and affecting their dignity and comfort. Written guidance on people's need for texture-modified diets was not always accurate, clear and unambiguous. Kitchen staff had not had up-to-date training on texture-modified diets and how to produce meals to the required textures and consistencies.

Although the provider had established quality assurance systems and processes, these were not as effective as they needed to be. They had not enabled the provider to identify and address the shortfalls in quality and the increased risks to people we identified during our inspection. Records maintained in relation to people's care were not always accurate, complete and up-to-date.

Staff had training in, and understood, how to identify and report potential abuse involving people who lived at the home. Management monitored any accidents and incidents involving people, staff or visitors to learn from these. Some of the people and staff we spoke with expressed concerns about current staffing levels at the home and delays in the care provided. The provider carried out checks on the suitability of prospective staff before they were allowed to start working with people.

Domestic staff and care staff maintained standards of hygiene and cleanliness throughout the home. Staff wore personal protective equipment (e.g. disposable gloves and aprons) to reduce the risk of cross-infection.

People and their relatives had positive relationships with staff and management. Staff felt well-supported and valued by management, and approached their work with enthusiasm. The management team took steps to keep their knowledge and skills up to date and to engage effectively with people, their relatives and staff. Staff and management promoted effective working relationships with community professionals involved in people's care.

Rating at last inspection
The last rating for this service was Good (published 30 October 2019).

Why we inspected
We received concerns in relation to people's care, including the prevention and management of pressure sores, nutrition and hydration, continence care, staffing and falls. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

Enforcement
We have identified breaches in relation to the management of risks to people and the effectiveness of the provider's quality assurance systems and processes.

Please see the action we have asked the provider to take at the end of this full report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 always safe.

Details are in our Safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our Well-led findings below.

Charles Court Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by three inspectors and a specialist advisor who was a nurse specialist in tissue viability.

Service and service type
Charles Court care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This was an unannounced inspection.

What we did before the inspection
Before the inspection visit, we reviewed information we had received about the service since the last inspection, including incidents the provider must notify us of. We also sought feedback on the service from the local authority. We used all of this information to plan our inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection
We spoke with 12 people who used the service, seven relatives and one person's friend. We also spoke with the registered manager, deputy manager, two clinical leads, two nurses, two chefs, an activities coordinator, four senior care staff and five care staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 19 people's care plans, supplementary care charts, medicines records, and incident and accident records. We also reviewed three staff recruitment records and records relating to the safety of the premises and management of the service.

After the inspection
We spoke with three community social care professionals about their experiences of the care provided. We also sought clarification from the management team about actions taken to address identified concerns since our inspection visit.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; using medicines safely

- The risks associated with people's individual care needs had been assessed, kept under review and plans put in place to manage these. This included consideration of people's nutrition and hydration, mobility and risk of falls, and their vulnerability to pressure sores and wound care.
- However, we were not assured staff consistently followed agreed plans to minimise the risks to people. A number of people had been assessed as requiring support from staff to reposition themselves, at specified intervals, to reduce the risk of them developing pressure sores. Several people's repositioning records indicated they did not receive this support on a consistent basis at the required intervals. For example, two people's care plans stated they were to be assisted to reposition themselves every two hours, due to a high risk of pressure sores. However, their repositioning records for 10 February 2020 indicated they had not received this support during a five-hour and six-hour period respectively.
- Where people needed staff to apply protective creams and ointments to their skin to reduce the risk of it becoming damaged, their medicines records did not always indicate these were being used consistently. For example, one person had been prescribed a protective cream to be applied after every third wash. However, their medicines records stated this had not been used over a three-day period in February 2020.
- In addition, most of the medicines records we checked lacked clear written directions for staff on how to use people's creams and ointments, including where these were to be applied on the body. This increased the risk of staff applying these products incorrectly.
- The equipment provided for people's use was not always suitable for its intended purpose. We checked the condition of people's mattresses and mattress covers. This equipment has an important role to play in ensuring people's health, safety and comfort, including reducing the risk of skin damage. We found the integrity of eight people's mattress covers had become compromised. Damaged mattress covers cannot be properly cleaned and allow bodily fluids to penetrate into the mattress. This places people at increased risk of infection, impacts on their dignity and comfort, and can reduce the overall effectiveness of the equipment.
- In addition, we found one person's alternating pressure mattress, used to reduce the risk of pressure sores, had not been set to the correct pressure, based upon their current weight. This potentially affected the comfort and effectiveness of this equipment.
- Plans for managing identified risks to people were not always clearly and accurately recorded. Where people had been assessed as needing texture-modified diets, written guidance for staff was inconsistent. This increased the risk of people not receiving appropriate texture-modified food, resulting in problems chewing and swallowing.

● A speech and language therapist had recommended one person needed to have a 'Soft and Bite Sized' diet to reduce their risk of choking. However, their eating and drinking care plan referred to normal consistency foods with the comment that they 'liked the softest foods'. Their 'diet notification sheet', sent to the home's kitchen, also referred to normal consistency foods. Another person had been recommended a 'Minced and Moist' diet by the speech and language therapist, again to reduce the risk of choking. However, their eating and drinking care plan and 'diet notification sheet' referred inaccurately to a 'soft diet'.
● In addition, kitchen staff had not received appropriate up-to-date training in texture-modified diets to ensure they understood how to produce individual people's meals to the required textures and consistencies. One member of kitchen staff indicated they had not received training of this nature for four years.

We found no evidence people had been harmed. However, the provider's procedures for mitigating the risks to people's health and safety were not sufficiently robust. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We discussed our concerns about the management of risks to people with the management team. They assured us they would introduce more robust daily auditing of people's supplementary charts, including repositioning records and topical medicine applications records, as a matter of priority. Following our inspection visit, the management team informed us they had completed a full audit of people's mattresses. All defective mattresses had been replaced and improved weekly mattress checks implemented. They informed us they had also fully reviewed the written guidance provided to staff on people's texture-modified diets, to ensure this was clear and unambiguous.
● Staff spoke positively about the procedures in place to keep them updated on changes in risk to people.
● People and their relatives were happy with the support staff provided with medicines.
● Nursing staff maintained accurate and up-to-date records in relation to the administration of people's oral medicines.

Preventing and controlling infection
● Several people were at increased risk of infections due to the compromised condition of mattress covers.
● Domestic staff supported care staff in maintaining appropriate standards of hygiene and cleanliness within the home.
● Hand sanitizer dispensers were located at appropriate points within the home, and communal toilets contained hand soap and hand towels.
● Staff were supplied with personal protective equipment (e.g. disposable gloves and aprons) to reduce the risk of cross-infection, and we saw them using this. The home's 'infection control lead' monitored consistent use of this equipment as part of their role.

Staffing and recruitment
● Most people and their relatives we spoke with were satisfied with staffing arrangements at the home. One person said, "They [staff] are quick to come and help me." However, three people referred to unacceptable delays in staff support when they needed this. One person told us, "I feel safe here [and] the staff are kind, though sometimes when it's busy I can wait up to 15 minutes for help to get to the toilet, and I feel that is too long."
● Three members of staff raised concerns about current staffing levels at the home. One staff member told us, "It is difficult to meet people's personal care needs without delays. We finish exhausted and have less time to talk to people."
● The registered manager assured us they monitored and adjusted staffing levels in line with occupancy levels and people's individual needs, taking into account feedback from people, their relatives and staff.

● During our inspection, we saw there were enough staff on duty to respond to people's needs and requests.
● Pre-employment checks had been completed on prospective staff to ensure they were suitable to work with people.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe living at the home. One person said, "I am happy here. I feel safe and the staff are very good."
● People's relatives had confidence their family members were protected from harm and abuse. One relative told us, "I'm one hundred percent confident [family member] is safe, as staff are all on the ball."
● Staff had training in, and understood, how to recognise and report potential abuse involving people living at the home. They assured us they would immediately report their concerns to a senior colleague or the management team, and had confidence these would be acted on.
● The provider had procedures in place to ensure appropriate external agencies were notified of any abuse concerns, in line with local safeguarding procedures.

Learning lessons when things go wrong
● In the event people were involved in any accidents or incidents, staff recorded and reported these events to the management team.
● The management team and provider monitored accident and incident reports to identify any actions needed to keep people and others safe.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement. This meant quality assurance systems and processes were not sufficiently effective.

Continuous learning and improving care

- The provider had implemented quality assurance systems and processes, designed to enable them to assess, monitor and drive improvement in the quality and safety of people's care. As part of this, the registered manager completed regular 'quality walkarounds' to check important aspects of the service, such as health and safety measures, people's dining experience and the management of medicines.
- However, the provider's quality assurance was not sufficiently effective. It had not enabled them to identify and address the shortfalls in quality we found during our inspection, which increased the risks to people. This included the poor condition of several people's mattresses, unexplained gaps in recording on people's supplementary charts and inconsistent instructions on people's dietary needs.
- The records maintained in relation to people's care were not always accurate, complete and up-to-date. This included a failure to record the snacks people were offered and consumed in between meals, in line with the provider's procedures, to enable nursing staff and external healthcare professionals to accurately monitor their food intake.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not implemented sufficiently effective quality assurance systems and processes.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People used words such as 'nice' and 'helpful' to describe the management team. People's relatives spoke positively about their relationship with management, who made themselves available to them as needed. One relative described management as 'first class'. They went on to say, "They [management] have always got time for me. I'm satisfied and more importantly [family member] is happy." Another person's friend said, "They [management] have been lovely and I'd go straight to them with any concerns."
- Staff felt the management team were approachable, supportive and willing to act on issues or concerns brought to their attention. One member of staff told us, "I feel very supported. [Deputy manager] is right there if I need support with anything or have any concerns." Another staff member said, "They [management] have an open door, so you can always pop in and voice your concerns."
- Staff talked enthusiastically about their work, referring to a strong sense of teamwork amongst the staff team. They felt valued and listened to by management. One staff member told us, "I love coming here. This is more than a job for me."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong
● The management understood their legal responsibility to inform people and relevant others if something went wrong with their care.
● People's relatives referred to open communication with the management team.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● The management team and staff were clear about their respective roles and responsibilities.
● The provider had systems and procedures in place designed to ensure there was a shared understanding of quality performance issues, risks and people's current care needs amongst management and staff. This included daily staff handovers, 'flash meetings' and 'team huddles' and regular 'site governance meetings'.
● Staff spoke positively about the overall effectiveness of communication within the service.
● The management were kept up to date with legislative requirements and best practice guidance through, amongst other things, internal weekly briefings from the provider, two-monthly managers meetings and attending further training.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others
● The management team sought to actively involve people, their relatives and staff in the service and how this might be improved. As part of this, they held regular meetings for people and their relatives, staff meetings, and periodic care review meetings to encourage others' views and suggestions.
● The community professionals we spoke with told us staff and management engaged with them openly and supported effective working relationships. One community professional told us, "The approach from management has really improved. They are more open and make themselves available to me. When we speak, [registered manager] knows people [living at the home] well and any actions taken."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider's procedures for mitigating the risks to people's health and safety were not sufficiently robust.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance systems and processes were not sufficiently effective.