

Community Integrated Care

Charlotte Grange 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 effective?	Good 
Is the service caring?	Requires Improvement 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

Charlotte Grange Care Home provides accommodation and care for up to 46 people, some of whom are living with dementia, and is located near the centre of Hartlepool. At the time of the visit 45 people were living at the home.

This inspection took place 10 February 2016 and was unannounced which meant the provider and staff did not know we were visiting.

We last inspected the home in 17 July 2014 and it was compliant in areas we looked at.

A registered manager was in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection we found the provider had breached a number of regulations. Standard infection prevention was not adhered to as care workers shared sponges and toiletries when supporting people with personal hygiene. The home also used storage areas with the risk of contamination with bodily fluids. People were not always supported in a dignified manner.

You can see what action we told the provider to take at the back of the full version of the report.

The provider had a process for the investigation and recording of safeguarding concerns raised. Staff had completed safeguarding training and were confident in recognising the different types of abuse.

Risks associated with people's needs were assessed and plans were in place to minimise the impact of the risk identified. We saw these were routinely reviewed.

Medicines were managed safely. The provider had systems in place for the receipt, administration and disposal of medicines.

Personal Emergency Evacuation Plans (PEEPS) were in place and included an individual assessment of each person's evacuation needs. We noted these were not held centrally but within people's care records.

People and relatives we spoke with told us, and our observations concluded, there were enough staff to meet people's needs.

The provider had a robust recruitment process. Each staff member had a Disclosure and Barring Service (DBS) check and reference checks conducted prior to their start date.

Staff mandatory training was up to date. We also saw records of assessment of competence in regard to the management of medicines.

Although staff advised us they were receiving supervisions and appraisals, we noted the frequency was not in line with the provider's policy.

People we spoke with told us they enjoyed the meals available. We saw people were involved with the development of the menus.

We saw evidence of Mental Capacity Act 2005 (MCA) assessments and 'best interests' decisions being carried out for people who lacked capacity to make decisions for themselves.

The provider had a monitoring system in place to alert the home when Deprivation of Liberty Safeguards (DoLS) reviews were required. This made sure applications were submitted in advance of the expiry date, so the service ensured that people were not being illegally deprived of their liberty.

Staff demonstrated a general knowledge about the people they supported and their families.

We saw evidence in care records of co-operation between care staff and healthcare professionals to ensure people received effective care. An external professional visiting the home told us, "The staff are really good." Another told us, "The manager cares about people."

The provider's compliment and complaint procedure, called 'Speak out' was on display throughout the home. The registered manager told us, "We have an open door policy, we don't get complaints."

The home organised social events which included theatre performances and themed days such 'Rock and Roll' and VE day. However no specific activities were available for people living with dementia.

Where people had no family or personal representative we saw the home provided information about advocacy services.

Relatives we spoke with told us they were always made welcome by the registered manager and all staff.

The provider did not have a business continuity plan to ensure people would continue to receive care in the event of an emergency.

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.

The home was storing items in areas with a risk of contamination with bodily fluids.

Staff demonstrated a good awareness of safeguarding and whistleblowing and the process of reporting concerns.

Systems were in place for the management of medicines so that people receive their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff had completed mandatory training required by the provider.

Mental Capacity Assessments and 'best interests' decisions were carried out for people who lacked capacity to make decisions for themselves. However, staff had not received MCA and DoLS training.

Staff supported people to make healthy choices in relation to food and drinks to ensure their nutritional needs were met.

Is the service caring?

Requires Improvement ●

The service was not always caring.

The home did not always consider a person's dignity. For example unused disposable commode pans were left in communal areas, and sponges and toiletries were shared.

People told us they were happy living at Charlotte Grange. One person told us, "I like it here, the staff are good." Another said, "It's brilliant here."

Where people had no family or personal representative we saw the home provided information about advocacy services and provided assistance to use the services when required.

Is the service responsive?

The service was not always responsive.

Support plans did not provide information to ensure people were supported appropriately and in their preferred way.

People were involved in choosing and organising their social events, but there was a lack of activities specifically for people living with dementia.

The provider had a complaints policy and procedures in place. People and relatives told us they knew how to raise a complaint.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The provider had recently completed a comprehensive review of the quality of the service and an action plan was put in place. The registered manager had clear recommendations and timescales for completion.

Staff worked well together. Care workers' comments demonstrated their commitment to the provider's aim of 'putting the individual first'.

Statutory notifications had been completed and sent to the CQC in accordance with legal requirements.

Requires Improvement ●

Charlotte Grange Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 10 February 2016 and was unannounced which meant the provider and staff did not know we were coming. An adult social care inspector conducted the inspection.

Prior to the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service and the local authority safeguarding team, the local Healthwatch and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During this inspection we spoke to eight people who lived at Charlotte Grange, two family members, two external care professionals, the registered manager, the deputy manager, a chef, one senior care worker and four care workers.

We carried out an observation using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We undertook general observations of how staff interacted with people as they went about their work.

We looked at four people's care plans and 21 people's medicines records. We examined five staff files including recruitment, supervision and training records. We also looked at other records relating to the management of the home.

Is the service safe?

Our findings

During our initial walk around with the registered manager we saw in one bathroom a storage unit which contained a large number of toiletries. None had identifiable markings to indicate who they belonged to. We asked the registered manager why they were located together. They had to ask the senior care worker who explained the home bought toiletries for people who didn't have the funds and they were available for everyone to use.

We saw in another bathroom a further storage unit; this held a large number of sponges which also did not have any identifiable marking to indicate who they belonged to. We enquired with the registered manager what was the procedure with the sponges. They initially advised the sponges were thrown away after one use however we viewed one sponge was degraded which suggested it had been used more than once. We discussed with the registered manager the risks of cross-contamination with the practice of sharing sponges for personal hygiene. The guidance for infection prevention and control advises against the sharing of such personal items.

We found within two units care records were stored in the sluice rooms, which was inappropriate. We also saw the sluice rooms were used to store Fortisip drinks and people's alcohol. Fortisip drinks are a milkshake style supplement. We questioned the suitability of storing such items with the risk of contamination with bodily fluids with the registered manager. They advised the storage was limited within the home but they would review the situation.

This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted staff did not wear a uniform. The registered manager told us, "It's everyone's home so we don't wear uniform." We noted only one care worker worn an identification badge therefore it was difficult to distinguish who were staff or visitors. In one unit during our initial walk around with the registered manager we noted not all staff were wearing protective clothing (PPE) when supporting people with meals at breakfast. However during lunch we saw this lack of PPE had been resolved.

Risk assessments were completed individually for people using the service based upon their needs. We saw people had risk assessments for moving and handling, falls, and when on outings. These described the person affected, hazard exposed to and control measures. The provider also had general risk assessments for supporting people with planting, storage of wheelchairs and conducting a BBQ. We saw reviews were carried out monthly; this meant staff had current accurate information on how to keep people safe.

Staff told us they had completed safeguarding training and records confirmed this. Staff we spoke with were clear on what action to take if they believed a person was at risk of harm. One care worker told us, "I would tell the manager straight away, I won't let it happen here." The provider had a system for the recording and monitoring of safeguarding concerns. We saw the registered manager made alerts to the local authority and investigated all concerns.

We asked about procedures for assisting people with their money. The registered manager advised all transactions were recorded and receipts kept, with amounts collated daily and three reviews a week. We saw people's funds were held individually and securely with access limited to a small number of staff.

We examined the accident and incident records. The provider held all records on an electronic system. Staff input details of the incident, who was involved and actions taken. We saw the system was able to identify any trends or patterns and generate a report. The registered manager told us at present there were no patterns to the accidents which had occurred.

We found medicines were managed safely and recorded properly. Each unit had its own medicine trolley which was stored in a lockable room. The medicines administration records (MARs) folder contained a list of staff authorised to administer medication with their signatures for identification. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. File dividers with a photograph of the person separated each person's records. The photograph also assisted for identification purposes.

We examined medicines administration records (MARs) for 21 people using the service. These had been fully completed and signed by administering staff, which meant it was possible to see when people had received their medicines.

The room and drug fridge temperatures were checked and found to be regularly monitored and within the required range. We saw any refused or surplus medicines were disposed into a storage bin which was collected and disposed of monthly. We reviewed the controlled drugs register and found it was accurate and up to date. We noted medicine audits were carried out over a four week period for all four units.

The home had designated medication support workers whose role was the administration of medicines. This allowed the staff to focus on their duty and not be distracted. The senior care worker advised us all staff responsible for the administration of medicines had undertaken Safe Handling of Medication training.

We examined staffing rotas. The registered manager told us staffing levels were determined by the needs of the people using the service. We observed call bells were answered quickly, and we saw people were supported promptly. Relatives and people we spoke with did not raise any concerns about the number of staff available. One relative told us, "Yes I think there are enough staff."

We noted checks were in place to ensure the safety and security of the home. We saw the electrical installations report which was carried out in December 2015. This stated, "The overall assessment of the installation in terms of its suitability for continued use – unsatisfactory." An unsatisfactory assessment indicates that dangerous (code 1) and/or potentially dangerous (code 2) conditions have been identified. We noted the report identified one C1 and ten C2s. The registered manager advised an estimate was received on 28 January 2016 and the work was scheduled to take place on 29 February 2016.

Each person had a personal emergency evacuation plan (PEEPS). We saw these were held within the person's care plan; this detailed how to support the person in the event of an emergency. We discussed with the registered manager the accessibility of the information in people's care plans. They advised this issue had been identified during a recently provider audit and a grab bag and a central record was being introduced.

The home did not have a business continuity plan to show how the service would continue to care safely for people in the event of an emergency. This had also been identified in the Service Health check report dated

3 February 2016. The recommendation was to update the emergency response file to include all emergency related information including the service continuity plan and this was to be actioned by 3 March 2016. The registered manager told us they were working with a sister home and developing a plan.

The provider operated a safe and effective recruitment system. We examined five staff recruitment files. We found each record held an application form, medical questionnaire, completed reference checks and a Disclosure and Barring Service (DBS) check dated prior to their start date. DBS checks help employers make safer decisions and help to prevent unsuitable people from working with vulnerable adults.

Is the service effective?

Our findings

The mandatory training for staff was current and up to date. Mandatory training is training that the provider thinks is necessary for staff to have to support people. Training included moving and handling, safeguarding and first aid. The registered manager advised the provider's case management electronic system sent alerts when refresher training was required. They also advised they and the deputy manager were due to complete person centred care plan writing training the next week.

We reviewed five staff records. Although supervisions were taking place they were not in line with the provider's requirement of six supervisions per year and an annual appraisal. We asked the registered manager how the home monitored the frequency of supervisions and appraisals. The registered manager advised this matter had been identified in the provider's audit dated 3 February 2016 and a schedule was being introduced. Staff we spoke to told us they had opportunities to discuss working practices and their development in their supervision.

Food was prepared in the main kitchen and transported via hot locks (a trolley designed to maintain food at an optimum temperature for serving and eating) to each of the four units. We observed lunch being taken in Sandwell and Middleton units. People were offered protection for their clothes clothes protection prior to eating, although only one person took up the offer. Tables were set with appropriate cutlery and condiments. A picture menu was situated on all tables, and staff also asked people what they would like to eat. We observed one care worker support a person to eat their meal. They were patient with the person, waiting for them to finish the mouthful of food before asking if the person wanted more.

People told us they enjoyed the meals available. One person said, "You cannot beat the food here its lovely." Another said, "There is always a choice." We saw from resident's meeting minutes that people who used the service were consulted with over menu choices. The chef told us, "Meals are important to people." The chef was able to describe people's dietary preferences and when people were on specialised diets such as diabetic or soft foods. Fruit was available in each unit to assist with healthy choices. We saw drinks and snacks were available throughout the day.

We noted when required individual nutritional assessments were in place, weight charts were up to date and recorded monthly. The senior care worker told us, "If staff had any concerns with residents' dietary intake they would contact SALT (speech and language therapists) and also dieticians for advice."

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).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager advised 24 people in the home were subject to DoLS. We examined four care plans and within each we saw evidence of MCA assessments and 'best interests' decisions being carried out for people who lacked capacity to make decisions for themselves. The provider had a monitoring system in place to alert the home when DoLS reviews were required to ensure applications were submitted in advance of the expiry date. This meant the service ensured that people were not being illegally deprived of their liberty.

Although staff understood about supporting people to make choices and decisions, they had limited understanding of the MCA and DoLS and how the principles of the legislation applied to people who used the home. The registered manager advised it was an area for development which had been recognised by the provider and training was being implemented.

Is the service caring?

Our findings

We observed a number of practices which demonstrated staff did not always consider a person's dignity. For example, disposable commode pans were left on a table in a conservatory area, latex gloves and gowns were left outside people's rooms and the practice of sharing toiletries and sponges.

The sponges had no identifiable markings to indicate who they belonged to, therefore shared use was inevitable. The registered manager stated they were shocked by the practice of shared toiletries and sponges. A person's appearance is integral to their self-respect.

People told us they were happy living at Charlotte Grange. One person told us, "I like it here, the staff are good." Another said, "It's brilliant here." A relative told us, "My [family member] is looked after so well." Another said, "The girls help so much, they are always there."

We noted staff addressed people who used the service and relatives in a friendly manner and were on first name terms. Staff clearly knew people well and they were able to discuss their families and backgrounds with them. For example, while watching a film of the local area the care worker pointed out where the person previously lived and discussed their family with them.

We observed interactions between staff and the people who used the service. The atmosphere was happy and relaxed. Staff engaged with people as they moved around the home and were quick to respond to their needs. We noted an incident occurred on the evening of our visit. Staff reacted immediately and called for further assistance which came swiftly. The situation was resolved and the person was comforted and reassured.

The home actively encouraged an open visitor policy where friends and relatives can visit at any time. The registered manager told us visitors could visit at any time however they had introduced a protected mealtimes but were happy to discuss this with relatives if needed. They told us, "We support the family as much as the resident." We saw staff chatting with relatives in an open manner and offered them a drink when they arrived.

People spoke fondly of the relationship they had with their key workers. One person said, "[Care worker] is brilliant and they look after me well." During our visit people were supported to attend a person's funeral. The registered manager also attended as a mark of respect.

Staff we spoke with described the home's ethos of ensuring everything in the home gives it a homely feel. One senior told us, "We don't view it as a work place, its people's home." The registered manager told us, "It's everyone's home so we do what they want, we are their guests." We saw at breakfast time people chose when they wished to get up and what they wanted for breakfast, taking it either watching television or at the table.

The home made arrangements for one person to have their dog Jess with them. We observed Jess was able

to move freely around the home and people enjoyed interacting with her. The registered manager told us, "Jess is fundamental in maintaining [person's] independence as they care for her." Care worker told us they were happy to look after Jess as she meant so much to person.

Where people had no family or personal representative we saw the home provided information about advocacy services. Information was displayed on a notice board within each unit and detailed where to contact them and the support available. The registered manager advised no person was currently using the service and if anyone required an advocate they would be fully supported to obtain help.

Is the service responsive?

Our findings

Care plans we reviewed were not consistent and varied in the detail recorded. Each contained a personal plan which described the person's likes and dislikes, care needs and preferred routine. Personal support plans were in place covering areas such as eating and drinking, medicines, pain, continence, personal hygiene and communication.

Care records we examined held an information passport which contained details outlining the care and support needed to ensure consistent care if a person had to go into hospital. We noted Do Not Attempt Cardio Pulmonary Resuscitation orders (DNAR)s were located in a central file but no record of the person's wishes were held within the care record.

Support plans we viewed did not detail how to support the person. For example within the eating and drinking section it reported, '[Person] now needs thickener in their drinks.' No further information was available. Another person's care plan described in 'Wishes, hope and aspirations, 'I need staff to support me mentally as I can become extremely upset at times'. No information was available detailing changes in the person's behaviour to watch out for and how to offer reassurance. This meant staff did not have access to the appropriate information to ensure people received the personalised care they needed to meet their individual needs.

We observed one person had a visible injury to their face. Although an accident record had been recorded, no body map was present within the person's care records. The registered manager told us, "We are working to improve the care plans and I am receiving person centred care plan training next week. I want the training rolled out to all staff." We saw from the service health check report dated 3 February 2016 an action plan was in place which indicated 'Ensure that all care and support plans are updated in response to any changes, are current and meet the needs, wishes and future aspirations of the people supported.'

This was a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the home created large social events and involved people and their relatives. These included a recent rock and roll night where staff dressed up and performed a routine and burgers were served in line with the theme. However during the inspection we did not see any meaningful activities being undertaken within the home. A hairdresser was present and many people used their service throughout the day.

The registered manager told us the home had a range of activities including armchair aerobics, Zumba gold, dominoes, bingo, theatre productions and cinema night. We saw from records people were involved in organising and choosing the type of events they wanted to take place. People also had the option of accessing the local community. We observed one person being supported on an outing. We viewed photographs of previous events. One person told us, "The staff did a song it was really good." A care worker said, "We come in on our days off its great seeing everyone enjoy themselves."

We noted a lack of dementia-led activities. We did not see any activities to provide stimulation, memory

boxes or encouragement by staff to engage in meaningful activity. The registered manager told us, "We have made proposals as part of project 'Sunshine' which has been accepted by the company." They outlined their intention of creating a sensory garden with wind chimes, a water feature and a seating area. Also to develop a dementia friendly environment within the Middleton unit. Project 'Sunshine' was introduced by the provider to encourage innovative ideas within services.

People and relatives we spoke to were aware of the complaints procedure and knew how to raise concerns. The provider had a current complaints policy and procedure in place. We saw 'Speak out' information on display throughout the home. One relative told us, "I would go to the manager but there are no problems." The registered manager told us, "We have an open door policy, we don't get complaints."

Is the service well-led?

Our findings

We noted the provider had a comprehensive quality assurance process in place. We saw audits included reviews for medication, people's funds and care records. The provider had conducted a recent service health check report which highlighted similar areas we had discovered during our inspection. The report was dated the 3 February 2016 and outlined a number of areas of concern, recommendations and target dates with priority rating. Areas identified included care plans, schedule of team meetings, schedule of supervisions and appraisals and implementation of a grab bag. The registered manager was open and told us, "We are aware we have areas to improve but we are working together to complete the work and have an action plan in place."

The provider had a computer-based management system which analysed information in areas such as accidents and incidents and complaints producing reports with identified trends. The system also monitored DBS, training and DoLS and alerted the home in advance of renewal date.

We asked the registered manager how they monitored the quality of care delivered. They told us they conducted a daily walk around. We noted on the day of inspection we identified issues around the home which had not been previously recognised. We discussed with the registered manager the effectiveness of their walk around.

We looked at what the provider did to seek people's and relative's views about the quality of the service. We noted the provider sent out questionnaires annually to people who used the service, relatives and staff. A relative advised us, "I have filled in a questionnaire before. They all do such a good job." The provider also sought feedback from staff. Staff surveys we viewed were positive and when asked what makes them happy all mentioned their desire to ensure people had a good quality of life.

An external care professional visiting the home told us, "The staff are really good" and "They would not call for advice unless it was required". Another said, "If one of my relatives needed care I would choose Charlotte Grange."

We saw the registered manager held residents, relatives and visitors meetings. Discussions included such things as menus, events and the environment. The registered manager told us, "I'm always open to suggestions. We do what people want." Meetings were held in each unit however the frequency was unclear as one unit had conducted six more meetings than the other. The registered manager advised a schedule was now in place for monthly meetings.

Relatives and people who used the service told us the registered manager was caring and approachable. One person told us, "[The registered manager] is lovely." A relative said, "[The registered manager] does a grand job." An external care professional said, "The manager cares about people." The registered manager described the teamwork as a locomotive with staff lined up behind each all producing the same outcome. Staff told us they were supported by the registered manager. One care worker told us, "I can go to the manager for anything." Another said, "We all work together, we all muck in. If something needs doing it will

get done."

The registered manager advised Charlotte Grange was part of the Gold Standards Framework for Care Homes which focuses on developing a high quality of care for people in the last years of life. An external care professional said, "The home delivers a good end of life care, in fact a very good end of life care."

We noted from recruitment records a number of staff had worked at Charlotte Grange for eight years or more. Staff told us they enjoyed working at the home. One care worker said, "I love it here, I love the people we care for." Another said, "I've worked here years, I can't imagine working anywhere else."

The provider had current up to date policies and procedures relating to the running of the home in place. All were reviewed and maintained to ensure that staff had access to up to date information and guidance. The administrator was able to put their hand to accurate and up to date information relating to the administration of the home immediately. The registered manager told us, "[Administrator] is an asset. All the staff are brilliant, we work as a team."

The registered manager has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

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 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 9 HSCA RA Regulations 2014 Person-centred care Care records did not include personalised information about how the person liked or needed to be supported.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not assess, prevent or control the risks of cross- contamination with the practice of sharing sponges for personal hygiene. Also storing items in areas with the risk of contamination with bodily fluids.