

East Cleveland M.S. Home

Ann Charlton Lodge

Inspection report

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15 March 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Ann Charlton Lodge 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. Ann Charlton Lodge provides care and accommodation to a maximum number of 25 people who have multiple sclerosis or related conditions of the nervous system. At the time of the inspection there were 24 people who used the service.

At our last inspection, the service was rated as 'Good'. At this inspection on 23 February and 15 March 2018 we found some deterioration and rated the service as 'Requires Improvement'.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff we spoke with during the inspection told us they felt supported by the registered manager and other staff; however they had not received formal supervision on a regular basis. Supervision is a one to one meeting with the registered manager or other senior staff to identify training needs, areas for development and any support that is needed. People were supported by a regular team of staff who were knowledgeable about people's likes, dislikes and preferences, however, staff were not up to date with their training.

Care plans were insufficiently detailed to ensure the needs of people would be met.

The registered manager and staff undertook a number of quality assurance checks to monitor and improve the standards within the service. However, some of these checks were ineffective as they did not identify the areas of concern that we found at inspection and for other checks there were gaps when auditing had not taken place.

Fire drills were not happening regularly and not all staff had taken part. A record of the fire practice had not been kept with a reflection on practice and learning. The handyman carried out regular checks of water temperatures in baths, showers and sinks to ensure people were safe and did not come to harm. However, we found some of these to be too high. The registered manager contacted us after the inspection and confirmed action had been taken to reduce the temperatures to safe levels.

For people who did not always have capacity, staff had not completed mental capacity assessments or best interests for areas such as choices about healthcare, personal care, medicines and equipment to be used.

Staff understood the procedure they needed to follow if they suspected abuse might be taking place.

Risks to people were identified and plans were put in place to help manage the risk and minimise them

occurring. Medicines were managed safely with an effective system in place.

Checks of the building and maintenance systems were undertaken to ensure health and safety was maintained.

People and relatives told us there were suitable numbers of staff on duty to ensure people's needs were met. Pre-employment checks were made to reduce the likelihood of employing staff who were unsuitable to work with people.

The registered manager had systems in place for reporting, recording, and monitoring significant events, incidents and accidents. The registered manager told us that lessons were learnt when they reviewed all accidents and incidents to determine any themes or trends.

People were supported with eating and drinking and feedback about the quality of meals was positive. Special diets were catered for and alternative choices were offered to people if they did not like any of the menu choices. Nutritional assessments were carried out and action was taken if people were at risk of malnutrition.

The premises were clean and tidy and people and their relatives told us they liked the homely atmosphere. The service was well maintained with appropriate furniture throughout.

We observed numerous examples when staff were kind, caring and courteous. Privacy and dignity of people was promoted and maintained by staff.

Staff encouraged people to actively participate in meaningful leisure and recreational activities that reflected their social interests and wishes and maintain relationships with people that mattered to them. The service had a clear process for handling complaints.

The registered manager was aware of the Accessible Information Standard that was introduced in 2016. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. They told us they provided and accessed information for people that was understandable to them.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we took at the back of the full version of this report.

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 had deteriorated and was not always safe.

Staff had not taken part in regular fire drills. Some temperatures of water were too high and no action had been taken to rectify this until our inspection visit.

Appropriate recruitment checks were carried out to ensure suitable new staff were employed.

Staff understood their roles and responsibilities in safeguarding people.

Is the service effective?

Requires Improvement ●

The service had deteriorated and was not always effective.

Staff had not received formal supervision and training was not up to date.

Mental capacity assessments and best interests were not recorded for those people who were lacking in capacity.

People were provided with food they enjoyed.

People had access to healthcare professionals when needed.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Requires Improvement ●

The service had deteriorated and was not always responsive.

The service had deteriorated and was not always responsive.

Care plans for people were insufficiently detailed to ensure people's needs were met.

People were involved in a range of activities and outings.

People and relatives were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way

Is the service well-led?

The service had deteriorated and was not always well led.

Effective auditing was not taking place.

People and staff were supported by the registered manager and felt able to have open and transparent discussions with them.

The registered manager had regular meetings with staff. Staff confirmed they were encouraged to share their views

Requires Improvement 

Ann Charlton Lodge

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 checked 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 23 February and 15 March 2018. The first day of the inspection was unannounced, which meant that the staff and provider did not know we would be visiting. We informed the provider of our inspection visit on 15 March 2018. The inspection was carried out by one adult social care inspector 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.

Before the inspection we reviewed all the information we held about the service, which included notifications submitted to CQC by the provider.

We had requested a provider information return (PIR). 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, the provider had not received this request as they had not told us of a change in e-mail address.

During the inspection we reviewed a range of records. This included four people's care records and medicines records. We also looked at three staff recruitment files, including supervision, appraisal and training records, records relating to the management of the service and a wide variety of policies and procedures. We spent time observing people in the communal areas of the service and at lunch time. We spoke with 15 people who used the service and four relatives. We also contacted contracts and commissioning teams and other visiting professionals to seek their views on the service provided.

We spoke with the registered manager, chair of trustees, two nurses, acting clinical lead, office administrator, receptionist, activity co-ordinator, head cook, a domestic, two care staff, two student nurses on placement, a voluntary worker, activity co-ordinator, two nurses, three care staff and a team leader.

Is the service safe?

Our findings

We asked to see evidence that staff who worked at the service had taken part in regular fire practice. The registered manager told us the last time that a fire practice had taken place was during face to face fire training in June 2017. However, this had not included all staff that worked at the service. The registered manager told us this practice included a simulation of evacuation. The fire authority recommend that if an evacuation time is longer than 2.5 minutes then further practices should be undertaken. The fire practice in June 2017 had taken four minutes, however no other drills had taken place after this time. In addition a record of this simulation had not been kept with a reflection on practice and learning. We pointed this out to the registered manager. After the inspection we were sent confirmation that a further fire practice had taken place with staff. Another fire practice was planned week commencing 16 April to ensure all staff had taken part.

The handyman carried out regular checks of water temperatures in baths, showers and sinks to ensure people were safe and did not come to harm. We looked at water temperatures for January and February 2018 and found some of these to be too high. The Health and Safety Executive advise that where vulnerable people are at risk from scalding during whole body immersion, water temperatures must not exceed 44°C. We found the temperature of one shower in January 2018 to be 44.1 degrees Celsius and in February 46.1 degrees Celsius. We pointed this out to the registered manager who told us they would take immediate action to address this. The registered manager contacted us after the inspection and confirmed action had been taken to reduce the temperatures to safe levels.

Policies and procedures for safeguarding and whistleblowing were accessible and provided staff with guidance on how to report concerns. Staff we spoke with had an understanding of the policies and how to follow them. Staff were confident the registered manager would respond to any concerns raised.

People and relatives told us there were suitable numbers of staff on duty to meet their needs. During the inspection staff were available in the communal areas of the home, which meant they were able to supervise people and were accessible. One person told us, "Yes there is enough staff on duty day and night." Another person said, "They [staff] come fairly quickly." Another person commented, "I am never forgotten about."

We checked staff recruitment records and found that suitable checks were undertaken before staff started work. Staff completed an application form and we saw that any gaps in employment history were checked out. Two references were obtained and a Disclosure and Barring Service (DBS) check was carried out before staff started work at the service. The DBS checks the suitability of applicants to work with adults, which helps employers to make safer recruitment decisions.

Staff had the information they required to ensure people's support was provided in a safe way. There were risk assessments in place, which gave staff instructions as to how to keep people safe. For example, we saw assessments in people's care files that identified risks associated with their nutritional needs and moving and handling. This meant staff had the guidance they needed to help people to remain safe. Staff we spoke

with demonstrated a good awareness of these risks.

We looked at the arrangements for the management of medicines. Systems were in place to ensure that medicines were ordered, received, stored, administered and disposed of appropriately. Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse. Staff knew the required procedures for managing controlled drugs and appropriate records were kept.

PRN (as required medicines) protocols were in place. PRN protocols assisted staff by providing clear guidance on when PRN medicines should be administered and provided clear evidence of how often people require additional medicines such as pain relief.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety was maintained. We saw documentation and certificates to show that relevant checks had been carried out on the gas safety, fire extinguishers and the fire alarm. We saw records to confirm that the fire alarm was tested on a weekly basis to make sure it was in working order.

During the inspection we looked at some bedrooms, toilets, shower rooms and communal areas and found that the environment was clean and staff followed safe infection control practices. However, we did find that cleaning rotas did not detail the tasks to be undertaken and frequency. Personal protective clothing such as aprons and gloves were readily available for people to use.

Staff were aware of their responsibilities to raise concerns, to record accidents and incidents, concerns and near misses. The registered manager had systems in place for reporting, recording, and monitoring significant events, incidents and accidents. The registered manager told us that lessons were learnt when they reviewed all accidents and incidents to determine any themes or trends.

Is the service effective?

Our findings

Staff we spoke with during the inspection told us they felt supported by the registered manager and other staff; however they had not received formal supervision on a regular basis. Supervision is a one to one meeting with the registered manager or other senior staff to identify training needs, areas for development and any support that is needed.

We looked at the training chart which showed that training for staff was not up to date. For a number of areas staff completed e-learning and face to face training. Records showed that for moving and handling 29% of staff had not received face to face training and 22% of staff had not completed e-learning. For health and safety 37% of staff had not completed e-learning and 25% were not up to date with face to face training. For infection control 25% of staff had not completed e-learning and 22% had not completed face to face training. There were other gaps in training for other topics.

These findings evidenced a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 18: Staffing.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. For some people it was not deemed necessary for a DoLS application to be submitted to the local authority. For other people applications had been submitted to the 'supervisory body' for authorisation to restrict a person's liberty, as it had been assessed that it was in their best interest to do so.

For people who did not always have capacity, staff had not completed mental capacity or best interests assessments for areas such as choices about healthcare, personal care, medicines and equipment to be used. We pointed this out to the registered manager who told us they would take immediate action to address this.

Throughout the inspection we saw examples of staff making decisions that were clearly in the best interests of people they knew well, for example supporting people with their personal care. Our judgment was that staff did act in the best interest of the people they supported but that processes had not been followed to formally assess and record this.

We looked at the menu plan which provided a varied selection of meals and choice. People were supported to make healthy choices and ensured that there was a plentiful supply of fruit and vegetables included in this. We asked people if they enjoyed the food that was provided. One person said, "They do a good Sunday dinner here." The same person also told us Friday was, "The best day of the week." They said this as this was a day fish and chips were served and they thoroughly enjoyed them.

We saw records to confirm that nutritional screening had taken place for people who used the service to identify if they were malnourished or at risk of malnutrition. Discussion with the registered manager and examination of records informed that when people had lost weight they had been referred to the dietician. Dietary requirements for health or culture were provided for when needed. A professional wrote and told us, 'When carrying out a review of nutritional care, staff are able to give me up to date information without referring to care plans first which demonstrates a good knowledge of their residents.'

People's care records showed details of appointments with, and visits by, health and social care professionals. Staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. For example, their doctor, community nurses, social workers, speech and language therapists and chiropodists. Care plans reflected the advice and guidance provided by external health and social care professionals. This demonstrated that staff worked with various healthcare and social care agencies and sought professional advice, to ensure that the individual needs of the people were being met. One person told us, "I see the chiropodist, the MS specialist, [multiple sclerosis] the dentist, the GP; the flu jab was my choice."

The service was generally well maintained with well-lit corridors, bathing and toileting facilities, a large communal lounge area, conservatory and a dining area. There was appropriate furniture throughout. We did note some corridor areas were in need of redecoration and pointed these out to the registered manager.

Is the service caring?

Our findings

The service had a positive and caring culture that people, relatives and staff supported and promoted. People and their relatives were complimentary of the care people received. People told us they were happy and that the staff were very caring. One person said, "The staff won't leave the room until they know you are all right." Another person commented, "The staff are very easy to talk to." A relative told us, "The staff are caring I have nothing but praise." Another relative commented this place doesn't feel like a care home it feels like a home."

The staff spoke with warmth and kindness about people they supported. They understood the importance of promoting equality and diversity, respecting people's religious beliefs, their personal preferences and choices. People were fully involved in making decisions about how they wanted their care and support provided. People said staff supported them to make their own decisions about their daily lives. The service was able to source information for people should they wish to use an advocate. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to make their needs and choices known.

Observations throughout the inspection showed staff were polite, friendly and caring in their approach to people. One person was going out shopping and we observed a staff member to make sure they were wrapped up warm as it was very cold outside. The first day of the inspection was a special birthday for one person who used the service. We saw staff make a fuss of this person throughout the day with many staff retuning on the evening to attend a party they were having. People were relaxed and happy and were able to freely move around all areas of the service. There was good rapport between people and staff. Staff sat with people and engaged in an unhurried way chatting about common interests and what was important to the person.

People confirmed that the staff respected their privacy and dignity when providing care. One person told us, "They put a towel over me whilst they strip wash me, they also close the door." People told us they were supported to be independent. Where needed people were assessed and provided with assistive technology devices to maintain their independence.

It was clear staff knew people's care needs well. Staff were able to give detailed history of people who used the service, including likes, dislikes and the best way to approach and support the person. It was clear, from the interactions between staff and people who used the service that positive relationships had been built.

Is the service responsive?

Our findings

During the inspection we looked at the care records of four people who used the service and found that care plans were insufficiently detailed. For example, the care plan of one person informed that the person needed the support of staff to help them with their personal care and dressing but did not state what this support was. Another care plan detailed a person used a commode but didn't detail the support they needed with this. Another care plan detailed a person needed full support with eating and drinking but didn't describe what this support was. One person was diagnosed as having epilepsy but they did not have a plan of care in respect of this. In addition to this the Care Quality Commission had been made aware by other visiting professionals that the quality and content of care plans they had reviewed was poor.

During the inspection we spoke with staff who were able to describe in detail how to support people who used the service but care records did not reflect this.

These findings evidenced a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 17: Good governance.

People who used the service and relatives we spoke with were content with the level and range of activities available. People spoke positively about the new activity co-ordinator. One person told us, "She is the best we have had."

The activities co-ordinator told us about the range of activities that people took part in. They told us that people enjoyed crosswords, nail painting, parties, yoga, exercises, coffee mornings, a quiz, games such as Giant Connect and Family Fortunes. People were able to go out on a regular basis. One person said, "Staff take me shopping to the Metro centre or Teesside Park. I go shopping to buy clothes and go to the pub and out for lunch I love going to the hairdressers and having a glass of sherry." Another person told us, "The drivers take you anywhere you want to go. The drivers are great."

The service had a complaints policy and procedure, details of which were provided to people when they first joined the service. Complaints records showed any form of dissatisfaction was taken seriously. Investigations were completed and responses provided to complainants of the action taken by the service in response to concerns.

The registered manager was aware of the Accessible Information Standard that was introduced in 2016. This Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services who have a disability, impairment or sensory loss. Information was available in different formats, large print, different languages, braille and pictorial format. We were shown a book of pictures which helped staff to communicate with one person when they came into respite care. This was a mirror copy of the communication book they used on a day to day basis to enable familiarity of pictures and aid communication. Staff and people had also developed an activity file which contained cut out pictures and leaflets of their favourite places to visit.

At the time of our inspection no one was receiving end of life care. However, the support of health care professionals was available to ensure people could remain at the home at the end of their life and receive appropriate care and treatment. We saw in the care records that end of life care plans were in place for people, which meant information was available to inform staff of the person's wishes at this important time and to ensure their final wishes were respected. The service had received a compliment which read, 'We would like to thank you so much for all your support, love, care and help at this very hard moment in our life. There are no words which could express our appreciation and gratitude.'

Is the service well-led?

Our findings

The registered manager and staff undertook a number of quality assurance checks to monitor and improve the standards within the service. However, some of these checks were ineffective as they did not identify the areas of concern that we found at inspection and for other checks there were gaps when auditing had not taken place. A monthly fire safety audit was completed but this didn't identify that all staff had not taken part in a fire drill. A care plan audit had not been carried on some people who used the service since 2016 and there were gaps in auditing for medicines.

These findings evidenced a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 17: Good governance.

When we returned for our second inspection visit we were shown records to confirm that since our last visit an audit of all care plans had been undertaken.

The service had a registered manager in post at the time of our inspection. They had worked at the service for many years but had been the registered manager since February 2018. A registered manager is a person who has registered with the CQC to manage the service. The registered manager had relevant experience in health and social care. They had worked at the service for many years and had a good knowledge people's care needs, likes and preferences, as well as the day-to-day workings of the service.

People and their relatives told us they thought the registered manager was approachable and the service was well led. One person said, "It is outstanding, I have never had a better home it's got a wonderful reputation." Another person told us, "The manager is very easy to talk to."

Staff told us the registered manager was approachable and supportive. One staff member said, "[Name of registered manager] is very approachable [Name of registered manager] with the aid of [name of office administrator] know this place inside out. You feel safe with them."

Meetings had taken place with people who used the service; however during 2017 they had been infrequent. There had been a meeting in June 2017 and then another in January 2018. However, the registered manager told us meetings were back on track for 2018 and were to be held every two months. We saw meeting dates displayed on the notice board for 2018 to confirm this. People who used the service confirmed they were able to speak up and share their views and they didn't wait for a meeting to do this.

We saw records of staff meetings. Minutes of the meetings showed that staff were given the opportunity to share their views. Management used these meetings to keep staff updated with changes affecting the service, infection control measures, staffing, training and more. This meant that effective mechanisms were in place to give staff the opportunity to contribute to the running of the service. Trustees of the service also had meetings with the registered manager on a monthly basis.

Surveys for people who used the service had been undertaken in September 2017 and again in January

2018. People spoke positively about the service. This meant that there were mechanisms in place to communicate with people and their relatives and involve them in decision making in relation to the service.

We looked at the culture of the service, including if it was open, transparent and accountable. Throughout the inspection staff were open and cooperative, answering questions and providing the information and documents that we asked for.

The registered manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission and these had been received where needed.

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	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Care plans were insufficiently detailed to ensure the care and support needs of people were met.
	Auditing was ineffective as it did not pick up on areas of concern that we identified during the inspection.
	There were gaps in auditing for checks on medicines and care plans.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Staff had not received regular supervision.
	Staff were not up to date with their training.