

East Cleveland M.S. Home

# Ann Charlton Lodge

## Inspection report

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Date of inspection visit:  
29 April 2019  
14 May 2019  
13 June 2019

Date of publication:  
08 July 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

Ann Charlton Lodge is a residential care home providing personal and nursing care for up to 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.

The service offers ground floor accommodation to people across four separate wings, each has separate adapted toilet and bathing facilities. There are communal lounge areas and a dining room.

### People's experience of using this service and what we found

People told us that they felt safe living at Ann Charlton Lodge, but this inspection found that the legal requirements were not met. People were assessed to see if they were at risk of pressure ulcers, malnutrition and obesity. However, some people's risks were incorrectly calculated or had not been assessed regularly. In addition, there was a lack of clinical oversight and monitoring in relation to people's weights and pressure ulcers and record keeping was poor. Information within the risk assessments and care plans was inconsistent, unclear and could be confusing to staff.

Medicines were not always managed safely and record keeping was not robust.

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible and in their best interests. However, the systems in the service did not support this practice. Decision specific mental capacity assessments had not been carried out to establish if people had the ability to make informed decisions. Best interest decisions had not been recorded. Despite training, there was a lack of management understanding of mental capacity assessments, its implications and how it applied to practice.

Care plans were insufficiently detailed to ensure the needs of people were met. There were gaps when people's care planning documentation had not been updated.

The management team were not fully aware of their roles and did not clearly understand regulatory requirements. There were continued shortfalls in the governance of the service. The provider's quality assurance processes and systems continued to be insufficiently robust to identify the issues we found during this inspection.

There were enough staff employed and on duty at any one time to meet the needs of people. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Staff had received training and where there were gaps the registered manager had identified these and arranged training with staff.

People told us their privacy and dignity were respected and their independence encouraged. People were able to participate in a range of activities if they chose to do so.

People told us they felt able to share their views and raise concerns. People told us if they were worried about anything they would be comfortable to talk with staff or the registered manager.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

**Rating at last inspection (and update)** The last rating for this service was requires improvement (published 1 June 2018). We found two breaches in regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well led sections of this full report.

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

During the inspection process CQC attended a meeting chaired by the local authority and attended by two of the trustees for the board to share and discuss information of concern. Following this meeting actions were taken to mitigate the risks

#### Enforcement

We have identified breaches in relation to safe care and treatment, the recording of medicines, lack of understanding of mental capacity assessments, it's implications and how it applied to practice. Care plans were insufficiently detailed. The management team were not fully aware of their roles and quality assurance processes and systems continued to be insufficiently robust.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will continue to meet with the provider to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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.

## 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.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

**Inadequate** ●

# Ann Charlton Lodge

## 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 team consisted of two inspectors.

#### Service and service type

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.

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 first day of this inspection was unannounced. We informed the provider of the dates of the other inspection days.

#### What we did before the inspection

Before we visited the service, we reviewed information we held about the service such as when the provider told us about serious injuries or events. We sought feedback from commissioners and professionals who work with the service. We used all this information to plan our inspection.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

### During the inspection

We visited the service on 29 April, 14 May 2019 and 13 June 2019. During the inspection we spoke with seven people who used the service and three relatives. We also spoke with the registered manager, clinical lead, two nurses, five care staff, two domestic/housekeeping staff, the chef and the administrator. The registered manager was on annual leave at the time of our second visit. However, a person who had previously been a registered manager of the service had stepped in to take on a leadership role. We will refer to this person as the acting manager in our report to avoid any confusion. During our visit on 13 June 2019 we spoke with two nurse assessors and two representatives from the district nursing team.

We reviewed a range of records. This included three people's care records and medicine records. We looked at the records of people's weights from January until June 2019. We looked at two staff files in relation to recruitment and to review staff supervision records. We reviewed multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider during and after the inspection.

### After the inspection

We continued to seek clarification from the registered manager, acting manager and office administrator to corroborate evidence found. We looked at training data, meeting records and quality assurance records. In between inspection dates and after, we attended meetings chaired by the local authority to discuss concerns about the service. As the result of concerns the local authority placed a suspension on any new admissions to the service until improvement is made. CQC will undertake a separate investigation outside of this inspection about a safeguarding incident in relation to poor pressure area care.

# 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 requires improvement. At this inspection this key question has remained requires improvement.

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; Learning lessons when things go wrong

- People's health was not always monitored effectively.
- Where people were at risk of malnutrition, dehydration and weight loss this had not been effectively monitored. For example, care staff were responsible for taking people's weights. However, there was a lack of clinical oversight as nursing staff had not checked these weights.
- People were assessed to see if they were at risk of pressure ulcers, malnutrition and obesity. However, some people's risks were incorrectly calculated or had not been regularly assessed.
- Record keeping in relation to pressure ulcers, wound care and malnutrition were poor.
- Information within the risk assessments and care plans was unclear. Some people had diabetes, but information within care plans did not inform staff of what action to take if the person's blood sugar became too low or too high.
- Lessons were not always learnt when things went wrong. For example, a recent safeguarding incident identified the need for ensuring care records were kept up to date, but this had not happened.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At our last inspection of the service we found fire drills including a simulation of practice had not taken place with all staff. In addition, these had taken too long to evacuate people. At this inspection we found staff had taken place in a fire practice and evacuation had been achieved in a much lesser time.
- Checks on the environment and equipment took place, for example checks on hoists and nurse call systems. Plans were in place to ensure people were supported to leave the building in an emergency.
- Staff were aware of the need to report all accidents. Accidents were minimal. However, were reviewed for any trends or patterns to reduce of re-occurrence.

Using medicines safely

- Medicines were not always managed safely.
- Staff were not always recording when prescribed food supplements had been given to people who used the service.
- Some people were prescribed medicines to manage their pain. However, the recording on charts used for measuring the severity of the pain and effectiveness of the treatment was inconsistent.

- Some medicines were administered as an adhesive patch that was placed on the skin to deliver a specific dose of medicine through the skin. However, staff were not following the manufacturers guidance and rotating the site of the patch application as often as needed.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate the safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People told us they felt safe. Comments included, "There's always staff around if you need them. They are very helpful and accommodating" and "This was a good move to come here [Ann Charlton Lodge]."
- Staff were aware of their duty to raise or report any safeguarding incidents to ensure people were kept safe. Staff had access to a whistle blowing policy which detailed how to report any concerns.
- Good recruitment procedures were in place to ensure suitable staff were recruited and people were safe.
- There were enough staff employed to meet people's needs. People and relatives told us there were enough staff on duty at any one time and when they called or help this was received in a timely manner.
- We received mixed views from staff about staffing levels. Some thought there were enough staff on duty to meet people's needs and others thought not. The registered manager told us they would speak with staff and review people's dependency to ensure adequate staffing levels. From our observation on all three inspection days, staff were visible in communal areas and call bells were answered timely.

Preventing and controlling infection

- People were protected from the risk of infection. Staff had received training and followed safe practices. Staff had access to personal protective equipment such as disposable gloves and aprons.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement.

Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Decision specific MCA assessments had not been not carried out to establish if people had the ability to make informed decisions for themselves. Best interest decisions had not been recorded. Despite training, there was a lack of management understanding of the MCA, its implications and how it applied to practice.
- We found consent forms had been signed by people who clearly did not have the capacity to make decisions.
- We looked at the DoLS authorisation for one person. We saw there were four conditions applied to this authorisation. However, none of the conditions were detailed within the person's plan of care.

This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where people had capacity to make decisions for themselves, their choices and consent had been gained and respected, such as how they wanted to spend their day.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed before they moved into the service. However, ongoing assessment and care

planning lacked information about people's needs and risks. For example, one person had been assessed as having some control with their bladder, yet there was no plan of care for promoting continence.

This was a breach of regulation 17 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Throughout the inspection, we saw staff gave people choices in their day to day living, such as what they wanted to do and what they wanted to eat.

At the last comprehensive inspection of the service the provider had failed to ensure staff had completed appropriate training and received supervision and appraisal. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made and the provider was no longer in breach of Regulation 18.

Staff support: induction, training, skills and experience

- Most staff were up to date with their training. Where there were gaps the registered manager confirmed this training had been planned. First aid training was taking place during our inspection.
- Training was a mixture of e-learning and face to face training. One staff member told us, "I don't like e-learning as I don't feel you learn as much. I have recently had safeguarding, moving and handling, emergency first aid, learning disability, catheter care, health and safety, mental capacity and DoLS."
- Staff told us they felt supported by the management team and had supervisions and an annual appraisal.

Supporting people to eat and drink enough to maintain a balanced diet

- People received meals which met their needs and preferences. People were offered choice at each mealtime. Most people told us they liked the food provided. Comments included, "I am such a fussy eater. I'm so picky. They [staff] try to tempt me with different choices and ask me to say what I like, but I just don't always know. Funny though, today they did chilli chicken and that was really lovely."
- Where needed, people's food and drink intake was recorded. However, care records did not guide staff as to how much fluid intake people should aim for. Initially, we found there was no oversight and monitoring of these charts. However, by the third day of our inspection new charts had been introduced and night nurses had the responsibility of reviewing these.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with their healthcare needs and to attend appointments when necessary. One person told us, "If I am unwell they contact the doctor without hesitation. I've seen a mixed variety of health professionals including the occupational therapist who arranged for me to have specialist cushions for my wheelchair."
- The provider worked in partnership with other organisations to ensure they delivered joined-up care and support for people.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Requires improvement: This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Information within meeting minutes demonstrated some staff had not been respectful to people who used the service. This was dealt with by the provider.
- Staff knew people well and it was evident from their interactions with people that positive relationships had been formed.
- People told us they were supported by kind and caring staff which promoted their wellbeing. Comments included, "The care is excellent. The nurses and care staff are brilliant."
- An equality and diversity policy were in place to ensure staff treated people with respect regardless of their sex, age, disability or beliefs. Equality and diversity training encouraged staff to promote a person-centred approach and ensure people's preferences, wishes and choices were respected.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions. Staff asked people's permission before carrying out any support such as personal care.
- People's preferences were valued; staff knew the people they cared for very well.
- People were supported to access advocacy services, who provide impartial support to people to make and communicate decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained the privacy and dignity of the people they cared for. One person told us, "Staff are very respectful to me. If I want some privacy I can go to my room at any time. Staff always knock on the door before they come in."
- People told us their independence was promoted and staff encouraged and supported them to do as much for themselves as possible. Some people used assistive technology in their day to day lives to assist them with tasks such as turning the television on and off.
- People's mobility was assessed to ensure they were provided with the equipment they needed to promote their independence. People had wheelchairs that had been adapted for their individual use.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement.

Requires improvement: This meant people's needs were not always met.

At our last inspection the provider had failed to ensure, care records were sufficiently detailed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 17.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were insufficiently detailed to ensure the needs of people were met.
- Care plans lacked detail such as how to support people with their long term conditions. For example, one person had a mental health condition, but there was no care plan for this. Another person had diabetes but there was no clear information within care records about how to manage this. We found inconsistency and confusion within the care records about the monitoring of blood sugar levels. There were gaps when people's care planning documentation had not been updated

This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had a good understanding of people's lifestyle, preferences and needs. One person told us, "The care I receive is very good. They [staff] know everything about me and how I like to be cared for."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was provided in ways which people could understand, including large print and easy read (where pictures were used to aid people's understanding).
- Staff understood how people communicated. They knew how people expressed themselves, so recognised if people were in pain or how they indicated their choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to take part in activities. The provider employed an activity co-ordinator to plan activities and outings for people. One person told us, "Yes, there's lots going on. Each week, two residents get to go out. I go shopping once a month and do my banking etc, I don't feel isolated, there's always good company."
- People told us they enjoyed quizzes, coffee mornings and trips out to Whitby, York Railway Museum and shopping.
- Visits from family and friends was encouraged to enable people to maintain contact and relationships.

Improving care quality in response to complaints or concerns

- People could share any concerns with staff who supported them.
- People knew how to make a complaint and told us they would be listened to by the management team. One person told us, "Yes, I know who to go to if I had anything to complain about, don't you worry."

End of life care and support

- The service has successfully gained re-accreditation of the Gold Standards Framework which teaches staff to deliver more personalised care to people with a better quality of life consistent with their wishes.
- Compassionate care was provided at the end of people's lives. People had been asked how they would like to be supported at the end of their lives and wherever possible these preferences were met.
- We spoke with a relative of a person who had recently died. They told us, "I can't speak too highly of this place. The quality of care has been immense, not just for [person] but for us. They [staff] have been tremendous. They involved the doctor and MacMillan nurses as needed. We [family] stayed over two or three nights and we were made to feel welcome."

# 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 requires improvement. At this inspection this key question has deteriorated to inadequate.

Inadequate: This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At our last inspection the provider had failed to ensure, records were sufficiently detailed, up to date and auditing of the service was ineffective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team were not fully aware of their roles and did not clearly understand regulatory requirements. There was a clear lack of monitoring and oversight.
- Information within care plans and risk assessments was confusing. Risks to people such as malnutrition and pressure ulcers was not always assessed regularly or were incorrectly calculated. Records relating to the care and treatment of people were not always kept up to date and did not always reflect current needs.
- There was a lack of systems in place to ensure continuous learning and improve the care people received.
- The provider's quality assurance processes and systems continued to be insufficiently robust to identify the issues we found during this inspection.
- In between inspection dates and after, we attended meetings chaired by the local authority to discuss concerns about the service. As the result of concerns the local authority has placed a suspension on any new admissions to the service until improvement is made. CQC will undertake a separate investigation outside of this inspection about a safeguarding incident in relation to poor pressure area care.
- We received mixed feedback from staff about morale. Some staff told us morale was good whilst others told us morale was poor.

This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 provider had notified CQC of events when they were legally required to do so. Providers are required by law to notify CQC of incidents such as deaths, injuries and allegations of abuse. Records showed that where required, statutory notifications had been sent to CQC.
- People and relatives told us the management team kept them informed of any changes. People had been consulted about their care they wanted to receive.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The management team spent time with people, relatives and staff at meetings or at reviews of care. This allowed them to gain people's views and involve people in any changes being made to the service.
- The service worked in partnership with other agencies. The registered manager and staff had developed and maintained good links with visiting health and social care professionals.
- The service had good links with the local community. People visited the local church. There was regular coffee mornings where friends and relatives were encouraged to join in.

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 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	Decision specific mental capacity assessments had not been not carried out. Best interest decisions had not been recorded. There was a lack of management understanding of mental capacity assessments, it's implications and how it applied to practice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People's risk of malnutrition, dehydration and weight loss were not effectively monitored. In addition, some risks were incorrectly calculated.  Record keeping for wound care and weights was poor.  Lessons were not always learnt when things went wrong.

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 needs of people were met. There were gaps when people's care planning documentation had not been updated.  Leadership and clinical oversight was



inadequate. Quality assurance processes were poor.