

East Cleveland M.S. Home

Ann Charlton Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

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 23 people were using the service.

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

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

People told us they felt happy and safe at the service. One person said, "It's the best thing I ever did moving here." Staff treated people with dignity and respect.

Medicines were managed safely. Risks were monitored and addressed. People were supported by stable staffing teams who had been safely recruited. People were safeguarded from abuse.

Staff received regular training, supervision and appraisal. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People received effective help with eating and drinking.

Support was based on people's assessed needs and preferences. People were assisted to express their views and communicate effectively. People took part in activities they enjoyed.

Quality assurance systems were in place to monitor and improve standards at the service. Staff had worked collaboratively with external professionals to improve the service since our last inspection. Feedback was sought and acted on.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 6 July 2019) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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

An inspector, an assistant inspector, a specialist advisor pharmacist and a specialist advisor nurse carried out this inspection.

Service and service type

Ann Charlton Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

An interim manager was appointed to manage the service in June 2019 while the provider recruited a new registered manager. A new manager was appointed in January 2020, who intended to apply to be registered manager. In this report 'the manager' will refer to the interim manager, who was still in post during our inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service, 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

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

During the inspection

We spoke with four people who used the service and five relatives about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with nine members of staff, including the manager, clinical, care, activities, kitchen and maintenance staff.

We reviewed a range of records. This included five people's care records and 23 medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staffing records.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure risks were managed safely and lessons learned when things went wrong. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Risks to people were assessed and addressed. Advice from external professionals was sought and acted on to manage risk.
- The premises and equipment were monitored to ensure they were safe to use.
- Accidents and incidents were monitored to see if lessons could be learnt to help keep people safe.
- Plans were in place to keep people safe in emergency situations. These included regular checks of firefighting equipment and fire drills.

Using medicines safely

At our last inspection medicines were not managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Medicines were managed safely. Systems were in place to order and safely store medicines.
- People were supported to self-administer their medicines, with appropriate risk assessments in place
- Records of administration of medicines were clear and accurate. Some improvement was needed in records for creams and in managing medicines people bought themselves. This had been identified by the manager, who was addressing it.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse. Staff received safeguarding training and said they would immediately raise any concerns they had.
- People told us they felt safe and secure living at the home. One person said, "I feel safe with the staff."

Staffing and recruitment

- Staffing was provided by a stable and consistent staff team. Staff understood the needs of the people they supported well.
- The manager monitored staffing levels to ensure people received timely and safe support. One person said,

"They're here very quickly if you need them."

- Safe recruitment procedures were followed to help ensure suitable staff were employed.

Preventing and controlling infection

- There were systems in place to ensure people were protected from the risk of infection.
- Staff used effective infection control procedures, such as appropriately using 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 now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection the provider had failed to ensure consent was appropriately obtained and recorded. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 11.

- Consent was obtained and recorded. Mental capacity assessments and best interest decisions were made where appropriate.
- DoLS were effectively applied for and monitored.
- People were encouraged to make as many decisions as possible for themselves. One person told us, "I'm capable of telling them what I want. They always respect my choices."

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

At our last inspection the provider had not carried out effective ongoing assessments of people's needs and choices. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- People's support needs were assessed and regularly reviewed to ensure appropriate support was

available.

- Systems were in place to ensure staff delivered support in line with the latest guidance and best practice.

Staff support: induction, training, skills and experience

- Systems were in place to ensure staff completed relevant training. Staff spoke positively about the training they received.
- The provider had an induction programme for newly recruited staff. This ensured they were familiar with people and relevant policies and procedures.
- Staff were supported with regular supervisions and annual appraisals. One member of staff said, "They're useful as it gives us a chance to tell the manager what we think."

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

- People received effective support with eating and drinking. Specialist diets were accommodated, and people's nutritional health monitored.
- People's food preferences were respected, and they spoke positively about eating and drinking at the service.

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

- Staff worked effectively and proactively with external professionals to monitor and promote people's health.
- Guidance was sought from external professionals when needed, and people were supported to access appointments with them.

Adapting service, design, decoration to meet people's needs

- The premises were adapted to meet people's individual needs. Appropriate signage was in place, and there was ample room for people to use mobility equipment.
- People could easily access communal areas and an outside space. Staff recorded those that went outside to ensure they were still offered drinks and snacks.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received kind and caring support by staff who knew them well. We saw numerous caring interactions between people and staff during the inspection.
- All of the people and relatives said staff were caring and kind. One person told us, "It's lovely here."
- People were respected as individuals and supported to live as full and free a life as possible. This included pursuing hobbies and interests and maintaining relationships with friends and relatives.

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

- There was a positive and inclusive atmosphere where people were encouraged to make day to day decisions about their care. Staff listened to people and waited patiently for their responses to questions.
- People were supported to express their views and were involved in their care. One person said, "I'm in charge of my care, very much so."
- Advocacy information was available to people in their care plans should they require one. Advocates help to ensure that people's views and preferences are heard.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. One person told us, "The staff are lovely, very respectful."
- People were supported to maintain their independence and do as much as possible for themselves.

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 now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection care records were insufficiently detailed to ensure people's needs were met. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- People received support based on their assessed needs and preferences, which were regularly reviewed.
- Care plans contained detailed guidance for staff on how people could be supported safely and effectively. Staff knew the support people wanted and needed.
- People and relatives were involved in designing and reviewing the support they received. One person said, "It's all done how I want it to be done, and they update it how I want."

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.

- People were offered information in ways that were accessible to them. These included pictorial and large font documentation.
- Staff were innovative in designing ways for people to communicate and express their views.

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 supported to spend their time as they wished and take part in activities they enjoyed. One person told us, "There's stuff to do here if you want."
- Staff explored opportunities within the local community to promote inclusion and supported people to attend social events. One person enjoyed attending a local youth centre and another was supported to attend the local church.

Improving care quality in response to complaints or concerns

- Systems were in place to investigate and respond to complaints. This included learning lessons and sharing outcomes with those involved.
- People and relatives were aware of the complaints process and said they would be confident in raising

issues.

End of life care and support

- The provider had achieved accreditation with Gold Standards Framework in end of life care, which teaches staff to deliver more personalised care to people with a better quality of life consistent with their wishes.

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 inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection quality assistance processes were ineffective, documentation was not always fully completed and lessons were not learned when things went wrong. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The provider and manager had worked closely with external professionals to review all aspects of the service and improve standards.
- Quality assurance audits had been improved and were effective at identifying and resolving issues.
- Systems were in place to ensure care records were regularly reviewed and changes in people's support needs documented and acted on.
- People, relatives and staff spoke positively about the leadership of the service and improvements made since our last inspection.

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

- People and relatives said staff at the service were open and transparent. Records confirmed that there was open communication when issues were raised.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were encouraged to give feedback, which were acted on. A member of staff told us, "We can raise our views."
- Regular meetings took place, and the manager was reviewing how further improvements to communication could be made.

Working in partnership with others

- Staff worked effectively in partnership with external professionals and agencies to monitor and improve standards at the service.