

## Community Integrated Care

# Charlotte Grange Care Home

### 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

This inspection took place on 7 November 2018 and was unannounced. A second day of inspection took place on 14 November and was announced.

Charlotte Grange 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. Charlotte Grange provides personal care for up to 46 people. At the time of our inspection there were 46 people living at the home who received personal care, some of whom were living with a dementia.

A registered manager was not in place at the time of our inspection. A new manager (who used to be the deputy manager) had taken over when the previous registered manager retired at the end of September 2018. The new manager had begun the process to apply to become the registered manager for this service. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At our last inspection in November 2017 we awarded an overall rating of requires improvement. This was because communal bathrooms did not contain foot operated bins, menu information was confusing and best interest decisions had been recorded on incorrect documentation. We found that although legal requirements were met, some improvements were still required which needed to be sustained over a period of time.

At this inspection we found the improvements made at the last inspection had been sustained and further improvements had been made. We have awarded an overall rating of good due to the significant progress made at this service.

During this inspection people and relatives spoke positively about the service and said it was a safe place to live. Staff had received training in safeguarding and knew how to respond to any allegations of abuse. Safeguarding referrals had been made to the local authority appropriately and robust recruitment checks were in place.

Regular planned and preventative maintenance checks and repairs were carried out and other required inspections such as gas safety and servicing were up to date. Accidents and incidents were recorded accurately and analysed regularly. Each person had an up to date personal emergency evacuation plan should they need to be evacuated in the event of an emergency.

There were effective infection control measures in place and staff wore personal protective equipment when appropriate.

Staff received regular supervisions and told us they felt well supported by the manager. Staff training in key areas was up to date.

People had maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us staff were kind and caring. People said their choices were respected and their dignity was upheld. We saw lots of pleasant interactions between staff and people.

Each person who used the service was given information about how to make a complaint and how to access advocacy services. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person-centred way. Person-centred is about ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

The provider had an effective complaints procedure. People who used the service and their relatives were aware of how to make a complaint.

The provider had an effective quality assurance process in place. Staff said they felt supported by the management team. People who used the service and relatives were regularly consulted about the quality of the service via meetings and surveys.

People who used the service spoke positively about the manager and said they would recommend Charlotte Grange to others.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe when receiving care and support.

There were enough staff to meet people's needs in a timely manner.

Medicines were managed safely and effectively.

### Is the service effective?

Good ●

The service was effective.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

People had access to healthcare services and received ongoing healthcare support.

Staff training in key areas was up to date.

### Is the service caring?

Good ●

The service was caring.

People and relatives said staff were kind and caring.

People were treated with dignity and respect.

People's independence was actively promoted.

### Is the service responsive?

Good ●

The service was responsive.

Care records were person centred and reflected people's current needs and wishes.

People were supported to participate in meaningful activities.

The provider had an effective complaints procedure in place and

people knew how to make a complaint.

**Is the service well-led?**

**Good** ●

- The service was well-led.
- There were effective quality assurance systems in place.
- People's feedback was acted upon.
- People, relatives and staff spoke positively about the new manager, who had previously been the deputy manager.

# 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 on 7 and 14 November 2018. The first day of the inspection was unannounced which meant the provider did not know we would be visiting. The second day of inspection was announced so the provider knew we would be returning. The inspection team was made up of one adult social care inspector and one 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.

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.

The provider completed 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.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team, and other professionals who worked with the service to gain their views of the care provided at Charlotte Grange.

During the inspection we spent time with people living at the service. We spoke with 10 people and eight relatives or visitors. We also spoke with the provider's representatives (regional manager and head of compliance), the manager, the deputy manager, two senior care assistants, five care assistants, the administrator, one member of kitchen staff, a domestic and the maintenance person. We spoke with the

local infection prevention and control nurse.

We reviewed three people's care records and three staff recruitment files. We reviewed medicine administration records for 12 people as well as records relating to staff training, supervisions and the management of the service.

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.

# Is the service safe?

## Our findings

At the previous inspection we rated this key question requires improvement as sluice rooms were in the process of being refurbished and converted to storage areas, and communal bathrooms did not contain foot operated bins. Foot operated bins prevent recontamination of hands by lifting the lid of the bin by pressing the pedal with your foot. During this inspection we found the conversion of the former sluice rooms had been completed effectively and communal bathrooms contained foot operated bins to reduce the spread of infection. Due to the improvements made we have awarded this key question a rating of good.

People we spoke with told us they felt safe living at Charlotte Grange. One person said, "I feel safe because I'm being looked after very well." Another person told us, "The care staff look after me really well so I've always felt safe."

Relatives told us they felt people were safe. A relative told us, "[Family member] has been well cared for in here and I've always felt they've been very safe." Another relative said, "I feel [family member] is safe because of the security." A third relative told us, "I feel [family member] is very safe because the staff really look after them."

Staff knew how to protect people from harm. Staff had received training in protecting people from the risk of abuse and staff we spoke with had a good knowledge of how to recognise the signs that a person may be at risk of harm. Staff knew how to escalate concerns to the manager or to external organisations such as the local authority. Staff told us they had confidence in the management team to deal with safeguarding issues promptly and effectively. Records showed safeguarding concerns were recorded and dealt with appropriately.

We reviewed recruitment files for three staff who had begun working at the service since the last inspection. A thorough recruitment and selection process was in place. This ensured staff had the right skills and experience to support people who used the service. Background checks included references from previous employers and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions by reducing the risk of unsuitable people from working with vulnerable people.

There were enough staff on shift to meet people's needs quickly and keep them safe. When people pressed their call bells for assistance this was provided promptly. One person said, "I've used my call bell quite a lot during the night when I need to use the toilet and they get to me quickly."

Some people who lived at the service had complex needs which meant they sometimes found it difficult to fully express their views about the service. During the time we spent with people we saw how their body language indicated they were comfortable in staff's presence.

There were effective risk management systems in place. These included risk assessments about people's individual care needs such as nutrition, pressure damage and using specialist equipment. Control measures to minimise the risks identified were set out in people's care plans for staff to refer to.



Risk assessments relating to the environment and other hazards, such as fire and food safety were carried out and reviewed by the registered manager regularly. Each person had a personal emergency evacuation plan (PEEP) which contained up to date details about their individual needs, should they need to be evacuated from the building in an emergency.

Regular planned and preventative maintenance checks and repairs were carried out. These included daily, weekly, quarterly, and annual checks on the premises and equipment, such as fire safety, food safety and hoists. Other required inspections and services included gas safety and legionella testing. The records of these checks were up to date.

Accidents and incidents were recorded accurately and analysed regularly in relation to date, time and location to look for trends, although none had been identified recently. Appropriate action had been taken following incidents such as referrals to health care professionals or equipment such as sensor mats being sourced to alert staff when a person was out of bed. This meant the provider had acted to reduce further incidents.

The arrangements for managing people's medicines were safe. Medicine records we checked had been completed accurately. The administration of topical creams was recorded on medicine administration records and individual care records. Staff who administered medicines had completed up to date training and their competency was checked regularly. Medicines were stored securely and checks were in place to ensure they were stored at the correct temperature. Medicines that are liable to misuse, called controlled drugs, were stored appropriately.

There were effective infection prevention and control measures in place. The laundry room had systems in place for dirty and clean clothing. Staff had all received training in infection control. Day and night cleaning schedules were in place and checks were completed to ensure the home was cleaned regularly. Staff wore protective equipment such as gloves and aprons where appropriate.

The service was clean and decorated to a reasonable standard.

## Is the service effective?

### Our findings

At our previous inspection we rated the service requires improvement in this area as menus were not available in picture format and best interest decisions had been recorded on incorrect documentation. During this inspection we found improvements had been made in these areas and have awarded a rating of good.

Comprehensive assessments of each person's needs were completed before a care placement was agreed or put in place. This meant the provider was able to check whether the care needs of the person could be met and managed at the home. Following the initial assessment all risk assessments, care records and support plans were developed with the person and their representative where appropriate.

Records showed staff training in essential areas was up to date. Training which the provider classed as essential included safer people handling, food safety and equality and diversity. Staff we spoke with said they had completed enough training relevant to their role.

People and relatives we spoke with felt staff were trained to do their job. One person said, "I do think they know what they are doing because they look after me very well." A relative told us, "I don't know what training they do but from what I have seen they seem to know exactly what they are doing."

New staff completed a comprehensive training programme as part of their induction. This included training on the provider's values and principles, health and safety, safeguarding vulnerable adults and fire safety.

Records confirmed staff received regular supervision sessions and an annual appraisal to discuss their performance and development. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance in the workplace. Supervision records were detailed and specific to the staff member concerned.

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 with appropriate legal authority. 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.

We found that DoLS applications had been made appropriately to the relevant local authorities. Mental capacity assessments had been carried out for people as required. Records showed where decisions had been made in people's best interests in conjunction with people's family members, staff members and professionals. For example, decisions about taking medicines and equipment such as bed sensors.

Staff told us how they involved people to make their own decisions where possible, for example when choosing what to wear or what activities to do. During our inspection, we observed that staff sought people's consent before carrying out care tasks or involving them in activities. People told us staff always asked for consent. This meant the service was meeting the requirements of the MCA

Some of the people who used the service had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms in place. DNACPR means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). Records we saw were up to date.

People were supported to maintain their health and wellbeing. The service had close links with healthcare professionals such as community matrons and GPs. People's care records contained evidence of consultation with professionals and recommendations for staff to follow.

People were supported to maintain a balanced diet and to have enough to eat and drink. We observed lunch time during our inspection. There were enough staff to support people to eat. Tables were nicely set with tablecloths, cutlery, flowers and condiments. Hot and cold drinks were readily available depending on people's preferences. The meal time experience was pleasant and relaxed. People we spoke with told us the food was a good standard and they had enjoyed their lunch.

The home had been selected by the local infection prevention and control (IPC) nurse to participate in a pilot project to promote hydration. We saw how this had resulted in drinks stations on each of the four units with different drinks available and glasses of different sizes. Staff explained to us how some people preferred to drink from small 'shot' glasses, whilst others preferred to drink from something bigger. The IPC nurse spoke positively about the way staff had engaged in this project and how it had resulted in reducing infections and falls.

The design of the premises was appropriate for the people who lived there. Corridors were wide to accommodate wheelchair users and communal areas, including bathrooms and toilets, were spacious.

There were visual and tactile items to engage people living with dementia. Menus were available in picture format to support people living with dementia to choose their meals. The manager told us they planned on replacing existing signage with some that was more dementia friendly in the coming months.

## Is the service caring?

### Our findings

At our previous inspection we found the service was good in this area. During this inspection we found the service remained good.

People spoke positively about the care provided. One person told us, "I am happy and have had no problems because they treat me very well all of the time." Another person told us, "The staff are caring towards everyone." A third person said, "I feel respected as the girls always talk to me and not at me. If I need a change of clothes or a shower they always help and always make sure I'm happy before they do it."

Relatives told us staff were kind, caring and treated people with dignity and respect. A relative said, "They treat [family member] with the utmost respect." Another relative told us, "The staff love [family member]. They are gentle and kind and tell them what's happening before they do anything. The care here is wonderful."

There were positive relationships between people and staff. People were at ease in the company of staff and there was a welcoming and homely atmosphere. Staff spoke to people kindly and calmly and explained what they were doing before providing care. Staff supported people to do the things they enjoyed and encouraged independence with daily living. For example, going to the local shop, walking short distances and doing household chores around the home.

People told us staff supported them to be independent without compromising their safety. One person said, "I'm encouraged to move about the home as best I can using my walker, but I know they are behind me to make sure I'm alright." Another person told us, "I get about the home on my own using my walking stick and the carers encourage me to keep moving about."

Staff knew people well and exactly what support people needed in various situations. For example, during our inspection one person who used the service was anxious. Staff listened to their concerns, reassured them appropriately and explained what they could do to support the person. Interactions between staff and people who used the service were warm and unhurried.

We saw staff knocking on people's bedroom doors and waiting for a response before entering and speaking with people discreetly when asking if they needed support. Staff understood it was a person's human right to be treated with respect, dignity and to be able to express their views.

Relatives and friends were encouraged to visit at any time. During our visit we observed relatives being greeted by the staff team in a friendly and welcoming manner. One person commented, "It's great here. My family and friends can visit at any time. The staff can't do enough for you."

The service had received numerous compliments and thank you cards. Comments from relatives included, 'We would like to say a heartfelt thank you for your care and friendship' and 'We can't express enough the peace of mind we had knowing that [family member] was loved and cared for in the most dedicated way

during their time spent in Charlotte Grange.'

Each person was given a residents' guide which contained information about all aspects of the service including how to access independent advice and assistance such as an advocate. An advocate is someone who represents and acts on a person's behalf and helps them make decisions.

# Is the service responsive?

## Our findings

At our previous inspection we found the service was good in this area. During this inspection we found the service remained good.

Staff demonstrated a good understanding of people who used the service and were effective at responding to people's needs, particularly when they changed. For example, we saw how when one person became anxious staff provided gentle reassurance and supported them to focus on something else which eased their anxiety.

People had a range of care plans in place to meet their needs relating to areas such as personal care, eating and drinking, medicines, skin care, continence and mobility. Care plans were personalised, detailed and included people's choices, preferences, likes and dislikes. Care plans contained relevant detail and clear directions to inform staff how to meet the specific needs of each individual.

Staff we spoke with had a good understanding of people's preferences and wishes and we observed staff using this information in their day to day role when supporting people. Care plans contained information about people's social history, family background and hobbies. This meant staff could get to know people as individuals and talk to people about the things that mattered to them.

Care plans were reviewed on a regular basis, as well as when people's needs changed. All care plans we viewed were up to date and reflected the current needs of the individual concerned. Records showed people and relatives were involved in care planning where appropriate. One person told us, "My family deal with all that for me." A relative said, "I sit and have meetings with the manager and care staff who are nice."

People were supported to take part in meaningful activities and access the local community. A range of activities were available which included pamper sessions, coffee mornings, 'mocktail' afternoons, baking, Zumba, arts and crafts and parachute games. People told us they enjoyed the range of activities on offer and trips out to the nearby seaside, shopping centres and cafes. One person told us, "One of the staff came with me to the shop this morning to buy a paper. I enjoyed that." In September 2018 staff members supported several people who used the service to complete a 'memory walk' to raise money for the Alzheimer's Society. People told us how staff went to a lot of effort to put on concerts for people which they really enjoyed.

Children from a local primary school visited weekly. People told us how much they looked forward to this and doing activities with the children such as playing games or gardening. One person said, "The school kids that come to visit are delightful and I really enjoy the games with them." Another person told us, "I love it when the children come on Fridays as we have a lot of fun and the children seem to enjoy themselves as well." In the summer some of the school children had hosted a tea party for people and staff, which people said was a great occasion.

There were close links with local churches who visited often to administer communion and sit and talk with

people. One relative said, "The local clergy visit and pray for [family member]." This meant people were supported to practice their religious beliefs.

The provider had a complaints policy in place. People and relatives told us if they had any concerns they would speak to staff members or the registered manager straight away. Nobody we spoke with had any complaints about the home. Complaints we viewed had been dealt with appropriately and timely.

One person at the service was receiving end of life care at the time of our visit. Staff told us how important it was to provide support to the family at such a time and we saw this in practice. This person's preferences had been documented in an end of life care plan with input from their family. Other care plans we viewed contained information about people's end of life wishes and preferences where they had been able to discuss this sensitive area.

## Is the service well-led?

### Our findings

At our previous inspection we rated the service requires improvement in this area. This was because audits had not identified that communal bathrooms did not contain foot operated bins, menu information was confusing and best interest decisions had been recorded on incorrect documentation. During this inspection we found improvements in these areas had been made and quality monitoring processes were now effective at identifying and generating improvements within the service. Therefore, we have awarded a rating of good for this area.

There was a comprehensive quality monitoring or audit system in place which covered key aspects of the service such as the environment, health and safety checks, care plans, medicines and training. Audits were completed regularly and were up to date when we visited. Actions arising from audits carried out by the provider, manager and deputy manager were captured in action plans with target dates for completion. All actions had been completed or were being addressed at the time of our inspection. Provider visits happened more frequently which had led to improvements being sustained.

We were assisted throughout the inspection by the provider's regional manager, head of compliance, the manager and deputy manager. All records we requested to view were produced promptly.

A new manager (who used to be the deputy manager) had taken over when the previous registered manager retired at the end of September 2018. People and relatives told us how glad they were this person had been appointed. One person said, "I was upset when [previous registered manager] retired but we know [manager] just as well and they're great. Nothing is too much trouble for them and they always have time for a chat which is lovely." A relative said, "[Manager] is approachable and friendly, really pleasant."

Staff said the manager was approachable and supportive and they had plenty of opportunities to provide feedback about the service. Staff meetings were held regularly where all aspects of the service were discussed, for example people's support plans, rotas, safeguarding and health and safety. Staff told us they felt able to raise any concerns at these meetings or at any time. Minutes of staff meetings were taken so staff not on duty could read them later.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service in the form of a 'notification'. The provider had made timely notifications to the CQC when required in relation to significant events that had occurred in the home.

Feedback from people and relatives was sought via regular meetings and an annual survey; the most recent survey had taken place in October 2018. The feedback from respondents (32 residents and 16 relatives) was very positive, with people saying they would definitely recommend the home to others. Minutes of meetings with people and relatives showed that people's views on activities and menus for example, were sought and acted upon.



The rating from the previous inspection was prominently displayed in the entrance to the home and on the provider's website.

There was a welcoming and homely atmosphere. A relative said, "The home is very comfortable and relaxed."