

ADL Plc

Charlton Court Nursing Home

Inspection report

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Date of inspection visit:
27 January 2020
04 February 2020

Date of publication:
02 March 2020

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

Charlton Court Nursing Home provides nursing and personal care for up to 64 people. At the time of this inspection there were 57 people using the service.

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

Medicines were managed well, so people received their medicines as prescribed. Staff meetings were held, and staff felt these were valuable. Staffing was appropriate to meet people's needs and staff were visible at all times during the inspection. Robust recruitment procedures ensured suitable staff were employed.

People were supported by staff who understood how to identify and report potential abuse. People told us they felt safe and risks to people's health and safety were managed well by the home. When accidents or incidents occurred, trends and learning was identified to reduce the risk of them happening again.

There was strong leadership in the service. People and their relatives spoke highly of the staff and registered manager. Audits and monitoring procedures were in place and these reflected the good service.

People's care plans reflected person current needs. Staff said they read and followed care plans and knew people well. People's wishes regarding the end of their life were in place if and when required.

People had access to a good varied range of activities and told us they enjoyed these. The activity coordinator was very passionate about ensuring people were engaged. We observed this on inspection. People and relatives were confident to raise issues and concerns. Complaints procedures were effective.

People were supported to have 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. Staff received training and support which gave them the knowledge and skills needed to care for people safely and effectively.

People told us they enjoyed the food on offer at Charlton Court. We observed plenty of snacks and drinks throughout the day for people to access. People had the support they needed to maintain a balanced diet and good health

Staff built up very caring relationships with the people who lived at the service. Staff respected people's privacy and dignity and promoted independence, equality and diversity throughout. People and their relatives were involved in the planning and delivery of their care. Relative's told us they felt welcome and involved in the home.

Rating at last inspection

The last rating for this service was good (2 May 2018).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Charlton Court Nursing Home on our website at www.cqc.org.uk.

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 ●

Charlton Court Nursing Home

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 on day one consisted of two inspectors, a specialist advisor in medicines 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. Day two was carried out by one inspector.

Service and service type

Charlton Court Nursing Home 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.

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 inspection was unannounced on both days.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch (Leeds). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all

of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection, due to the timing of the inspection. This is information we require providers to send us annually, to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 10 people who used the service and seven relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, activities and chef.

We reviewed a range of records. This included four people's care records and multiple medication records. We checked a variety of records relating to the management of the service, including staff files and policies and procedures. We spent time observing care in the service and we looked around the building to check environmental safety and cleanliness.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives all told us they felt safe. Comments included, "My own feeling is I am safe, I am settled here and feel comfortable. I have a good relationship with staff", "90% of the time yes. When I am in bed I do feel a bit vulnerable. For example, if there is a fire. They do have measures in place, but I do worry a bit" and "The trust I have in the staff makes me feel she is safe here."
- All staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. They were confident anything reported was addressed.
- One member of staff said, "Any abuse I saw, I would run straight to the office to report to the manager and CQC if necessary."

Assessing risk, safety monitoring and management

- Risks associated with people's care and support needs were assessed by the registered manager, and clear guidance provided for staff to show how they could minimise these risks.
- We saw equipment had been provided to help reduce risks, such as bedsides, lowered beds, crash mats, hoists, wheelchairs and walking frames. All equipment was stored out of harm's way when staff had finished using it.
- Staff knew what action to take in the event of a fire. They described the policy of progressive horizontal evacuation.
- All of the staff had completed a simulated fire practice and had completed fire training.
- Staff described the guidance in place for them to manage risks to people.

Staffing and recruitment

- The provider operated a safe recruitment process.
- Staff told us there were enough staff available and we saw people supported promptly as needed. We saw evidence to support this on both days of inspection. We found lounge areas were supervised.
- A dependency tool was in place to work out how many staff were needed. Rotas indicated staffing levels were above what the dependency tool indicated.
- Rotas showed sickness was not always provided when reported last minute. Staff said they worked harder at those times and pulled together as a team. The manager had devised an allocation list to share workload according to dependency.
- None of the staff spoken with had any concerns about staffing levels. One member of staff said, "We have enough staff to meet needs and respond and cover any emergencies."

Using medicines safely

- Medicines practices were safe. There were good controls in place to make sure people got their medicines when they needed them, storage was secure, and staff had good knowledge of medicine management.
- We spoke to the registered manager around documenting times for people with 'time specific medication'. This was addressed on the same day.

Preventing and controlling infection

- The home was clean and clutter free. Staff confirmed there were enough housekeeping staff to maintain cleanliness.
- Staff wore personal protective equipment when needed. Staff were trained in infection control and prevention techniques.

Learning lessons when things go wrong

- The registered manager was open and honest.
- Staff said the registered manager took appropriate action following accidents and incidents to ensure people's safety.
- Staff said they were informed on important issues within the service and where any improvements were needed. For example, re-positioning charts. These were addressed, and action taken.

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 good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed. People and their relatives told us they were involved in the process. One relative said, "My sister deals with all that side of it as she understands that." One person said, "I am involved in everything I do." Another person said, "They don't have that much time to talk to you. They do engage with you and ask what you like and dislike. I do know about my care plan they sit down with me and go through it. I have a copy in my room and if they want to change it a bit they come and see me."

Staff support: induction, training, skills and experience

- People received support from staff who had completed a range of training to meet their needs. All mandatory training was up to date or planned for. The registered manager was aware of any gaps and the reasons why, such as long-term sickness or new in post. Senior staff had completed competencies and received medication training.
- Specific training relevant to people's health needs such as diabetes, catheter care, Parkinson's disease were not on the matrix, however these had been completed. We saw evidence to support this.
- Staff were complimentary about their training and induction. Comments included: "Induction was very good; run by [name of registered manager], made for an easy transition in to my job" and "Really good training; loads of information, tests at the end of courses, prepared me well." A relative told us, "They knew how to support [name of person] especially when they are challenging with dementia. [Name of person] wasn't easy at times. Because they got to know them they would leave and go back again and again until they let them help."

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

- People had enough to eat and drink. One person said, "Ample portions, I get enough. I have complained about putting hot food on cold plates. They do now put my food on a hot plate and you can ask for what you want, and you do get it."
- People told us that drinks provision was good and we observed people in bedrooms with a jug of water or squash provided, in addition to hot drinks with meals. We observed people in the lounge and communal areas had drinks in front of them. No one said they did not get offered plenty of drinks throughout the day.
- All staff said food was of good quality and plenty of choice. They said specialist diets were catered for. Staff knew people's likes and dislikes. The chef was very knowledgeable in relation to people's diets.
- We observed lunchtime in both dining rooms. We found people were supported by staff when required. Lunch time was very relaxed, and people were sat chatting with each other. The food looked appetising and tables were set nicely.

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

- The service worked with other agencies to ensure people received effective care and support in their home.
- Care files evidenced appropriate referrals to outside professionals such as the Speech and Language Therapy team and dietician. Responses and guidance for staff were included in these records.

Adapting service, design, decoration to meet people's

- The home was nice and clean, and people told us the home met their needs. People had their own rooms with their own personal belongings in.

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.

- Staff protected people's human rights by following the Mental Capacity Act, 2005 (MCA). They understood the need to gain people's consent to care. Staff said they asked people before providing care and if people declined, they would return later to offer support or try another member of staff.
- Staff knew how to identify if people had a DoLS in place. They said they checked care plans and were informed through handovers and general communication in the service.
- There was a system in place to identify if people had a DNAR in place and therefore made sure their wishes were respected.

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 remained the same. 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

- Staff interacted positively with people and spoke about them in a respectful and warm way. Staffs comments included; "[Name of person] is a lovely guy. Always cuddly and knows all the staff's names. Great person to work with." "[Name of person] loves to laugh and have fun" and "[Name of person] is a chatterbox like me, lovely person."
- People were treated with kindness and compassion by staff. They knelt down and maintained appropriate eye contact to communicate with people, they reassured people if they were upset. For example, a person who was on respite care at the service was worried about who would pack their belongings when going home. The staff member told them they would personally spend time doing this with them.
- Staff explained how they met people's individual needs. This included people's needs in relation to their culture, religion, diet and gender preferences for staff support. They said they had completed training in equality and diversity.

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

- The care plan documentation was detailed and showed staff had got to know people's needs very well. Information about their families and friendships, life histories, hobbies and interests and any spiritual or faith practices the person may need support to maintain were in the care plan.
- The registered manager held meetings with people and their relatives. Notes of these meetings showed the registered manager responded to suggestions from people and kept people informed about changes in the service.

Respecting and promoting people's privacy, dignity and independence

- People were always treated with dignity and respect. Staff were respectful of people's privacy and promoted independence. For example, encouraging people to mobilise with their walking aids.
- One person said, "They are very attentive. They fetch me cups of tea when I want, they knock on my door before entering my room, and they tell me what they are doing and ask my permission first."
- Staff understood the importance of promoting independence. One member of staff said, "It's good for people to do what they can for themselves for as long as they can." One person said, "Compared to the last place I was in they are brilliant, kind, caring. If I ask for anything they do it. They do work as a team they are very mindful and very good."

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 good. At this inspection this key question has remained the same. 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

- From our observations and conversations with staff, it was clear they knew people very well. Staff could describe people's individual routines such as bathing, showering and moving and handling.
- Staff said they found care plans informative and detailed and they had chance to read them. Staff knew people's past and current interests. They said there was enough for people to do.
- People were encouraged to get some fresh air. The activity co-ordinator offered people a walk to the shops or a walk round the garden. They put their own coat on to try and encourage people, but no-one was interested. The activity coordinator kept trying this throughout the day.
- Most staff we spoke with were aware of people's life history plans.

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.

- The provider complied with the AIS. Documents could be produced in any format or language that was required.

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 maintain friendships and interact in and out of the home.
- On the first day of inspection a therapy dog and its owner visited the home. They told us they visited on a voluntary basis and said, "I love coming to the home. She is a cockapoo therapy dog and the residents love her."
- In the afternoon on the ground floor there was a quiz. There were eleven people involved and people shouted out the answers. For example, the question was about the seven wonders of the world people were asked to name them. One person shouted 'the pyramids' another 'the leaning tower of Pisa' in-between the questions, the activities person burst in to song and the residents joined in the singing.
- The activities organiser told us how they liked their job. They said, "I love my job I absolutely love it." They continued, "I make a point of visiting every resident and tick it off when I have spoken to them this reminds me who I need to see. I do manicures, chat or just hold their hands depending on mood and how they are feeling."
- The activities organiser showed us some leaflets they received from the dementia society, An introduction to my life. They were in the process of introducing these booklets to people. There was also an activity diary

for everyone which was kept in their room's, staff filled these in on a daily basis and family were encouraged to fill these in.

Improving care quality in response to complaints or concerns

- There was a good process in place to ensure any concerns or complaints were treated equally and investigated. People raising concerns were kept informed, and we saw action was always taken.
- There was a complaints policy on display for people to read if they wished. People and their relatives told us they knew how to complain.

End of life care and support

- People were supported with their care at the EOL. A relative told us, "Before [name of person] died. He wasn't very good or nice with them and his dementia was very challenging. They did the best they could, very caring friendly and loving towards him. They would give him a cuddle and were close to him, the relationship was very personal to him."
- We spoke to one staff member in relation to the care people receive at the end of their life. Their comment was, "Need to be very caring and respectful of everyone's wishes at that time. Keep people comfortable and pain free."

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff spoke positively about the registered manager and told us they felt valued and listened to. Satisfaction questionnaires were in place to gain feedback about the service from people, relatives, staff and other stakeholders such as health professionals. These showed a high degree of satisfaction with the service. Any suggestions made were acted upon. For example, a suggestion for higher sofas in one of the lounges.
- Staff found the registered manager supportive and approachable. Staff's comments included; "[Name of registered manager] always asks if you have any concerns. She is really good, we see plenty of her. She is always checking people are doing their job" and "[Name of registered manager] is great, always there for you. Her door is always open, she is busy but always around to talk to people, gets on with all the residents."
- Staff were enthusiastic about their job and told us they would recommend as a place to work. One member of staff said, "I love it here. It is like having a giant family. It's really nice, clean and residents are happy."

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 we spoke with had confidence in the registered manager and found all staff to be approachable.
- Appropriate notifications had been sent through to relevant professionals. This meant there was an honest and open culture within the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was clear about their roles and responsibilities.
- The provider had effective quality assurance systems and processes in place. There was a programme of monthly audits and checks focused on aspects of the service, including fire safety risk assessment, care planning, direct observations of the service, management of medicines, and cleanliness of the home.
- The registered manager sent us notifications in relation to significant events that had occurred in the service.
- Staff were kept informed of important issues that affected the service and where improvements were needed. For example, staff told us following incidents, there were discussions at staff meetings and supervisions. One member of staff said, "[Name of registered manager], goes over things that need boosting up such as creams charts."

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

- The provider had sought feedback to help maintain and improve standards at the home.
- People and their relatives told us they were provided with opportunities to share their views about the quality of the service. These included resident's meetings and quality surveys.
- Relatives told us they could speak to the registered manager about their relatives care and felt listened to.

Working in partnership with others

- The registered manager shared best practice and information with other care homes within the provider group.
- The registered manager had good links with the local community and schools working in partnership to improve people's wellbeing.