ADL Plc

Charlton Court Nursing 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 was unannounced and took place on 13 March 2018.

We last inspected the home on 16 November 2016 when the home was rated 'Requires Improvement' overall. We identified two breaches of regulations. These were;
Regulation 12 Safe care and Treatment as we found people's care plans were not person-centred.

Regulation 11 Need for consent as we found evidence of consent was not always available. Appropriate records to show people's capacity had been assessed were not completed.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective, caring responsive and well led to at least good. At this inspection, we found the provider had made all the required improvements and addressed the concerns highlighted last time we visited the service. The management team were also responsive to concerns we raised during our inspection.

Charlton Court Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection. This service provides nursing and personal care for up to 64 people. At the time of this inspection there were 58 people using the service.

There is a registered manager in post. A registered manager is a person who has registered with 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.

People's care plans and risk assessments did not always contain guidance for staff. The provider and the registered manager were aware of this and had already began to take appropriate action.

The registered manager ensured staff completed training on the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). Where people were deprived of their liberty to safeguard them, we found up-to-date records were in place to support decisions made by people. The registered manager and staff ensured good standards in obtaining and recording people's consent to their care.

Arrangements were in place to ensure people received their medicines safely.

People who used the service told us they felt safe. The staff we spoke with had a good understanding of safeguarding, whistleblowing and how to report any concerns.

Staff and people we spoke with said staffing levels were sufficient to meet their requirements. We looked at recruitment processes and found staff had been recruited safely. All staff received an induction when they started working at the home. Staff received regular supervision and appraisal. Staff also received all the necessary training relevant to their roles.

All of the people we spoke with during the inspection made positive comments about the care and support provided. People told us they felt staff treated them with dignity and respect and promoted their independence where possible. People felt the staff were responsive to their needs. Each person had their own care plan, which was person centred and included their choices and personal preferences.

People were supported to express themselves and communicate through a range of different methods. They had individual communication support plans in place, which were followed by staff.

People had access to a range of activities and care staff spent time socialising with them. There was a happy atmosphere in the home and most people were relaxed and animated. People were supported to maintain relationships with relatives and friends.

People were offered a variety of meal options, such as three choices at lunch. They told us they enjoyed their meals and had ample portions. Risk assessments were completed regularly to monitor people against the risks of malnutrition. People had access to health and social care professionals when required.

The service provided appropriate care and support to people at the end of their lives. People's needs were reviewed and monitored on a regular basis. People were provided with information on how to make a complaint.

The service worked with health and social care professionals to ensure people's needs were met. There were systems and processes in place to monitor and evaluate the service provided. People's views about the service were sought and considered through residents meetings and satisfaction surveys.

The registered manager and the staff were all striving to achieve the highest possible CQC rating and to provide the best possible service to people using the service.

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.

Care plans and risks assessments required nursing input. The provider had taken action to address this.

People were kept safe by clear systems to identify and report abuse.

There were sufficient staff to meet people's needs who were safely recruited.

People were protected by staff using safe infection control practices.

Is the service effective?

Good

The service was effective.

People were assessed in line with the Mental Capacity Act 2005 as required. People's needs and choices were assessed and met within current guidance.

Staff received relevant training, supervision and appraisal to support them in their role.

People had plenty to eat and drink and their needs monitored.

People's health needs were met by a range of health care staff as needed.

Is the service caring?

Good

The service was caring.

Staff spoken with had a good understanding of how to maintain people's dignity and respect their rights.

We observed positive interactions between staff and people who used the service.

People told us they received a good standard of care and staff

were kind.

Is the service responsive?

Good

The service was responsive.

Each person had a care plan in place with information about their likes, dislikes and preferences.

There were systems in place to seek feedback from people who used the service.

The service had procedures in place to receive and respond to complaints.

Is the service well-led?

Good

The service was well led.

The registered manager worked in partnership with other agencies to ensure people received a high standard of quality of care.

The provider and registered manager were completing checks of the service to ensure quality monitoring was in place.

Staff told us they enjoyed working at the home and that there was good management.

Staff said there were opportunities to discuss their work at team meetings.

Charlton Court Nursing 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 March 2018 and was unannounced.

The inspection was carried out by two adult social care inspectors, two specialist advisors 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. The expert by experience had experience in dementia care.

Prior to the inspection, we reviewed the action plan we had received following our last inspection. We also reviewed information we held on the service such as notifications. Notifications are specific events that registered people have to tell us about. We also contacted the local authority commissioning team and requested feedback from four healthcare professionals involved in people's care. We received feedback from one healthcare professional.

We also reviewed the Provider Information Return (PIR). The PIR is information we require providers to send us at least once 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 four people who used the service and the relatives of five people. We also spoke with the registered manager, the deputy manager, two registered nurses, six care staff, the maintenance person, an activities coordinator and two visiting health professionals.

We reviewed nine people's care records including daily records, five people's medication records and five

staff files including recruitment, supervision and training information. We looked at records relating to the management of the service. We looked around the building and spent time in the communal areas.

We reviewed additional information the provider sent us after our inspection visit.

Good

Is the service safe?

Our findings

People felt safe at the home and with the staff who supported them. One person told us, "I feel safe because the staff care about you and they are always there." Another person told us, "Staff are very good. They don't miss a trick and I feel as safe as houses." Relatives we spoke with told us, "I feel my relative is safe because staff are approachable and listen," "I feel my relative is definitely safe" and "This place was recommended to us. It's a homely, friendly place. They check on my relative every two hours."

There were systems in place to safeguard people from the risk of abuse. This included having both a safeguarding and whistleblowing policy and procedure in place, informing both staff and people who used the service on how they could both report and escalate concerns. The staff we spoke with were clear about what abuse was, the signs and symptoms they would look for and who they would speak with about concerns. Where allegations had been made, the registered manager had worked in partnership with appropriate authorities to make sure issues were fully investigated.

We looked at how the home managed risk. We saw each care plan we looked at contained risk assessments for areas such as fire safety, choking, falls, moving and handling and skin integrity. We found clear guidance was in place for staff on how to manage identified risks. However, these did not always contain specific guidance relating to the person's current diagnosis. For example, where one person received oxygen therapy, their risk assessment did not include this. We spoke with the registered manager who told us that following our last inspection, they had rewritten all of the care plans. However, as they were not a nurse, they agreed that care records did not always contain relevant nursing input. Before the end of our visit the registered manager told us the provider had written to all of the nursing staff who worked at the home regarding these concerns prior to our visit. The registered manager also told us they would ensure that nursing staff commenced the improvements required to all care plans immediately.

Personal Emergency Evacuation Plans (PEEPs) were in place and the registered manager had a clear contingency plan in place to ensure people were kept safe in the event of a fire or other emergency. Environmental risk assessments were in place to ensure people were safe when moving around the inside and outside of the building.

Accidents and incidences were recorded and reviewed to ensure lessons could be taken forward and applied to keeping everyone safer. Staff were encouraged to be open and honest about any mistakes so the wider staff team could benefit from their learning.

We looked around the service to ensure it was appropriately maintained. We reviewed records of maintenance work and safety checks, which had been completed. We reviewed relevant certificates of work completed with regards to gas safety, electrical installation, portable appliance testing, legionella and fire safety. These were up to date and the maintenance person also maintained a matrix of when any future safety checks were scheduled. These measures ensured the building was safe for people who used the service.

The registered manager had systems which were flexible to ensure staffing levels were maintained at a safe level in line with people's needs. On the morning of our inspection, there were 13 members of care staff on duty which included a registered nurse. In the afternoon this number decreased to 11 staff. These numbers did not include activity staff who were able to focus on engaging people in meaningful activities. At night, five staff were on duty and this included a registered nurse. We reviewed four weeks of rotas which confirmed these numbers were maintained by the provider. All of the people we spoke with told us there were enough staff. Staff told us there were enough of them to meet people's needs safely. Throughout the inspection we saw requests for assistance were responded to promptly.

People who were cared for in their rooms had access to call bells to enable them to summon help when they required it. During the inspection we did not hear call bells ringing for extended periods of time, which showed people's requests for support were answered promptly. One person told us, "Staff are very reliable, there's plenty around and they are on top of it; marvellous."

People received their medicines safely from registered nurses or senior care staff who all received specific training and had their competency assessed to make sure their practice was safe. Systems were in place to ensure that medicines had been ordered, received, stored, administered and disposed of appropriately. Medicines, including those which required cool storage, were securely held in a treatment room and were transported to people in a locked trolley when they were needed. Records showed medicines were stored at appropriate and safe temperatures.

We reviewed five people's medication administration records (MARs) which showed staff recorded when people received their medicines. Where a person had refused their medication we saw the reasons for non-administration documented on the MAR.

We found that guidance for staff was not always in place with regards to people's medicines. For example, where one person was prescribed blood thinning medication, a risk assessment was not in place to advise staff to observe for signs of bruising, bleeding or unusual headaches. Another person was prescribed a transdermal patch to administer pain medication, there was no transdermal patch application record in place to record the application site, together with the date of application and removal of the patch. We reported these findings to the registered manager who told us they would address these issues immediately.

We found the provider had completed weekly medication audits and these had identified most of the issues we found. Where issues were identified there was an action plan in place to address the issues.

Staff followed good infection control practices. The service had an infection control lead to ensure all policies and practices were up to date and adhered to. We observed hand washing facilities were available for staff around the service. The laundry and kitchen were clean and well-ordered. Staff were trained to follow good infection control techniques and provided with gloves and aprons. Visitors were encouraged to use hand sanitizers when they entered the building.

We checked to see that staff were recruited safely. We looked at five staff personnel files and found there was evidence of robust recruitment procedures. The files included application forms, proof of identity and references. Registered nurses were employed at the home and employment checks included making sure they were appropriately registered with their professional body. There were Disclosure and Barring Service (DBS) checks undertaken for staff in the files we looked at. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people. These checks demonstrated that staff had been recruited safely.

Good

Is the service effective?

Our findings

At our last inspection in November 2016, as we found evidence of consent was not always available. Appropriate records to show people's capacity had been assessed were not completed. At this inspection we found the required improvements had been made and this key question is now rated Good.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the time of the inspection we were told three people who used the service were currently subject to DoLS. The registered manager showed us they had submitted further applications to the local authority. Care records showed people's capacity was kept under review, with relevant assessments held within people's care plans. We saw that where appropriate, people had given written consent with regards to staff taking responsibility for their medication and personal finances. The staff we spoke with had a good understanding of DoLS and MCA and were able to tell us under what circumstances they felt a DoLS application could be required. Staff told us, "I would always act in a person's best interests wherever possible" and "I know that a DoLS may be considered to protect a person if they lack capacity and are unable to make their own decisions." This showed staff were aware of their responsibilities under this legislation.

People who used the service said staff had the required skills to provide effective care to them. Comments included, "Staff know what they are doing and I wonder how the hell they do it" and "I know staff are well-trained. I can tell the way they transfer me. The staff know what they are doing." Relatives also told us. "Staff are well-trained and clued up on dementia. They talk to people on their level, they don't contradict them" and "The staff have training regularly."

We saw that nursing staff received support from the provider and registered manager to complete their registration requirements (revalidation) for the Nursing and Midwifery Council (NMC). Nursing staff also had their competency assessed by the provider and received clinical supervision from the area manager.

The provider made sure staff received the training required to effectively care for people. Clear records were kept by the registered manager to record training and track when it needed to be renewed.

The staff we spoke with told us they completed the induction when they first started working at the service. They said this included all of the training which was considered mandatory. The induction provided staff with an overview of the complaints procedure, medication management, health and safety, accidents/incidents and fire safety arrangements. This demonstrated that new members of staff were supported in their role.

We found evidence of staff receiving regular supervision every two months. Supervision is a one-to-one support meeting between individual staff and their line manager to review their role and responsibilities. Staff received annual appraisals of their work.

People were supported to have a good diet which met their needs and preferences. Kitchen staff told us communication was very good between the care and kitchen staff. This ensured people's special dietary needs and wishes were passed on to catering staff. Some people required their meals to be served at a specific consistency to minimise the risks of choking and an appropriate meal was provided. The kitchen staff worked as a close unit; people gave very good feedback about everyone who worked in the kitchen. The kitchen staff told us they were passionate about meeting people's individual needs and keeping them healthy.

People were supported to maintain their culture, faith and accepted as individuals. All were treated equally. A visiting professional told us they thought staff were very good at providing care and support which respected the individual and their beliefs and values.

We found the registered manager and staff had developed close working relationships with other healthcare professionals to maintain people's continuity of care. These included the person's GP, speech and language therapists, community and hospital specialists, dieticians, pharmacy and social workers. A staff member told us, "Any changes in a person's condition and I would report immediately to the manager and I'll contact the GP or whoever else is relevant." We saw a clear process of health professional's involvement, the outcome of appointments and the review and update of the specific care plan area. This showed people who used the service received additional support when required for meeting their care and treatment needs.

The service was divided into different areas which were equipped to meet people's differing needs. There were adequate communal spaces, including safe and secure gardens, which enabled people to choose where they spent their time. The buildings were well-maintained and there was on-going refurbishment to make sure people lived in a comfortable home. The registered manager showed us areas of interest which had been created throughout the home to offer stimulation and opportunities for reminiscence to people living with dementia. During the inspection, we saw people were taking an interest in items of memorabilia. At the time of the inspection, plans were in place to develop a sensory garden to give people further opportunities to comfortably spend time in the garden areas.

Good

Is the service caring?

Our findings

People who used the service told us they were happy with the care and support they received. Each person told us they found staff to be kind and caring. Comments included, "The staff are good, know what they are doing and they talk to you, it's not like they are staff at all," "Staff have a good understanding of what you are trying to tell them and will do things to help you," "Staff are first class all the way. They are kind and caring in every way. I feel safe and that's a big thing to say in a place like this" and "Staff are happy, always singing. They bring me my tea in a mug because they know I don't like it in a cup. They don't have any favourites; you don't feel left out."

People told us staff treated them with dignity and respect and we observed people were treated with kindness during the inspection. We observed staff knocking on doors before entering people's bedrooms and providing care and support discreetly. The staff we spoke with told us how important it was to them to treat people who used the service in this way. One staff member told us, "If I am helping someone with personal care, I will always check it was okay with them first and ensure I have their permission rather than presuming things."

All the people we spoke with told us they could have visitors whenever they wished. Our observations confirmed this as there were a number of visiting friends and relatives on the day of our inspection. We received positive feedback from all of the relatives we spoke with. Comments included, "Staff are friendly, sociable and amenable. They treat people courteously and in a friendly manner, I see how they treat others," "Staff are all happy and none are miserable, they seem to be enjoying their job which is reassuring. I cannot thank them enough for what they have done for my relative" and "Staff are friendly, approachable and they ask if they see you need anything. All the staff, including the cleaners, treat my relative like this."

People were supported to live their life as they wanted to. This included getting up and going to bed at the times they wanted. People were supported to make choices about how and where they received support. People could spend time in communal areas or in the privacy of their own room. For example, people could eat in the dining room, the lounge or their rooms.

Staff understood the importance of promoting people's independence. People told us they were not rushed and were able to take the time they needed to perform everyday tasks. For example, at lunch time we saw staff helping people to hold their cutlery to eat their meal.

People told us that while staff promoted their independence and supported them with their personal care they did so in a respectful and gentle way. People said they were supported to do as much for themselves as they could which helped them maintain their independence whilst providing them with help and support where needed. For example, one person required their walking frame to be put in front of them and some assistance of staff to start walking. The staff member then watched the person walk on their own.

Staff took an interest in people and respected them as individuals. We heard a number of conversations which involved staff talking to people about their friends or relatives. Staff complimented people on various

things and always thanked them when appropriate.

Staff helped people to celebrate special occasions and maintain contact with friends and family. Visitors were always made welcome in the home and some continued to provide hands on care to their friends or relatives. One visitor came regularly to support their relative to eat their lunch.

Arrangements were in place to protect people's confidentiality. Care documents were stored in a locked cupboard and only those authorised had access. Staff spoke with us in hushed voices when they described people's needs to avoid being overheard, which ensured people's confidentiality and dignity was maintained. Advocacy services had been used by one person and their contact details were on display.

Good

Is the service responsive?

Our findings

At our last inspection in November 2016, we found that people's care plans were not person centred. We also found that activities did not regularly take place at the home. At this inspection, we found the required improvements had been made and this key question is now rated Good.

People's care plans had improved since the last inspection and were more person-centred. Care records contained a 'Who am I' section which allowed the person or their relative to record what they had done in their lives and who and what was important to them. We saw examples of where this had been completed by the person themselves stating where they had worked and what their likes and dislikes were. Others we reviewed gave details on the person's family members who were important to them. Later in the care plan under the 'Ability' section, there were details to describe what the person could do or how they would like tasks to be completed. For example, offering a bath or shower to the person on a daily basis.

We found accurate records were maintained with regards to people who used the service. For example, we saw up to date records were held in relation to when people had received a bath/shower, when bedrooms had been cleaned and their clothes washed. Daily records of people's care and support and their participation in activities were held within care plans.

The home employed a full time activity coordinator who worked very closely with the registered manager to ensure there was always a full timetable of activities and events planned for people to take part in. This was displayed on notice boards around the home in picture format, but we were told activities were adapted according to people's wishes and abilities.

The service had constantly looked at ways to engage people who used the service in a range of events such as fundraising for a minibus. There were regular trips into the community which people told us about, a gardening club and a 'knit and natter' session for those who liked knitting. One person who could no longer knit told us they still attended this activity. Other activities planned included were karaoke, dancing, chair exercises, reminiscence, quizzes and bingo. Records were kept which showed everyone was offered a form of activity every day which was meaningful to them.

The provider understood the requirements of the Accessible Information Standard (AIS) and had implemented this in the home. The AIS requires publically-funded bodies to ensure their information is provided in accessible formats for people who may require this. People had individual communication care plans in place, which staff were aware of and followed. For example, one person's care plan explained that if they shouted out a lot, they may have an infection. Staff we spoke with were aware of what this person's shouting may mean and described action they took if there was a suspected infection. The provider had ensured books were available in large print for people and information relating to activities were displayed in picture format around the service.

The provider had systems in place to seek and respond to feedback from people who used the service. We looked at the record from the last residents meeting which took place. At this meeting, topics of discussion

included planning for activities and events to be held at the home, the quality of the food, if people were happy with how things were run, and feedback was encouraged. This demonstrated people were given the opportunity to contribute towards how the service was being run and to raise any concerns they might have.

We looked at how the service managed complaints and we found there were appropriate procedures in place. Information was displayed in the reception area of the home informing people of the process to follow. We looked at how complaints had been investigated and responded to and saw it was in line with the policy in place. The people we spoke with told us they were aware of who to speak with if they were unhappy with the service they received. They also said they hadn't needed to make a complaint but knew the process to follow if they ever needed to.

People at the end of their lives would be cared for with kindness and compassion and their comfort would be maintained. At the time of our visit, no one at the service required end of life care however, staff told us how they would maintain people's dignity, ensure they were comfortable and had their wishes met. People were encouraged to share how they wanted their end of life needs to be met. People were asked to identify who they wanted to be told, who they wanted to be there and if there was anything special they wanted with them. The provider worked closely with other organisations to make sure a high standard of care was provided and people received the support and treatment they wished for at the end of their lives. This included the community nursing service.

Good

Is the service well-led?

Our findings

There was a registered manager in post who had the skills required to manage the service. They were supported by a deputy manager and a team of registered nurses and senior care staff.

The registered manager had been managing the home for over a year and had a real commitment to delivering person-centred care. One member of staff told us, "[Registered manager's name] is always saying that the residents come first and we are guests in their home. She genuinely cares about the service and is very committed to getting things right for people."

The registered manager had an excellent knowledge of the people who used the service and the staff who supported them. They spent time in all areas of the home which enabled them to constantly monitor standards. People were very relaxed and comfortable with them and described them as approachable. Comments included, "You can go and see the manager anytime" and "The manager is gorgeous, she is really jolly; you can talk to her. You can go to the desk anytime." Relatives commented, "The manager is always here and you see them, they are visible. All in all I am very pleased with the service. I have seen the progress in my relative as staff have got to know them" and "We met the manager when we came to look round and she went through everything and showed us round. She visits everyone in their room."

All the people and relatives we spoke with told us they would recommend Charlton Court Nursing Home. Comments included, "I have already recommended it and can do so 100%. It always smells nice and fresh. You can come in to visit at any time" and "It's welcoming and caring, even the cleaning staff are friendly. They involve clients and relatives in everything."

The registered manager had held a range of governance meetings at the service. We looked at the minutes from recent staff meetings which had taken place. This demonstrated that staff were provided with the opportunity to discuss concerns and their work with management.

The provider and registered manager completed a variety of audits on a regular basis to assess the safety and welfare of everyone at the home. These monitored, for example, staff training and supervision, recruitment, fire and environmental safety, infection control and medication. We saw evidence which showed identified issues were addressed to maintain everyone's wellbeing.

Records were stored confidentially. We saw care plans and staff personnel files were stored in locked cabinets; only the registered manager and administration staff had access to the keys. This meant people's information was held securely.

The registered manager had good links with the local community and constantly looked at ways to expand these to support people to stay connected with the community. Local children visited the home to share activities with people. The photographs of the children and people who used the service showed how doing this together was enjoyed by all involved.

The registered manager told us they were working towards achieving a rating of "Outstanding" with the Care Quality Commission (CQC). They said all the staff team were committed to building on the improvements already made and were striving to offer the best possible service to people who used the service. They were aware of the importance of partnership working with other agencies to help them to achieve the best possible outcomes for people. Feedback given by visiting professionals was that the home offered support to people with complex and challenging needs. They were confident that nursing staff communicated well with them and worked in partnership to improve outcomes for people.

The registered manager had notified the CQC of all significant events which affected people's health and welfare; this was in line with their legal responsibilities. Also, in accordance with their legal responsibilities, the provider had displayed their previous inspection rating both in the home and on their website.