

Community Integrated Care

Charlotte Grange Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

In February 2016 we carried out an inspection of this home and found three breaches of regulation. These related to infection control management and lack of personalised care plans. The provider had provided an action plan about how the matters would be addressed.

We carried out this unannounced inspection on 7 and 9 March 2017. Charlotte Grange Care Home provides personal care to people, including people who may be living with dementia. The home is registered for 46 places.

During this inspection we found the provider was continuing to breach regulations. We found the provider was breaching three regulations of the Health and Social Care Act 2008. Regulation 12, safe care and treatment, regulation 17, good governance and regulation 18, staffing.

People were still not protected from the risk of cross infection due to poor infection control management. We found processes in relation to the laundering of people's clothes, linen and towels were not in line with infection control procedures. Items were being stored in sluices which were then at risk of cross contamination.

Medicines were not managed in a safe way. Medicine Administration Records (MAR) were not always completed when people were administered 'when required' medicines. Records for the administration of topical medicines were not completed correctly. Medicines that were to be returned to the pharmacy were not stored safely.

People's personal evacuation plans were not always up to date.

The registered provider's quality assurance system had not identified areas of concern around medicines, infection control and records. There was no evidence of managerial oversight of the auditing process in order to improve the service.

The registered provider provided support for people living with dementia. Not all staff had completed training in dementia.

You will see what action we have taken at the back of the full version of the report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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.

We found records relating to the management of people's fluid intake were not always reviewed in line with people's individual fluid intake targets.

During this inspection we found the provider had made improvements to care plans. People now had personalised care plans in place which contained their preferences and likes and dislikes. These were reviewed when necessary.

People said they were comfortable and felt safe at the home. Staff had been recruited in a safe way to make sure they were suitable for their role.

The manager used a dependency tool to determine staffing levels. Staff were responsible for organising recreational and leisure activities for people. These were not always specifically tailored to meet the needs of people living with dementia. We recommended the service considers current guidance regarding activities for people living with dementia.

The registered provider had policies and procedures in place for safeguarding and whistleblowing. Staff understood how to report any concerns and were confident these would be dealt with by the manager

Staff felt supported by the management team. Staff received individual supervision sessions and six-monthly meetings to assist them with their professional development.

People and relatives told us staff were kind and caring. Staff were respectful and helpful when supporting people. There were friendly, good relationships between staff and the people who lived there. People enjoyed a varied diet and chose from a menu which was nutritionally balanced.

People's health needs were acknowledged and support gained from health care professionals when necessary.

Relatives and people had opportunities to give their views and opinions. Staff attended regular meetings. The manager held weekly surgeries to meet with relatives.

Statutory notifications were submitted to CQC in a timely manner. People's personal records were held in line with the Data Protection Act.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Infection control procedures were not being followed regarding the laundering of soiled items. Sluice rooms contained items that were at risk of contamination with bodily fluids.

Medicines were not always managed safely for people and records had not been completed correctly.

Staff recruitment was robust with thorough checks completed prior to new staff being employed.

Safeguarding concerns were listened to and dealt with.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Not all staff had received training to meet the needs of people living with dementia.

Records relating to people's fluid intake were not being reviewed appropriately where people's target amount were not being met.

People's health needs were being addressed. The registered provider sought advice and support from health care professionals.

Is the service caring?

Good ●

The service was caring.

People and relatives felt staff were kind and caring and treated them with respect.

People were supported in a dignified manner and were not rushed when being assisted.

The service had information available about advocacy.

Is the service responsive?

The service was not always responsive.

There were some activities for people to participate in to support their social care needs. However these were not specifically tailored to meet the needs of people living with dementia.

People's care records were personalised and gave staff information and guidance on how to support them

The service had a complaints procedure in place.

Requires Improvement 

Is the service well-led?

The service was not well led.

The provider's quality assurance system was not effective. Audits had not identified areas of concern around medicines, infection control and records. There was no evidence of managerial oversight of the auditing processes.

People and staff said the management team was open and approachable.

Meetings were held for staff on a regular basis. Opportunities were made available for relatives to speak with the manager.

Requires Improvement 

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.

The inspection took place on 7 and 9 March and was unannounced. This meant the provider did not know we were coming.

The inspection was carried out by two adult social care inspectors 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 service.

Before the inspection we reviewed other information we held about the service and the provider. This included previous inspection reports and statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We also contacted the local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group (CCG) and the local Healthwatch. We also contacted the Infection Control Team for Hartlepool. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection we spoke with 11 people who lived at Charlotte Grange. We spoke with the registered manager, the deputy manager, one senior care worker, six care workers and one ancillary member of staff. We also spoke with seven visitors of relatives of people who used the service. We also spoke with one health care professional.

We looked around the home and viewed a range of records about people's care and how the home was

managed. These included the care records of four people, the recruitment records of three staff, training records and records in relation to the management of the service.

Is the service safe?

Our findings

When we last inspected the home we found the home was not safe and the registered provider had breached regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. The registered provider had not ensured risks regarding infection control were acknowledged where sponges were stored in the bathroom and shared between people for personal care. Also items were stored in places where there was a risk of contamination with bodily fluids.

The registered provider had submitted an action plan which stated that sponges were now held in people's rooms and laundered each time they were used. The action plan stated that items which were at risk of contamination had been removed and were now stored in people's rooms.

During this inspection the manager told us, "Sponges are stored in people's rooms, there are none stored in the bathrooms. These are laundered after each personal care intervention." During the inspection we checked people's rooms but did not find any sponges. The laundry assistant told us, "Sponges and flannels are washed separately on a hot 60 degree wash, and shared out amongst the units." They commented some people have their names on flannels and sponges but none we viewed in the laundry did.

We spoke to staff about the use of sponges for personal care. Staff told us they used a spray or body wash mousse and soft roll or disposable mitts when supporting someone with personal care. One care worker told us, "Sponges are used for intimate areas when someone is in the bath or shower and laundered after each use."

We spoke to the local Infection Control Team to discuss the practice of using sponges, they advised they would not support the reusing and laundering of sponges for personal care.

We found people's individual toiletries were now stored in their rooms. However, sluice rooms still contained spare toiletries, activity items and in one sluice a bottle of sherry. This meant these items were at risk of contamination with bodily fluids.

On our arrival to the service we were shown around the home to understand the lay out of the building and looked at the laundry and sluice areas. The key was in the door of the sluice on Middleton unit. A senior carer said, "That should not be there, it's usually hung up." We found the laundry door open with no staff members in the vicinity. This meant people were at risk of accessing cleaning fluids and equipment which could result in an accident or injury.

The area behind the washing machine and tumble dryer was covered in a build-up of dust and fluff so had not been cleaned for some time. A duvet had dropped down behind one of the machines causing a fire hazard. We asked for this to be removed. We checked later to find the duvet had been removed.

We found soiled clothes soaking in open buckets in the sink. Dignity tabards were found in one linen trolley which also contained used bedding and towels from the night shift. This meant laundry was not being

separated in order to facilitate safe laundering.

The pipe from the sluice bowl was heavily rusted. This meant we could not be sure it could be cleaned effectively. Towels were being stored on the floor in front of an open cupboard containing linen. A dog was wandering in and out of the laundry as the room was not secured.

The registered manager had an Infection Control file in place. The file contained a declaration to confirm staff had been shown the infection control box (a box containing substances for cleaning spills) and had been instructed on what the bottles were used for and understood it was their responsibility to follow correct usage and follow infection control protocol. No staff had signed this declaration. This meant we could not be sure all staff were aware of how to use these substances safely.

We found the registered manager had completed an infection control assessment for 2017. They advised the document was sent to the infection control nurse who calculates the score and provides the home with a formal document with feedback and actions if necessary. We noted some areas of the document were not completed correctly. The rusting pipes had not been identified and linen was not stored in an enclosed area as indicated on the assessment.

The infection control nurse visited the service to carry out an assessment of the infection control concerns we had found. The infection control (IC) nurse confirmed they had spoken with the registered manager of the service and outlined several areas which the service needed to address in terms of best practice. The IC nurse is working with the service and a plan is in place to address all the areas relating to infection control found to be below acceptable standards.

We looked at 12 people's medicine administration records (MAR) and found hand written entries for one person's MAR was not double signed. One person's MAR for Thick and Easy (a powder for thickening fluids for people who have swallowing needs) did not contain any directions for the amount needed to thicken the person's drinks.

Where people were prescribed 'when required' medicines and had been given their medicine, no reason or outcome of the administration was recorded on the reverse of the MAR. This meant we were not able to be sure the prescribed medicine had been effective.

For people who were prescribed topical medicines, the registered provider used body maps and topical application forms for staff guidance and signature. Four people's records for the application of topical medicines were not completed correctly. For example, either there was no body map in place or it was not completed correctly. This meant we could not be sure that staff were administering topical medicines correctly and to the right area of the person's body.

Three people's medicine stock balance did not match the MAR. We found the MARs had been signed as if the medicine had been administered but the medicine remained in the blister pack. This meant people were not receiving their medicine in line with the prescribed instructions. Not all bottles and boxed medicines had a 'date of opening' sticker in place.

Unused medicines that were due to be returned to the pharmacy were stored in an open top box and some were found in the hand basin. This meant medicines were not securely stored in the medicine room. We found one medicine pot with three white tablets left in the hand basin along with an open strip of Spiriva (inhalation powder) capsules. No means of identification of who these were prescribed for was found on the strip of medicine. The medicine returns book recorded the last medicine return had been on 28 February

2017 and no other medicines were recorded in the returns book. This meant that the medicines we found in the box and the hand basin were not recorded in the returns book. It was unclear how stock control was being managed.

We found cleaning schedules on the medicine trolleys which indicated they were to be cleaned on a weekly basis. On one trolley the document had only been completed as cleaned on three occasions this year and another trolley only four dates were recorded for 2017.

Bathrooms did not all contain foot operated bins. Foot operated bins prevent recontamination of hands by lifting the lid of the bin.

We found 17 people's PEEPs had not been reviewed and/or updated in over a year, and 11 had not been reviewed since 2014. This meant we could not be sure that the information was current to meet the needs of the people using the service in the event of an emergency.

These findings demonstrate a continuing breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The registered provider had an evacuation grab bag in place containing foil blankets, first aid kit and torches. People's personal evacuation plans (PEEPs) were also stored in the grab bag. We found a good level of detail within the PEEPs which were reviewed when moving and handling risk assessments changed or a new person is admitted.

Environmental risk assessments and checks were in place for each unit and all areas of the service. For example, fire, bed rails and bed sensor checks. The registered provider did not have a bed rails policy and procedure in place.

We recommend the service consider current guidance in relation to the use of bed rails.

We asked people and relatives if they felt the staffing levels were adequate to meet their or their relative's needs. One person told us, "There is always people about and plenty of staff." Another told us, "I have a buzzer in my room and when I buzz they are straight there." One relative told us, "Always a staff presence." Two relatives we spoke with commented on staff numbers and stated that they did not think there were enough staff present in each unit particularly on a Saturday and Sunday. One relative commented that the client base had changed since their relative entered the home in that there were now more disabled or dependent residents who needed support and they felt this presented potential issues particularly if someone needed two staff members to assist at any one time.

We reviewed the staffing rota along with the dependency tool used by the registered manager to determine staffing levels. We discussed the staffing levels with the manager who advised each unit had two care workers during the day and two seniors to cover all four units. We spoke to one staff member who worked split shifts to provide additional cover at meal times on one of the units. Night duty was covered by care workers only so no senior care workers were on duty through the night. Staff had an on-call person to ring in case of emergency or support and guidance. We observed throughout the inspection times when people were left alone in the lounge areas because some people required two staff to support them with moving and assisting or personal care. Staff were also expected to also deliver recreational activities as part of their shift.

Gloves and aprons were stored in the sluice areas which were not easily accessible to staff. Staff were

observed walking about with aprons and gloves on. We discussed with the registered manager that the storage of personal protective equipment (PPE) could be improved to ensure its accessibility for staff.

The manager had a reporting system in place to analyse accidents in the home. This was to make sure any risks or trends, such as falls, were identified and managed. Reports of any incidents were also analysed and we saw this included the details of any actions taken. For example, if people were referred to the falls clinic.

We observed people receiving their medicines in a safe manner. Staff wore a red tabard so they were not interrupted when carry out the medicine round. People were addressed by name and were asked if they preferred water or juice to take their medicine. Staff remained with the person until the medicine was taken.

People and relatives we spoke to felt the service was safe. One person told us, "I feel safe in here, they come every night to check my windows are locked and at night if I press the bell they come quickly." Another told us, "Yes, I do feel safe living here, there's lots of people here, they are younger and always about." One relative told us, "I feel [my family member] is safe here, there is always people around, you can't get in or out without the door security code. Everything is spacious and uncluttered so no worry about tripping over things and it's warm and comfortable." Another told us, "[Family member] has been here a long time and I am confident they are safe."

The risk assessments we examined covered areas of individual risk. For example, tissue viability, moving and assisting and falls. The risk assessments included control measures to reduce the risks. This meant staff now had clear information about risks and the action they needed to take to minimise them.

We checked the recruitment files of four new employees that had joined the service since our last inspection in February 2016. Files contained application forms, checks in employment gaps, interview documents, identity checks and references. New employees had also received clearance from the Disclosure and Barring Service (DBS) that they were able to work with vulnerable adults and that they could do so without restriction. DBS checks were repeated every three years.

The service had a range of policies and procedures about keeping people safe, such as safeguarding and whistleblowing procedures. These were accessible to staff for information and guidance.

Safeguarding referrals had been made and investigated appropriately. A log of all concerns was kept up to date and staff had access to relevant procedures and guidance. Appropriate action had been taken following safeguarding incidents. Staff knew the signs to look out for such as changes in people's demeanour or appetite. One care worker told us, "I would have confidence in management to take things seriously." The manager told us and records confirmed that safeguarding and whistleblowing were regularly discussed at staff meetings.

The registered provider had health and safety certificates in place to demonstrate that environmental checks had been completed. For example, gas safety and portable appliance testing. Equipment used for the moving and assisting of people had been checked with reports of hoists being serviced on a regular basis.

Is the service effective?

Our findings

The registered provider used an electronic matrix to monitor and record staff training. We reviewed the training matrix and found training in some areas was not up to date. Only 23 out of 60 staff had up to date training in respect of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (known as MCA and DoLS) training. Only seven staff had completed equality and diversity and six had completed end of life training. Staff had not completed training in the use of bed rails. Charlotte Grange provides care for people who are living with dementia, however only 10 out of 60 staff had completed dementia training.

We reviewed the action plan the manager had in place which detailed NHS training for Dementia was to be delivered for staff by July 2017. MCA and DoLS training was booked for March 2017. The administrator told us, "We receive information when certain training is available. I can update the matrix and book the training for staff."

These findings demonstrate a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People felt they were supported by staff who were trained appropriately. One person told us, "Oh yes, they know what they are doing, helping me get up and dressed." Another told us, "Nothing is too much trouble for them, they give me my tablets, that's good isn't it."

We reviewed people's records relating to nutrition. People were weighed when necessary but the records only contained the month the weight was taken not the actual date. Some people did not have their BMI (body mass index) calculated. Food and fluid charts were in place for people who required their intake monitoring. We found these were not always completed fully. Fluids were not always totalled, and where the recommended amount was not met there was no detail of what action should be taken.

The registered provider had a contract in place with a frozen meal company. Meals were delivered weekly following a four weekly cycle. Special diets could be catered for such as gluten free or vegetarian. The manager told us, "People can have something else if they don't like what's available, for example an omelette or sandwich." We learnt some people wanted home-made chips and this request was catered for.

People we spoke to told us they enjoyed their meals. One person told us, "The food is very nice, they always ask what I want. The girls are always making cups of tea during the day." Another said, "The food is alright, you get a good choice and it is nicely presented." A third told us, "The food is reasonable but the choice is limited to two things."

Relatives gave mixed views on the food provided by the home. One relative commented they were not impressed with the food from what they had seen, in that their relative would not normally eat what was on offer, and they felt a sandwich should be offered. Another relative felt the nutritional value of the food was not enough. A third relative commented, "As far as I know my [family member] is happy with the food and it appears balanced to their calorie needs."

We found precise nutritional information available on all meals. This meant staff had information available when monitoring people's nutritional intake. The manager told us, "It's helpful to know what is in the food for when we have the dietician in."

Staff received regular supervision and appraisal. Supervisions are regular meetings between a staff member and their supervisor to discuss how their work is progressing and where both parties can raise any issues to do with their role or about the people they provide care for. A supervision matrix showed staff had a session for planning and development (appraisal) every six months with a 'catch up' meeting every six months. These sessions were planned so each staff member had a meeting with their supervisor on a quarterly basis. The staff we spoke with said they felt positive about the supervision sessions. One care worker told us, "I am up to date with my catch up meetings, we talk about training or anything I want to progress."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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 procedure for this in care homes and hospitals are 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 were being met. We saw 12 DoLS applications had been authorised by the relevant local authority and 12 DoLS applications were awaiting approval. The manager ensured the service held a copy of the lasting power of attorney where people had these in place. We found evidence of mental capacity assessments and best interest decisions in people's care plans.

Staff we spoke with had an understanding of MCA and DoLS and why it was important to gain consent when giving care and support. Staff knew who had a DoLS in place and gave examples of why. One care worker told us, "It's there for [person's] safety, they would not be safe outside on their own." Staff told us how they involved people in decision making where possible. For example, one care worker told us, "We give a choice of meal and whether people want to get up or what they want to do."

People had access to health care when necessary. We found evidence of attendance to hospital, reviews by dietitians, district nurses and GP's. Staff were aware of up and coming appointments with external health care professionals. People we spoke to confirmed that they did have access to healthcare services. One person had reported problems with their eyes and they told us, "Staff had arranged for the doctor to visit." An appointment had been made to Sunderland Eye Infirmary. Other people told us that a chiropodist visits the home on a regular basis.

There was a lack of visual or tactile items to engage people living with dementia. We saw pictures and posters of old movies and of the local area on the walls in the units. One care worker had made a small twiddle mat and brought it into the home. (Twiddle mats are designed to provide a stimulation activity for people living with dementia.) The deputy manager told us, "[Care worker] is going to make more." Crockery was not coloured to aid people with eating and drinking. Doors to bathrooms were not coloured to identify them as bathrooms, there was a lack of signage to support people with communication needs.

Is the service caring?

Our findings

People and relatives told us staff were kind and caring. Their comments included, "I like living here but I would prefer to be in my own home", "the staff are very caring, they look after you", "they are very good and make sure you get everything you want" and "I have only been in here since Saturday but the staff are very nice, we have a laugh with them".

One relative commented, "Everything we have asked for they've done." Another told us, "The staff are very caring, they are always there, nothing seems to be a problem." A third relative said, "I've got no complaints here at all. My [family member] is well looked after and they're all well fed. They've settled in great." We found written compliments from relatives. For example, one read 'We want to thank you again for the care and affection that you gave [family member] during the time that they were with you. We really appreciate it.'

Staff told us they enjoyed working at Charlotte Grange. One care worker told us, "I like working here. It's a nice place." Another told us, "I like to hear about their lives, I do like to think I have made their day better."

We observed staff spoke with people in a kind, caring and respectful way, taking time to listen to people and understand what they were communicating. Staff were attentive to people's feelings and reassured people if they were upset or distressed. During this visit we saw lots of interaction between staff and people. For instance, some people were sitting with staff in the dining area having a chat over morning coffee time.

Two care workers spoke to a person to ask if they were ready to move back to the lounge following lunch. A hoist was used to transfer the person from the wheelchair to the chair safely. Staff explained what they were doing in a reassuring manner asking the person if they were alright. Staff carried out the manoeuvre in a compassionate manner.

We observed staff knocking on a person's door and asking if it was alright to get them up and dressed before taking them to the lounge. Staff closed the door in order to undertake personal care respecting privacy and dignity. We also observed a care worker quietly asking a person if they needed to go to the bathroom.

We found the service used a butterfly picture on people's doors to identify if the person was being cared for in bed and staff checked every half hour to spend a little time chatting. The senior care worker told us, "This is so they are not left on their own for long periods."

We asked people and relatives if they felt staff acknowledged privacy and demonstrated respect. Comments included, "Yes, they do respect my privacy, they close my door" and "they do respect my privacy and know I like to be on my own". One relative commented, "The staff are very respectful, without a doubt, they are brilliant. If they need to see to [my family member] we leave the room and they always close the door."

People who needed physical assistance at meal times were provided with this in a dignified way. When people requested assistance to go to the toilet they were supported immediately. We saw this was done in a

discreet way that maintained their dignity and without others knowing. When people asked for drinks these were brought immediately. Staff were kind and polite when supporting people, and clearly knew people well. We observed a lot of laughter in the home with staff having a joke with people in an appropriate manner. One person told us, "Oh, I love to joke with the girls, we get on really well. I love a cup of tea and I make my own - they sorted that for me."

People told us staff encouraged them to be as independent as possible. One person commented, whilst they need help to stand, once on their feet they were able to move around with the walking frame by themselves. Another remarked staff encouraged their independence, that they had always been an independent person and goes out every day for a coffee. Relatives confirmed staff encouraged independence.

The home had information for people about advocacy services on one of the units. We discussed this with the manager who immediately photocopied the information and made it available in all four units.

Is the service responsive?

Our findings

When we last inspected the home the registered provider had breached regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Care records did not contain personalised information about how people liked or needed to be supported.

At this inspection we found care records had improved. People's needs were assessed prior to them coming to live at Charlotte Grange. Care records contained personalised information. For example, in one person's records staff had recorded, 'encourage me to come out for activities particularly if music and dancing is involved'. We saw a good level of detail within people's care records covering areas such as family history, working life, children, likes and dislikes, hobbies, religion and memorable events.

Support plans were detailed and reviewed regularly. We found plans for skin care, personal hygiene, moving and assisting, dementia, physical health, hopes and aspirations and medicines. Where people had a DoLS in place support plans were available for staff guidance in relation to the DoLS.

Staff had completed a one page profile using background information following discussion with the person and their relatives. These documents included what is important to me, what people like and admire about me and how to support me.

Charlotte Grange did not have a specific person employed for activities, instead care staff were expected to provide recreational support as well as their caring tasks. The registered provider did not have a programme of activities which were tailored for people living with dementia. The manager told us, "We do not have an activity co-ordinator, this is something I would like." All the staff we spoke with felt this was an area for improvement. One staff member told us, "It would be nice to have an activities coordinator, we've always said that."

National Institute of Clinical Excellence (NICE) provides guidance on the link between effective stimulation and the impact of people living with dementia. We recommend the service considers current guidance and best practice regarding activities for people living with dementia.

A notice board was positioned in the main communal lounge which displayed upcoming events such as an Easter raffle. We found notice boards displayed in the units which listed the upcoming Easter raffle and daily activities such as sing-along, bingo, movies.

During day one of our inspection we found that although people appeared settled in the units we found little meaningful engagement. People tended to sit in the lounge listening to the television or just sitting or sleeping. People commented that there were some activities such as bingo and singsongs. Comments included, "Yes, they put some classes on, there's bingo but I just sit and watch and when the music is on it is sometimes a bit loud for me", "there's loads of activities, bingo but I hate bingo, I like to knit and I love my music, I've got my headphones and listen to Pavarotti and others" and "I've been here two years and at first they used to take me for a walk in the garden but they don't do it now".

We asked relatives if they had observed interaction between staff and residents. One relative told us, "I don't really observe much interaction between staff and residents other than the odd bit of chat as the staff are always busy and writing up reports."

We observed one person in the Croft unit who was colouring in pictures and staff told us they liked to do this regularly and some pictures were displayed on the walls. We observed staff in the Middleton Unit interacting with people using a book and chatting with them about a show on the TV which was showing pictures of the local area and buildings and how they used to look in the olden days. One relative told us, "They have karaoke and Zumba and I think it's good as it keeps them (people) mobile. Some dance, they enjoy it."

On day two of our inspection the chair Zumba class in the main reception area took place. Staff brought people into the reception and assisted them to sit in chairs or remain in their wheelchairs. Once the music and the instructor began to walk around the room talking and making arm gestures, two people immediately began dancing. One care worker told us, "[Person] just loves this, it's lovely to see." People's body language and facial expressions showed how much they were enjoyed the music, with some joining in the movements even just to clap. One person danced the whole time the Zumba session was on. It was clear people and staff enjoyed the activity.

Two relatives stated they did not think there was enough activities undertaken and they would like to see the home arranging outings to shows, the seaside and out for fish and chips. One relative told us, "I recently completed a questionnaire and made these comments on the form." We asked if they had received any feedback they told us, "No". The second relative told us, "The home in the past arranged outings to shows and so on but they don't do it now. They do BBQs in the garden in the summer, however there should be more going on."

We spoke with staff about what people liked to do. Staff were knowledgeable about what people liked to do such as word searches, colouring in and going out to the local pub.

The registered provider had an action plan in place to review their commitment to supporting people living with dementia. The action plan acknowledged there was no engagement with people on an individual basis to support specific dementia care. Training for staff had been sourced to enable strategies and a more targeted approach to dementia.

The registered provide had a policy and procedure in place for complaints which was accessible to people and relatives through the 'residency agreement' booklet. The manager kept a file containing complaints and compliments. We found the service had received two complaints since the last inspection. All complaints were passed to the registered provider's quality department and the regional manager. Both complaints were still in progress so we were unable to confirm if they had been dealt with appropriately.

Relatives we spoke with told us the concerns they had raised were addressed. One relative referred to the issue of tablets being found on the floor the previous year and stated they had addressed this with the management and the matter was resolved. Another relative said there had been some laundry issues around their family member's clothing but the matter was resolved.

Relatives commented, "I would speak to the manager if I had a complaint but I've never had any complaints", "I would speak to any of the staff" and "I would complain to the manager but I've never made a complaint."

Is the service well-led?

Our findings

We found the registered provider's quality assurance process did not always capture shortfalls in systems and practices at the home. Senior care workers completed the medicine, dignity and controlled drug audits. The deputy manager and senior care workers audited the care plans. The infection control assessment failed to identify the continued inappropriate storage of items in the sluice, the build-up of dirt and dust or the rusting pipework in the laundry.

The medicine audit had not identified the concerns of medicines not being stored securely prior to being returned to the pharmacy, the issues with topical MARs, lack of records of the cleaning of medicines trolleys or lack of stickers with the date of opening of boxed medicines.

Some staff were supporting people who were living with dementia without any specific training.

Care plan audits lacked detail and in some cases there were no target dates for the completion of actions. Not all the audit records were signed and dated. For example, three audits did not have the person's name or date it was completed, another contained actions but no date or sign off, one had the person's first name but no comments in any section, no date or signature but a list of actions.

Audits had not identified the lack of recording in people's fluid intake charts.

The manager did have an action plan in place with target dates, however they did not have any formal recording system in place to demonstrate how progress was being made against the actions or what they had determined from the audit process. This meant only the manager knew what had been achieved or not achieved. The manager did not have an overarching programme of audits to determine which audit was to be completed and when.

These findings demonstrate a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We asked staff what would improve the service. One care worker told us, "The dementia unit needs an update, there are not enough resources to complete care plans and activities." Another said, "We do need more time to audit care plans, there is a lot to do."

We received mixed views about the service's engagement with relatives and visitors. One relative commented that a friend who knits sensory objects for people living with dementia had twice phoned the home to offer their services however no one had ever phoned back to follow this up, which they felt was sad. Another relative told us they had completed a questionnaire, but this was not a regular occurrence.

During the inspection we reviewed some quality questionnaires completed by relatives. Comments included, 'More activities needed', 'we found all the staff very friendly, helpful, excellent' and 'we would highly recommend Charlotte Grange'.

Staff meetings were held monthly and minutes were made available in the staff room for anyone who could not attend. The registered manager told us, "Residents' and relatives' meetings are not well attended. I have an open door surgery every Monday afternoon." We observed the registered manager was accessible speaking with people and relatives during the inspection.

People and relatives felt the service was well managed and spoke highly of the registered manager and the staff. Comments included, '[Manager] is a good manager, she cares about them (people)', '[manager] is very good' and '[manager] is approachable - all the staff are'.

Staff felt the registered manager was approachable. One care worker told us, "The management team are visible." Another said, "[Manager] is supportive. I can talk to her if there is a problem." A third care worker told us, "The manager leads the team well. They are non-judgmental and will help as much as they can. They're very passionate about the home. If action needs to be taken they take it."

The registered provider submitted statutory notifications to the CQC in a timely manner. People's personal records were held in line with Data Protection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's quality assurance system was not effective in identifying areas of concern around medicines, infection control and records. There was no evidence of managerial oversight of the auditing process in order to improve the service.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff had not received appropriate training to meet the needs of the service.</p> <p>Regulation 18 (2) (a)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected from the risk of cross infection due to poor infection control management. Medicines were not managed in a safe way. People's personal evacuation plans were not always up to date. Regulation 12 (1) (2)

The enforcement action we took:

We have issued a warning notice against Regulation 12, Safe care and treatment.