

brighterkind (KS) Limited

Charlotte House

Inspection report

Church Road
Bebington
Wirral
Merseyside
CH63 3DZ

Tel: 01515156607

Date of inspection visit:
02 February 2017
06 February 2017

Date of publication:
25 April 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This comprehensive inspection took place on 02 and 06 February 2017 and was unannounced. This was the first inspection for this home under this registration with the Care Quality Commission (CQC). The home had been previously registered under a different name, with the same organisation but a different section of it.

Charlotte House is registered to provide accommodation for persons who require nursing or personal care to up to 103 people. However, there had been some changes to the accommodation in recent years and at the time of our inspection, there were 42 people living as permanent residents in the home. Charlotte House also offered a periodic intermediary care service (IMC), often known as 'winter pressure' beds. This means the home offers support to people discharged from hospital but who need a period of rehabilitation before they are ready to return home independently. There were 5 beds reserved for this purpose on the first floor. In total, there were 47 people living in Charlotte House at the time of our inspection.

The main accommodation was purpose built and has three floors with two lifts to access the floors. It is attached to a period building which had 'listed' status. The main building and accommodation had been re-furnished over the last year. The newer building was in two wings, named the south and the north wing. The older part of the building was in the process of refurbishment and was destined to become a staff resource, including staff training rooms, offices and staff changing rooms.

The home required 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. The home, until recently, had a registered manager who had been transferred to another service by the provider and a new manager had been appointed in the last few months. This manager had applied for registration with CQC.

At this inspection we found a breach of regulation 12 of the Health and Social Care Act 2008 in relation to safe medication administration.. This related to medication record keeping and safe storage of medication and staff ensuring that monitoring records for the medication rooms and medication fridge temperatures were taken to ensure medication was stored at a safe temperature.. You can see what action we told the provider to take at the back of the full version of the report.

The manager had been in post for several months and had two deputy managers to support them in the running of the home. The home manager was in the process of setting up systems to monitor the quality of the service and to produce audits of all aspects of it. We saw that most of these had been implemented in January 2017.

Staff were safely recruited all received the same induction. They had received training in safeguarding, mental capacity and other topics pertinent to their role.

The home followed the principles of the Mental Capacity Act 2005 and the associated deprivation of Liberties Safeguards.

People and their relatives told us that staff were caring, that there was plenty to do in the home and that the food had improved. They also told us that the home was now, "Like a palace" after a recent refurbishment.

Staff told us they had support from their managers and that they were working as a team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

We found errors in respect of the recording of medication and its storage.

Staff had been recruited safely. Recruitment, disciplinary and other employment policies were in place.

Safeguarding policies and procedures were in place. Staff had received training about safeguarding vulnerable people.

Is the service effective?

Good ●

The service was effective.

All staff had received training and had been provided with an on-going training plan. Staff received good support, with supervision and annual appraisals taking place.

Menus were flexible and alternatives were always available. Most people we spoke with said they enjoyed their meals and had plenty to eat.

The service operated within the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was safe.

People told us that their dignity and privacy were respected when staff supported them.

All the people we spoke with praised the staff. They said staff were respectful, very caring and helpful.

We saw that staff respected people's privacy and were aware of how to protect people's confidentiality. People were able to see personal and professional visitors in private.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans were basic and informative in the main, however they were not person centred. Not all had been reviewed thoroughly.

The complaints procedure at the home was up to date and available.

People were able to attend a wide variety of activities.

Is the service well-led?

The service was not always well-led.

There were systems in place to assess the quality of the service provided at the home. However, these were very new and had not had time to 'bed in' and prove to be effective.

Staff were supported by the registered manager and deputy managers.

The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

Requires Improvement 

Charlotte House

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 was 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 02 and 06 February 2017 and was unannounced on both days.

The inspection team comprised of one adult care inspector and a specialist advisor who was a registered nurse and an experienced medicines auditor.

Before our inspection, we looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the home manager. We checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information we had received from members of the public and the provider information return. This was a document which told us about the home and the provider's plans for it.

We contacted the local authority quality assurance team for any information they had about the service. We looked at the information contained on the Healthwatch Wirral website. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We talked with seven people, three relatives and with seven support staff members, the cook, a kitchen assistant and the administrator, as well as the home manager and the regional manager. We toured the home and observed lunch and two medication rounds.

We case-tracked four people and looked at their care records, their medication administration records and daily logs for the care given to them. We also looked at five staff recruitment files, training records and other records related to the running of the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us

understand the experience of people who could not talk with us.

Is the service safe?

Our findings

One person told us, "It's very safe here". They went on to say, "It's very, very clean".

Most staff had been trained to administer medication and we noted that a comprehensive management of medicines policy was in place. However, when we observed the medication round for people living in the ground floor of the south side we saw that the staff member administering the medication did not wear a red tabard. This was a tabard which was used routinely, as best practice, for medication administration and which requested that the wearer should not be interrupted whilst they were wearing it. They explained that they felt that they would still be disturbed even if this was worn. During the medication round observations, we saw that the phones held by the staff administering the medications rang a number of times and this was distracting to them.

PRN medicine is to be 'taken as required'. No separate PRN care plans were in place. There were no records to record times for medication such as paracetamol, for example. Paracetamol has strict time frequencies for administration. This had been noted by the pharmacy during their audit of the home's medication procedures in January 2017. On the front personal information sheets of the medication administration record (MAR) sheets, allergies had been recorded, however these were not printed out on the pharmacy MAR sheets.

We noted that one medication fridge temperature record log contained gaps for the 27th and 28th of January 2017. Another medication room temperature log had gaps noted for the 9th & 10th of January as well as the 27th and 28th of January 2017. Medication pots were soaking in the sink in this room. This had been noted as an area for improvement by the previous audits. A secured medical oxygen bottle was observed in an upstairs treatment room. There was no sign to say that oxygen was stored in this room, as required.

We looked at the ground floor treatment room, which contained medication and records. We saw that at three pharmacy boxes were open and full of medication to be destroyed. This was also evident in the second floor treatment room. Both the senior care assistant and the nurse in charge confirmed that they had not been able to destroy the old/unwanted medications as the old record book was full of entries and there was nowhere else to record the returns. Another book had been ordered via administration but this had not arrived. This problem with stocks of medicines to be destroyed had been recognised by both Wirral CCG (Community Commissioning Group) and the pharmacy, during their audits in October 2016 and January 2017.

These examples are breaches of regulation 12 of the Health and Social Care Act 2008 in relation to safe medication administration.

Wirral CCG had found in October 2016 some of the issues we also identified at this inspection. An action plan with leads and deadline dates had been made available to Wirral CCG by the home manager. However, a number of these actions had not been completed, by the services own internally set deadline date of

January 2017. The home manager was aware of this and actions were continuing. A new clinical lead had recently been appointed to support issues such as the regular completion of clinical and medical audits.

The provider used a dependency tool to determine staffing levels in the home. We saw that staff numbers were in general was higher than those suggested by this tool. However, one staff member told us, "There's sometimes only one registered nurse on at night". Another staff member told us, "We have been told the ratio is 30 people to one registered nurse and the support workers, but it's not enough in my opinion". They did, however, go on to tell us that staff numbers were improving and had been since Christmas 2016, when a large number of staff had left.

One person said, "Staff numbers? They could do with a few more at times. I have to have two staff to assist me. Sometimes I have to wait a while for them to come when I ring". Another person told us, "There needs to be more staff on, especially at peak periods". A third person said, "They need more staff in the morning when we are getting up and everyone needs help".

A staff member explained, "There are not enough staff on in the morning or overnight. If someone calls in sick, there's often no cover. People have to wait because there are a lot who need two staff to help them transfer".

We had concerns about the staffing levels and asked the provider to consider if the staffing levels safely met the needs of the people living in the home.

When we looked at staff recruitment files we saw that those we saw showed that staff had been recruited using safe recruitment methods. There had been an appropriate application and interview process and before any staff member had started in employment there had been checks made on any criminal records and their previous employment history. However, the manager told us they had instigated a recent audit of staff files which had revealed that not all references had been obtained or filed, for a few long serving staff members when they were recruited. Several staff had subsequently had references sought for them again and the manager was awaiting the return of these. They told us they had no concerns about the suitability of the staff involved, as they had worked satisfactorily at the home for many years prior to it becoming Charlotte House. We saw that there were appropriate employment policies and procedures in place, such as grievance and disciplinary procedures.

The registered nurses who were employed in the home had all had their PIN number checked each month to ensure it was current. A PIN number was issued by the nursing and midwifery regulator, the Nursing and Midwifery Council, when registered staff were considered to have the skills, knowledge, good health and good character to do their job safely and effectively; this was also known as being, 'fit to practice'.

We saw that a recent infection control audit had been carried out by a Wirral Community NHS infection prevention and control nurse. This had produced an action plan which had been addressed by the manager in a timely manner.

The registered nurses who were employed in the home had all had their PIN number checked each month to ensure it was current. A PIN number was issued by the nursing and midwifery regulator, the Nursing and Midwifery Council, when registered staff were considered to have the skills, knowledge, good health and good character to do their job safely and effectively; this was also known as being, 'fit to practice'.

Polices were available to provide guidance for staff on safeguarding adults and whistle blowing. Safeguarding adult's policies provide an explanation of what constitutes abuse to adults, and gives

information about how to report a concern. Whistle blowing policies protect staff who report things they believe are wrong in the workplace and which are in the public interest. Records showed that all staff had completed training about safeguarding adults, some of this training had been identified as needing updating by the home manager and we saw the training plans in place to update staff knowledge. Staff we spoke with were aware of the need to report any concerns to a senior person and they had knowledge of their own responsibility to report any concerns about their workplace to an outside body if necessary.

We saw that risk assessments had been completed which were reviewed regularly. These identified risks to people's safety and well-being, such as risks associated with moving and handling, the environment, medication, bed rails, equipment and people's physical and mental health and promoted ways to minimise the risk.

The home was clean and tidy and there were no bad odours. Visitors spoke highly of the environment and we saw that people appeared happy with it. One person told us, "They are always cleaning". The home had an infection control policy. Infection control was aided by a clean environment and we saw that the communal toilets, communal bathrooms and the kitchen all had soap and towels and were in a clean state. There was alcohol gel available throughout the home, for better infection control. We saw that staff wore appropriate protective aprons and gloves where necessary and we observed good hand washing techniques amongst the staff.

We saw that all the checks on such things as legionella, water temperatures, gas and electrical installations had been checked and were within safe limits. The next water risk assessment for the home was due in February. The property manager for the provider confirmed this. There were smoke and fire detectors throughout the home, with the necessary firefighting equipment placed around the home. However, some records had not been completed for January 2017, when the maintenance person had left their job. The manager assured us the checks had been done by other staff members who had not recorded these. They told us that records would be completed and backdated as appropriate.

A new maintenance person was due to commence employment once all the pre-recruitment checks had been completed, in early March 2017. There were appropriate fire alarm checks and fire drills and the home had evacuation plans, should there be an emergency. We saw that individual personal emergency evacuation plans (PEEPs) had been recorded for staff to use in an emergency.

Is the service effective?

Our findings

One person said, "This place looks like a palace"

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 was 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). We checked whether the service was working within the principles of the MCA and whether any authorisations or conditions to deprive a person of their liberty, were being met.

The home manager was knowledgeable about the MCA and had implemented a clear procedure for complying with the MCA with records in place to show what actions had been taken in relation to people's mental capacity. The care plans we saw all had clearly showed that MCA assessments had been undertaken and when the local authority had been approached with an application for a DoLS assessment.

Staff had completed training and were aware of what the MCA was and what the DoLS procedure meant if implemented. They always sought people's consent; gave people choice, encouraged their independence and consulted with and involved relatives. We saw that the use of bed rails and bumpers was considered in line with either the person's wishes or any DoLS.

We looked at records for staff members and staff training records. We saw that new staff, whatever their role in the home, completed the provider's induction course. Initially this was a three day course which then had added training according to the staff member's role. We saw that staff had attended a range of training including food hygiene, first aid, end of life and safeguarding. The service had moved from eLearning to face to face training which staff told us was much better for their learning experience. They told us, "There's a lot of face to face training, I much prefer it". Another staff member said to us, "You can have a discussion about things with the rest of the group; it's much better and you learn more". We also noted that some staff had achieved Health and Social Care Diplomas Levels 2 and 3.

The records recorded that staff were regularly supervised and had annual appraisals. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs. Staff told us that these were useful and productive experiences and that they welcomed them.

Care staff and kitchen staff supported people with special diets including soft diets and nutritional supplements. The chef knew about the dietary requirements for people living in the home. They showed us the records of what people preferred and needed in relation to nutrition, demonstrated their knowledge and told us how they catered for people who had specialist diets or cultural dietary needs. The chef routinely

asked people how they felt about the food and asked about their food preferences.

The staff told us they checked people's weight regularly. However, in the care files we noted that some did not have regular entries in the weight records. We saw that staff made referrals to dieticians or other health care professionals, if they felt there were concerns.

The premises were clean, clutter free and accessible. The part of the building which contained people's bedrooms and the communal areas had been purpose built. A passenger lift was available for all floors. The décor, flooring, furniture and soft furnishings and had been recently upgraded and were of good quality and aesthetically pleasing. However the best practice principles arising from research into dementia friendly environments had not been followed. A dementia friendly environment has been shown to allow people who are living with dementia, to be more independent for longer.

The older part of the home was in the process of being upgraded and we saw that a staff training room had been completed and that a new staff room was being created out of a previously redundant room. This was also destined to have male and female showers and toilets, changing areas, staff lockers and a place to relax and have their meals.

Is the service caring?

Our findings

All the people we spoke with told us the staff were caring and visitors and relatives we spoke with confirmed this to be the case.

One person told us, "They are all very pleasant and professional". Another said, "The staff are very, very nice".

Another said, "They treat me well; they are very good about respecting my privacy".

A staff member said, "I know all the residents and their relatives. It's like a big family".

We noted that all staff on duty knew people who lived in the home well and were able to communicate with them and meet their needs in a way each person wanted. We saw staff joking and laughing with people and involving them in conversations. We also saw staff addressing people in the manner they preferred.

We observed that staff were very patient and supportive to the people who were in the home at the time of our inspection. We saw staff interacting with people throughout the day. From their interactions it was clear staff had a good knowledge of each person and how to meet their needs. Staff were very supportive and were heard throughout the inspection confirming comments made by people, supporting people to make decisions and being patient. A relative said, "The home and the staff are really good. Another family member of ours was here a while ago; we are happy with the staff and the home and came back to it for [Name]. We were really glad there was a vacancy".

We saw when members of staff were talking with people who required care and support; they were respectful to the individuals and supported them appropriately with dignity and in a respectful manner. We observed staff reacting to call bells in an organised way and in a timely manner.

The people who lived in the home were encouraged by staff to be independent. People we spoke with and their relatives informed us that staff met people's individual care needs and preferences. We observed caring interactions between staff and the people living at the home. We noted the people who used the service were supported when necessary, to make choices and decisions about their care and treatment. A relative told us, "I think she gets the right amount of care when she needs it".

People were supported to make sure they were appropriately dressed and that their clothing was chosen and arranged to ensure their dignity. One person told us, "They wash and dress me every morning. I choose what I want to wear every day". Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if this support was needed.

People had been enabled to personalise their own rooms; we were shown people's bedrooms by them and their relatives. They told us they were happy with their rooms and if they had an issue with their rooms, they would report it to the home manager.

We saw evidence in peoples' care plans of their end of life choices, we also saw that meetings had taken place with families and these decisions had been signed and dated by the manager and the families if needed.

Is the service responsive?

Our findings

One person said, "There's all the activities to do if I want".

We looked at people's care plans. The care plans contained basic information, such as nutrition, mobility and elimination care plans, however they were generic in nature and were not person centred. Blank 'my journey' sheets were not completed. We did find that the 'personal food passports' were completed which detailed service user's food and beverage preferences.

All care plans were easy to navigate through and contained appropriate risk assessments and medical information. Important information such as a person's wishes for the end of their life (DNAR) and any allergies they had, were prominently recorded on the front sheets.

Care plans had not always been reviewed and re-written in full on an annual or bi-annual basis. However, it was noted that monthly reviews had been completed for all four files checked.

On two occasions within the four care files, weights had not been recorded in the weight charts. Monthly reviews on nutrition were noted in the appropriate sections of the care plan.

We saw that most of the entries that staff made in the daily records demonstrated a clear understanding of the needs of that person and that they reflected that the staff member cared about their welfare; however, some of the handwriting in these records was unreadable. Daily records are made to record what has happened during the day with the person and are an important tool to ensure information is readily available to staff, so that they can meet the person's needs. We discussed this with the manager who assured us that staff would be instructed to improve their handwriting. This was an issue that had been raised previously at the home.

People were supported to attend healthcare appointments in the local community; however, the manager informed us that most healthcare support was provided at the home. Staff monitored people's health and wellbeing. Staff were also vigilant in noticing changes in people's behaviour and acting on that change. There were discussions throughout the inspection about people's health checks. The records we looked at informed the staff how to ensure that people had the relevant services supporting them. The home manager told us that the doctors visited the home as required.

The activities coordinator was enthusiastic about their role and told us they provided as much person centred, one to one care as they could when people were not able to access the group activities. We talked with people about activities and were told by them that there were a lot of group activities taking place. Comments included "There is a lot to do if I want to join in" and another comment was, "I love to go out". People were able to have visitors when they wanted and told us, "We get a lot of visitors here; they love coming".

Activity plans were in place and people told us they were invited to join in. We saw that the week's activities

were displayed on the notice boards around the home. There were also copies of the timetable for the week, placed in every person's room. The activities provided included themed film nights in the home cinema room in the building. People were invited to dress for the era of the film and had been offered popcorn and ice cream. Other activities included exercise, quizzes, entertainers and using iPads and Google's 'street view' to explore the geography and streets which had been part of people's lives.

We saw that people were treated as individuals and those who were able made decisions about their lives, such as being able to use their own hairdresser, GP, choose when to get up and what to wear.

People told us staff listened to any concerns they raised. However, one person told us, "There's really nothing to complain about here. Immaculate place and the staff are very nice". We were provided with the complaints policy and procedure. The complaints procedure was displayed on the notice board by the front door and was given to all of the people living at the home and their relatives.

Is the service well-led?

Our findings

One person said, "The staff are very well managed".

A staff member told us, "There's been loads of managers; I am hoping to get some stability now".

The home manager had been in post for several months and was an experienced care home manager. They had applied for registration with CQC. The manager was supported by their regional management team and by a management team in the home under the leadership of the home manager. Previous to the current home manager being in post, the home had had two managers, one of whom had been registered with CQC.

The home had also recently appointed two deputy managers; one was the care lead and the other was the clinical lead.

Staff told us that they had a good relationship with the managers who were supportive and listened to them. We observed staff interactions with the managers which was respectful and positive. There was a manager or a senior member of staff always on duty to make sure there were clear lines of accountability and responsibility within the home.

Staff and the home manager told us there had been a couple of difficult months before Christmas 2016, but one happily said, "We are all pulling together now. The manager knows what they are doing".

Effective systems to assess the quality of the service provided in the home had very recently been put into place. These included weekly medication audits, staff training audits, health and safety audits, incident and accident audits and falls audits. We looked at the audits for January 2017. The records showed how the home manager intended the quality of the service be monitored and people and staff views were gathered and documents were in place to inform what they had done to evaluate and improve the service. The home manager informed us that they and the deputy managers acted on any issues immediately.

The home manager told us that they had worked hard with the whole management team, both regional and the home team itself, to implement the audit and monitoring system. The provider also completed its own audits by senior managers. We saw that the home had various policies and procedures related to its running, staff and its practices.

Services which provide health and social care to people are required to inform the CQC of important events that happen in the service. The manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

The home manager had submitted the required statutory notifications to the Care Quality Commission and met the registration requirements. They had also made appropriate referrals to either the local social services or local healthcare providers, as necessary.

The home worked with outside professionals to make sure they responded appropriately to people's changing needs. This was very noticeable in the joint working with NHS staff supporting people in the IMC beds. The IMC beds were supported by external professionals, such as NHS employed physiotherapists.

The manager told us the home was making good community links and that this benefitted everyone. The home ran several open days throughout the year which invited the local community to join in the activities. Church groups were frequent visitors to the home and offered a range of support to the people living there.

A staff member told us, "We are talking with other community organisations to see if we can share their mini bus, so we can go out further afield. We are working with local schools and colleges to offer work experience to some of the students. Its lovely having the young people here. We have also taken part in the recent RSPB garden bird's survey".