

Lovett Care Limited

Charlotte House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

About the service

Charlotte House is a care home providing personal and nursing care to up to 103 people. At the time of our inspection there were 57 people using the service.

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

Risks to people were not always monitored and managed safely in order to maximise people's health and wellbeing. Records did not show that people received care as it was planned, and some care plans required further detail to ensure staff knew how to support people safely.

Systems in place to monitor the quality and safety of the service were not always effective. Although a range of audits were in place, they did not identify all of the issues we highlighted during the inspection. There had been several changes within the service over recent months. A new provider took over, and there have been several managers in a short time period. Staff told us this had impacted on them; they did not always feel supported or listened to.

We have made a recommendation about staffing. Although a dependency tool was used and agency staff utilised, feedback received told us there were not always enough staff on duty to meet people's needs in a timely way.

We have made a recommendation about medicines. Medicines were not always managed safely. There were no homely remedies available to people, and information regarding medicines prescribed as and when required, was not sufficient. This meant there was a risk medicines may not be administered when people needed them.

We have made a recommendation about staff support. Staff had not always felt well supported, received regular supervisions, or completed training recently that was relevant to their role. There were effective infection prevention control procedures in place. Staff had undertaken training, wore PPE appropriately and COVID-19 testing was completed in line with guidance.

People were supported by staff who had been recruited safely and knew how to raise any safeguarding concerns they may have. People told us they were treated well and their dignity and privacy were respected by staff who were kind and caring. Staff knew people's individual needs and how they wanted to be supported, including nutritional needs. People enjoyed the meals available and had enough to eat and drink.

A range of activities were available to people and care plans reflected people's individual choices and preferences. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Measures had been taken during the COVID -19 pandemic to facilitate people

having contact with their friends and family and relatives told us they were kept updated.

Systems were in place to manage complaints and most people were happy with how these had been managed. Feedback from relatives regarding the quality of care provided to was generally positive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

Lovett Care were registered as the provider of this service on 18 December 2020. The last rating for the service under the previous provider was good, published on 21 June 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to risk management and the governance of the service at this inspection. Please see the action we have told the provider to take at the end of this report. We made recommendations in relation to the management of medicines, staffing and staff support systems.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Charlotte House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by two 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 care service.

Service and service type

Charlotte House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Charlotte House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post, however a new manager had been appointed and was in the process of applying to register with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service, such as the End of Life Team and IPC Team.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with the manager, the regional support manager, quality manager and 15 other staff members, including nurses, CHAPS, senior carers, domestic and carers, the chef manager and activities coordinator. We reviewed a range of records. This included six people's care records, a sample of medication records, seven staff employment files and records relating to the management and monitoring of the service.

We contacted four people using the service and eight relatives by telephone to seek feedback about their experiences of the care provided prior to the inspection. We also spoke with three service users face to face.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this service under the new provider. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Although individual risks had been assessed, risk to people was not always monitored and managed safely in order to maximise people's health and wellbeing. Records did not show that people received planned care when they required it.
- For instance, one person's care records showed they had not received daily support with oral care or had their skin integrity monitored as required. Some people required staff to check on them each hour due to their high risk of falls; however, there were significant gaps in the recording of this support. Other people's care records showed days when no personal care was provided, despite them requiring support with this.
- Not all care plans contained enough information to ensure all staff could safely support people, such as when people suffered from seizures.
- People did not always have their temperature monitored in line with government guidance, to help identify possible signs of infection, including COVID-19.

Failure to ensure risk was managed safely is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Internal and external checks were completed regularly to help ensure the building and equipment remained safe.
- Personal emergency evacuation plans were in place to ensure staff knew what support people required in the event of an emergency.

Staffing and recruitment

- There were not always enough staff on duty to meet people's needs in a timely way.
- The provider used a dependency tool to help establish the required number of staff to support people, and rotas showed that these levels were maintained, sometimes with the use of agency staff. However, feedback received from staff, people living in the home and some relatives, showed us these levels were not always adequate.
- Staff told us that people got the support they needed, but they often had to wait. Their comments included, "Staffing levels are a nightmare at the minute. Lots of people need help with meals, some get them late as there isn't time to help everyone," "Some people have to wait until the afternoon to get a wash. People get a bath/shower when we have time, but it should be more often," "I don't have time to care for people the way I should be. Staff work at 100 miles per hour all the time" and "We are running around like headless chickens trying to get everything done."

- Agency staff were used to help maintain staff numbers when permanent staff called in sick, however staff told us some agency staff were new to care and they had to spend more time explaining how to support people.
- People living in the home had mixed views regarding staffing levels. Some people told us, "I have a call bell and staff come quite quickly if needed, but I do a lot myself" and "Probably could do with a few more [staff], they are very busy, but don't keep us waiting." However, others said, "You can't have a bath or shower when you want, you just have to accept when they can do it and hope you can have it every week" and "There is always someone around, but may have to wait up to fifteen minutes. I don't like agency, as have to explain everything to them."

We recommend the provider review its systems and processes, to ensure there are always sufficient numbers of appropriately trained staff to meet people's needs in a timely way.

- Recruitment records showed that all staff had undertaken relevant checks to ensure they were suitable to work in the care sector. This included Disclosure and Barring Service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer and helps employers make safer recruitment decisions.

Using medicines safely

- Systems in place to ensure medicines were managed safely were not always effective.
- Despite a policy being in place, there were no homely remedies available to people at the time of the inspection. The Regional support manager told us this was a temporary situation, until staff had been trained how to record the administration of homely remedies on their electronic medication system. This meant there was a risk medicines would not be available to people when they needed them.
- Medicines were stored securely in locked cabinets in people's rooms. The temperature of these areas was not always recorded daily as required. The provider had identified this and taken action to address it prior to the inspection.
- There was insufficient information available to staff to ensure people who were prescribed medicines as and when required (PRN), received them consistently and when needed.

We recommend the provider reviews its processes to ensure medicines are always managed safely and available to people when needed.

Systems and processes to safeguard people from the risk of abuse

- A safeguarding policy was in place to guide staff in their practice and information was displayed around the home, advising how to raise concerns.
- Not all staff had completed training in relation to safeguarding recently, but staff we spoke with knew how to report any concerns they had and were aware of the whistleblowing policy in place.
- Records showed that referrals had been made appropriately to the local authority when required.
- People and their relatives told us they felt safe in Charlotte House. Comments included, "My [relative] is situated close to the nursing station; I know she is safe there," "Yes I feel safe, we have our own rooms and people can't just walk into the home and walk around" and "He trusts the people there and they go out of their way to look after him that's why we know he is safe there."

Preventing and controlling infection

- Appropriate Infection prevention control policies and procedures (IPC) were in place to help reduce the risk of infections, including COVID-19. The home appeared clean and well maintained.
- Staff had undertaken IPC training. Personal protective equipment (PPE) was in use and worn

appropriately.

- Systems were in place to ensure everybody completed COVID-19 testing in line with current government guidance.

Visiting in care homes

- Safe visiting arrangements were in place in line with government guidance.

Learning lessons when things go wrong

- Records showed that accidents and incidents had been monitored and recorded regularly. Audits were completed to look for trends and measures taken to help reduce the risk of further incidents.
- Records showed appropriate action was taken in response to any accidents and incidents and advice was sought from other health professionals when needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff told us they did not feel well supported, and records confirmed they had not always received supervision or appraisals on a regular basis. However, a new schedule had been put in place to help ensure they will take place going forward.
- The training matrix showed that not all staff had completed refresher training relevant to their role, such as safeguarding and health and safety training, to ensure their knowledge was up to date.
- Qualified nurses were not expected to undertake courses in areas such as diabetes, epilepsy, dysphagia, managing behaviours, oral hygiene and record keeping. We were told trained nurses would only be expected to complete these courses if a need was identified. However, without training or competency assessments in these areas, the provider could not be assured that all staff had the required skills to support people safely.

We recommend the provider reviews and update its practices to ensure all staff have the knowledge and skills to support people effectively.

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

- Information regarding people's needs was gathered prior to admission to ensure staff knew how to best support people.
- People's needs and choices were incorporated into their care plans in accordance with best practice standards.
- People's medical needs were reflected within their care plans. Although most provided detailed information to staff on how to meet those needs, others required further detail to ensure staff could meet those needs safely and consistently.

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

- People received sufficient food and drinks and most people told us that they enjoyed the food available and that they always had choices. Comments included, "The food is nice; [relative] always eats it and she has a good appetite," "[Relative] always enjoys his food and he has plenty to eat and drink," "Food is very good really considering they have to cater for all of us. You get a choice" and "Food is ok, it should be a bit hotter."
- Kitchen staff had access to information regarding people's nutritional needs and specialist dietary requirements and preferences were catered for.
- Nutritional risks had been assessed and care plans reflected people's needs, so staff knew what support

was required.

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

- People and their relatives told us GP's were contacted when people were unwell. They said, "They would call the GP if it was needed, and the GP would call me and explain" and "[Relative] sees the GP and district nurse if needed."
- Care records showed that people received advice and support from other healthcare professionals when needed, such as the dietician, speech and language therapist and mental health teams.
- Some staff had worked with specialist physiotherapists, to ensure they had the knowledge to support a person with their individual needs.

Adapting service, design, decoration to meet people's needs

- Rooms were spacious, personalised and contained people's own photographs, furniture and pictures.
- There was lift access to all floors of the home, which ensured people could move about freely. Corridors were wide, well-lit and handrails were available.
- Some rooms had en-suite facilities and communal bath and shower rooms were also available.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where there were concerns about a person's capacity to consent to a particular decision, records showed that mental capacity assessments had been completed and best interest decisions made, with involvement of relevant people.
- Systems were in place to ensure DoLS applications were made and managed effectively.
- Staff told us they always asked for people's consent before providing support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People told us they were treated well and their dignity and privacy was respected. They said, "Staff have been absolutely great and helped along the way," "Staff are very good" and "We are treated very well really. We are looked after. I wouldn't stay if I wasn't treated well."
- Relatives agreed and told us, "Staff are wonderful and caring," "The staff are caring; they don't just support [family member] but the family as well" and "I have noticed the way the staff speak to the residents, even when they do not know that you are listening, they are considerate and caring."
- Staff spoke fondly of people who lived in the home. They told us they got to know people well and how they wanted to be supported. However, they also told us they did not always feel able to care for people how they would want to, as they were very busy and felt rushed when helping people.
- People's independence was promoted. When people were able to do certain things themselves, they were encouraged to do so, but staff were available to support when necessary.
- The service received compliments and thank you cards from relatives, thanking them for their care and compassion.

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

- Records showed that regular meetings took place with people living in the home, to gather their feedback and discuss any changes required, or future plans for the home.
- Service user guides were available; they advised people what support they could expect when living in Charlotte House. This helped people to make informed decisions.
- Information about independent advocacy and support services was available within the home. An advocate is a person who is independent of the service and who can support people to share their views and wishes if they want support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Records did not always show that people's needs were met.
- Records regarding care did not always show that the care planned for people, had been provided, such as pressure area care, application of creams or regular personal care.
- Most care plans viewed were detailed and person centred. However, some plans did require more detail to ensure staff knew how best to support people, especially in relation to their medical needs.
- Care records included 'Who I Am' documents, which advised of people's individual circumstances, such as family, hobbies, previous jobs and information specific to the individual. For instance, one person's stated what they feared and how staff could support them with that.
- Care plans were adapted based on assessed risks and were reviewed and updated regularly.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Systems were in place to ensure the Accessible Information Standard was met.
- People's ability to communicate was documented within their care plans, to help ensure staff knew how best to communicate with people. This included what support people required in order to maintain contact, such as support with technology for virtual calls.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was an activities programme in place to encourage stimulation and participation in social interaction, if people chose to join in.
- We observed people enjoying a game of bingo, others walking outside with staff in the sun, and a group of people playing dominoes and cards in the homes pub. A relative told us, "I really feel that this particular home has enabled [family member] to live his life to the full as they encourage him to take part in activities."
- People were supported to maintain relationships with friends and family, including during the COVID-19 pandemic, when there were times relatives were unable to visit.

Improving care quality in response to complaints or concerns

- Systems were in place to manage complaints. The provider had a policy and the procedures were displayed within the home.
- A complaints file was maintained, including a record of complaints received and details of responses made by the management team.
- Most relatives that had raised concerns were happy with how they had been dealt with, although most relatives told us they had not had reason to make a complaint.

End of life care and support

- Relevant staff had undertaken training in end of life care.
- People's wishes and preferences regarding end of life were recorded within their care plans if they had chosen to discuss this.
- Compliments had been received from relatives who had lost loved ones and they thanked staff for their care and attention as people reached the end of their lives.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- There was a range of regular audits and checks in place to monitor the quality and safety of the service, however we found that these were not always effective.
- Although audits had identified areas that required improvement, and some of these issues had been acted upon, they did not highlight all of the concerns we raised during the inspection.
- Improvements were required to ensure risk to people was assessed and mitigated effectively in order to maintain people's safety and wellbeing. Staff did not feel there were sufficient numbers of staff to ensure they could support people in a safe and timely way.
- Medicines management required further work to ensure they were managed safely and that medicines were available to people when they needed them.

Failure to ensure effective systems were in place to monitor the quality and safety of the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There had been several changes within the service over recent months. A new provider took over, and there have been several managers in a short time period. Staff told us this had impacted on them; they did not feel supported or listened to.
- Along with the changes in management, staff told us one of the biggest changes had been the implementation of new electronic care recording and medication systems. They told us these have taken a lot of getting used to. Staff told us they had raised concerns with the provider, but had no response, especially in relation to staffing levels.
- Measures had been taken during the COVID -19 pandemic to facilitate people having contact with their friends and family. Outdoor visiting and the use of technology supported this.
- Feedback from relatives regarding the quality of care provided to was generally positive. They told us, "[Staff] take great care when they walk with [family member], she gets on very well with the staff and they try their best to meet her everyday needs," "Everyone is cheery and helpful" and "Some staff are excellent; it depends on if there is enough staff. Sometimes they cannot spend time with residents because of low staffing levels."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Accidents and incidents were reviewed and acted upon to ensure the service acted in a transparent way.
- Relatives told us they were always kept informed of any incidents regarding their family members. They told us, "They keep us informed of [family member's] health, and any issues," "If he had a fall, they would always call us to let us know" and "As soon as she contracted covid they contacted me, we were informed straight away."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The Commission had not been informed of all notifiable incident's providers are required to inform us about. This was discussed during the inspection and the required notifications were then submitted.
- A range of policies and procedures were in place to help guide staff in their roles. These were updated regularly to help ensure staff had access to up to date procedures.
- There was no registered manager in post at the time of this inspection, however a new manager had been appointed and been in post for three weeks. They were in the process of registering with the Commission.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Meetings were held with people living in the home to gain their views regarding the service provided and what changes they may like, such as activities or changes to the menu.
- Records showed that staff meetings took place, although staff told us they did not feel able to provide feedback during these meetings.
- The manager had recently contacted all relatives to obtain their email addresses and enable them to be updated on a regular basis. Relatives told us they were kept informed.
- A newsletter was also produced regularly and shared with people living in the home and their relatives, and a Facebook group had been created to help relatives stay informed.
- Records showed that people were referred to other health professionals for their expert advice when needed. A health professional however, told us engagement with the home had been sporadic, which may have been due to several changes in management and staff recently.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Risks to people were not always managed and mitigated to maximise safety. Records did not evidence that planned care was consistently provided.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems in place to monitor the quality and safety of the service were not always effective.