

Four Seasons (No 7) Limited

Charlton Park Care Home

Inspection report

21 Cemetery Lane
Charlton
London
SE7 8DZ

Tel: 02083164400
Website: www.fshc.co.uk

Date of inspection visit:
30 September 2020
02 October 2020

Date of publication:
03 November 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Charlton Park Care Home is a 'care home' providing residential and nursing care for older people with dementia. Charlton Park Care Home accommodates up to 66 people. There were 59 people using the service at the time of our inspection.

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

During the inspection, improvement was needed as discrepancies were found in relation to people's safety checks, malnutrition and dehydration and PEG monitoring. Medicines were not managed safely as discrepancies were found in relation to medicines records, PRN protocols, fridge temperatures and medicines being used beyond their expiry dates. There were systems in place to monitor the quality and safety of the service however, these systems were not always robust to monitor the service effectively.

There were enough staff available to meet people's care and support needs. The provider had appropriate arrangements to help prevent the spread of Covid 19. The registered manager was being supported by the regional management team and worked with the local authority and local clinical commissioning group to drive improvements to deliver an effective service. People, their relatives and staff provided positive feedback about the service.

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

Rating at last inspection (and update)

The last rating for this service was good (published 19 June 2018).

Why we inspected

We received concerns in relation to the support people received with their nursing care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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 coronavirus and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

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 have identified breaches in relation to medicines management and maintaining accurate and complete records in relation to people's care.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe 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 ●

Charlton Park Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This was a focused inspection to check on specific concerns about the way people's nursing care needs were being managed.

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 team on site consisted of an inspector, a nursing specialist advisor and medicines inspector. One inspector was involved in the planning of the inspection. After the inspection, an expert by experience made telephone calls to people and relatives. 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

Charlton Park care home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and healthcare professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five staff, three nurses, the deputy manager, registered manager, regional support manager and regional manager. We reviewed a range of records. This included eight people's care records and a variety of records relating to the quality of the service provided.

After the inspection

We spoke with one person using the service and nine relatives.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to 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.

Using medicines safely

- Medicines were not managed safely. We identified areas where the provider needed to make improvements.
- Medicines reconciliation (the process of ensuring the list of medicines a person is taking is correct) was not always completed. We saw a medicine dispensed for a person, but not listed on their medicines administration record (MAR). Staff were unaware if the medicine was needed or not and had not acted to clarify this.
- When required (PRN) protocols were in place for most medicines prescribed to be administered 'as required' that we checked. However, we found there was no PRN protocol in place for a medicine being prescribed for anxiety. (This medicine had not been given).
- For one person, there were duplicate MAR entries for two of their medicines, two of which were not dated. The nurses told us they would review this.
- The provider had processes for managing the administration of transdermal patches. However, no record was made on the 28th September 2020 to show where a patch was applied. This was rectified during the inspection.
- Medicines stock was not always managed safely. We saw that staff had not followed up why a medicine had not been delivered. We advised staff to review this and were told that it would be delivered within 48 hours.
- Staff were still using medicines which had expired due to exceeding the time for use once opened. One medicine which had been opened on the 26th July 2020 stated, 'use within 4 weeks of opening.' However, this was still in use when we inspected.
- Eye drops for three people which were opened in August 2020 were still in use when we inspected. These eye drops should have been discarded after 28 days in line with the manufacturer's advice.
- Records showed the temperatures for the medicines fridge were in range. However, it was not clear from the records if the fridge had been reset regularly. When asked, staff were unable to demonstrate how to reset the fridge thermometer. This meant that if temperature readings were out of range, timely action to make sure medicines could safely be used may not occur.
- Medicines checks and audits were completed daily, weekly and monthly. However, they did not identify the range of issues found during inspection.

The concerns identified show that improvements were needed to ensure that medicines were managed safely and effectively. This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were medicine policies and procedures in place. Staff received medicines training and had their competencies assessed. Staff had access to healthcare professionals when needed. The service was also supported by a local Clinical Commissioning Group (CCG) pharmacist to help review medicines for people using the service.

Assessing risk, safety monitoring and management

- We received concerns in relation to the way in which risks to people were being managed at the service. During this inspection, we found the provider has taken actions to make improvements to mitigate risks and was in the process of updating all the care records for people using the service.
- We reviewed records covering people's care needs including nutrition, mobility, continence, skin integrity, end of life and oral hygiene and found some improvement was needed in relation to record keeping to ensure risks to people were being managed to keep people safe.
- Records showed Malnutrition Universal Screening Tool (MUST) risk assessments and food and fluid charts were in place for people at risk of malnutrition and dehydration. However, for one person who was at high risk of malnutrition and choking, we saw no evidence of their weight being monitored and their care records being reviewed monthly to ensure the person was being supported appropriately. We spoke to the registered manager who confirmed, after the inspection that they were unable to locate these records.
- For a person who had a Percutaneous Endoscopic Gastrostomy (PEG) in place, daily records showed cleaning and monitoring of skin integrity was carried out and there was additional support from the community dietitian. However, we found there was duplication with the recording of a morning flush and feed record. On the 30 September 2020, records showed two nurses had signed for the same task on different pages. We raised this with the deputy manager who agreed there should be consistency in how PEG input and output is recorded on the PEG feed chart.
- Records showed when people were assessed and identified as being at risk of falls, a falls care plan and risk management plan was in place identifying the level of support needed to reduce the risk of falls. However, for one person who required fifteen minute checks to ensure their safety, records showed on the 28 September 2020, this has not been fully completed therefore we could not be assured that the checks had taken place. We raised this with the registered manager who told us they always reminded staff to fully complete the observation charts and document reasons if there are any gaps.

The concerns identified show that improvements were needed as people were at risk of receiving unsafe care. This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Health and safety checks including fire tests, water temperature checks and electrical and gas safety checks were carried out to ensure the environment and equipment was safe for use.
- People's care plans highlighted the level of support they required to evacuate the building safely in the event of an emergency. Fire safety and equipment checks were completed. Staff received fire training and took part in regular fire drills.
- Relatives were able to tell us of examples of safe care being provided. A relative told us "[Person] is hoisted and two people do it, [person] is turned every 2 hours." Another relative told us "[Person] came in from hospital with skin issues. They monitor their skin and check it twice a day. It's fine now."

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse. Safeguarding and whistleblowing policies were in place.
- Staff were aware of the different types of neglect and abuse that could occur. They knew the reporting procedures to follow if they had any concerns. One staff member told us, "I am aware of the homes safeguarding policy. I would report safeguarding to the manager. They would escalate this to the regional

manager. If I felt nothing was done, I would contact the CQC, social services and the police if I needed to. Two of the staff members we spoke with however, did require prompting to tell us they could also report concerns to the local safeguarding team.

- There was a safeguarding folder in place in which all safeguarding concerns were logged and monitored. Records showed the progress of safeguarding concerns were also included on the homes service improvement plan which was being shared with the local authority, CCG and CQC under the provider concerns protocol.
- Relatives told us they felt people were safe using the service. A relative told us "[Person] is quite safe. They are very good; they always ring us if there's anything going on with [person]."

Staffing and recruitment

- There were adequate numbers of staff on the day of the inspection. The service had a staff rota which reflected the same number of staff on duty. A dependency tool was used to assess staffing levels at the service which was based on people's needs.
- During the inspection, staff did not appear to be rushed and were available to support people when needed. Staff told us there were generally enough staff on duty to enable them to carry out their roles. A staff member told us, "We have plenty of staff that can look after the residents well."
- The service did use agency staff, however the provider told us they used regular agency staff to ensure consistency with people's care.
- Relatives told us there was enough staff to meet people's needs but felt staff were busy with tasks. A relative told us "There are adequate staff. They are constantly busy, I would like to see them have a few more staff."
- The provider followed safer recruitment practices and had ensured appropriate pre-employment checks were completed satisfactorily before staff were employed. Nursing staff also had their professional registrations checked to ensure they were fit to practice.
- Recruitment records did show for two members of nursing staff there were no health checks and only one staff member had a recent photo in their files. The regional manager told us this would be rectified straight away.

Preventing and controlling infection

- People were protected from the spread of infection. There were procedures in place to minimise the spread of infection from visitors at the entrance and on entering the premises. For example, visitors were temperature checked and they were required to wash their hands and wear face masks when entering the home.
- An infection control policy and regular monthly infection control audits were in place. We observed that staff wore PPE at all times during the inspection and kept to social distancing rules. A relative told us "They (staff) wear gloves and aprons. Yeah they are pretty good."
- The provider had access to regular testing for people using the service and staff and where required shielding and social distancing rules were complied with. Risk assessments for people and staff were in place for COVID-19 and appropriate levels of cleanliness was maintained throughout the service.
- There were arrangements in place for relatives to book visits with their loved ones in the garden whilst observing social distancing guidance. A relative told us "I have a skype meeting with [person] every week. [Person] looks physically okay. I've been impressed how they have handled COVID. We had three garden visits. I had to wear a mask and social distance."

Learning lessons when things go wrong

- The service had a system in place to record and respond to accidents and incidents. Records showed lessons learnt were used to improve the quality of service and these relayed to staff to promote good practice. For example. After a recent anonymous whistleblowing received about the service, the service incorporated safeguarding concerns in their improvement plan and implemented clinical risk meetings to

ensure safeguarding concerns were acted upon and relayed to staff to improve practice and keep people safe.

- The regional manager showed us the provider's system for monitoring and investigating incidents, which raises alerts for the registered manager to act upon. The regional manager told us any incidents, accidents and complaints were monitored by the provider's quality team to identify any trends and would be acted on to reduce the likelihood of them occurring again.

- A relative was able to tell us about concerns they had raised which had been effectively dealt with by the service. They told us "Yes we have had our issues and they were resolved satisfactorily. During lock down the care has been excellent. [Person] had unexplained bruises and dehydration. It was taken seriously and handled well. I am satisfied with the outcome. I have a good relationship with the home now and think they have the best interest of people at heart."

- Staff knew of actions to take if there was an accident or incident, to ensure people were safe. A staff member told us, "I would let the nurse and the manager know if I saw any bruises or injuries. I would record the bruise on a body map and record it on our system. If it was a really serious injury, I would make sure the resident got to see the proper healthcare professionals."

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- There were systems in place to assess and monitor the quality of the service. Audits had been conducted by the registered manager and the provider which covered various aspects of the service including medicines, falls, health and safety, spot checks and care files. However, these checks were not always robust enough to identify the issues we found during this inspection. Improvement was needed in how people's medicines were managed and recorded and the completion of accurate and complete records in relation to people's care.

Improvement was needed to ensure quality assurance systems in place are robust to ensure people are consistently provided with safe and good quality care. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection, we found the regional manager and regional support manager had been supporting the registered manager to drive improvements on the quality of care provided. They were open and receptive to our feedback and acknowledged that improvements were needed. The regional manager told us due to an organisational restructure and challenges of the pandemic, communication with services had not always been effective. The regional manager told us they felt the service was improving and staff were responding to actions that needed to be taken.
- An improvement plan was in place and management staff were working with the local authority to address areas of improvements and ensure issues were promptly resolved.
- Records showed some training in relation to safeguarding, infection control, fire safety, moving and handling and pressure ulcers was due for a number of staff. The registered manager told us these had just recently expired and future dates had been booked for the training to be completed.
- There was a registered manager in post who knew of their regulatory responsibilities and had notified the CQC of any significant events at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and their relatives views were sought to improve on the quality of the service. The service communicated and obtained feedback from people and their relatives through social media, garden visits, emails and telephone calls. The registered manager told us they were also in the process of developing a newsletter to be shared with people and their relatives to keep them informed about relevant matters at the service. A relative told us "They do ask for feedback. I ask [person] and they have no complaints."

- Staff meetings were held to relay important information to staff and gather their feedback about the service. Minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had.

Working in partnership with others

- The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals such as the GP, dietitian, dentists, speech and language therapists, podiatrist, and tissue viability nurse to provide effective joined up care and make improvements to the service.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Improvement was needed to assure people were not at risk of receiving unsafe care and support. Some aspects of medicines were not managed safely Regulation 12 (1) (2) (a) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Improvement was needed to assure records and current systems in place were robust enough to assess, monitor and improve the quality and safety of the services being provided to people. Regulation 17 (1) (2) (a) (c)