

Althea Healthcare Properties Limited

The Queen Charlotte

Inspection report

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22 January 2016

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

We carried out this unannounced, focused inspection on 22 January 2015 to follow up on action we told the provider to take after our last inspection.

On the 21,22 and 23 September 2015 we carried out an unannounced comprehensive inspection of this service. We found breaches of legal requirements. This was because there was insufficient number of staff effectively deployed to meet the needs of the service users living at the home. People were not protected by effective quality assurance systems and that systems to report safeguarding concerns were not effective.

After that comprehensive inspection we told the provider to take action by issuing three a warning notices that required improvement in the numbers of staff and deployment within the home, the quality assurance systems and the reporting systems in use to safeguard people from harm by 1 January 2016. We also asked the provider to tell us how they would make improvements in relation to the other breaches of regulation identified. You can read the report from our the comprehensive inspection on 21,22 and 23 September 2015 by selecting the "all reports" link for "The Queen Charlotte Nursing home" on our website at www.cqc.org.uk.

This focussed inspection report only covers our findings in relation to the action we told the provider to take in our warning notices. We will carry out another comprehensive inspection to check that other actions have been taken and that improvements have been sustained.

The provider is required to recruit a registered manager for this type of service. There was no registered manager in post but the provider had appointed a new manager who told us of their intention to apply to be registered. 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 and associated Regulations about how the service is run.

The home is registered to provide nursing care and support for up to 51 people. The home was not at full occupancy and was accommodating 43 people.

The provider had looked at the staffing levels and the way staff were deployed in the home. As a result of this they had introduced a receptionist to answer the door to visitors on a Monday to Friday basis and were looking at how to cover this work over the weekends and evenings. The introduction of this post freed care staff up to support people living at the home. An activities coordinator had also been employed to help meet some of people's social needs.

The systems in place to report safeguarding issues and protect people from harm were being fully used. The provider had carried out investigations as appropriate and informed the local authority and CQC as and

when required. The staff told us they have confidence in raising issues with the management and confidence that any issue brought to the management's attention will be addressed.

The provider had made arrangements to review peoples support needs and the quality of care being provided. From these reviews an action plan had been implemented and there was evidence that improvements were being made. People and those important to them had been consulted about the changes required and their views listened too.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People were safe. There were sufficient staff to met the needs of people living at the home.

The systems in place to report safeguarding concerns were effective. The provider had made notifications to the local authority and CQC where concerns had been raised and had taken action to keep people safe

Requires Improvement ●

Is the service well-led?

The home requires to continue to develop leadership at the home. The provider had an action plan to ensure the service offered improved. There was evidence that improvements in the service people received had improved following quality assurance audits.

Requires Improvement ●

The Queen Charlotte

Detailed findings

Background to this inspection

We undertook an unannounced focussed inspection of The Queen Charlotte on 22 January 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our September 2015 inspection had been made. The team inspected the service against two of the five questions we ask about services: is the service safe? and is the service Well-led? This is because the service was not meeting some legal requirement. The inspection was undertaken by one inspector

During our inspection we spoke with people who used the service but due to them living with dementia their comments have not been included in this report as their comments did not relate to our judgements. We looked at care records for three people. We spoke with five staff members, the manager and operations manager. We observed people receiving support in communal areas. We also spoke with a visiting health professional.

Is the service safe?

Our findings

At our last inspection on the 21,22 and 23 September 2015 we found that there were insufficient numbers of staff, effectively deployed to meet the needs of the people living at the home. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found that systems to report safeguarding concerns were not effective. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We required that the provider take action by 1 January 2016.

At this inspection we found that there were sufficient staff, usefully deployed, to meet people's needs. We noted that the arrangements to enter the building had changed. A receptionist was now on duty who was responsible to answer the door to visitors. This meant that the previous arrangements, where care staff answered the door, were now mainly redundant and care staff now had more time to meet people's needs. We spoke with staff working in this area who confirmed that the new arrangements were working well. We spoke with the manager and operations manager and discussed arrangements to cover weekends and evenings. They told us that as the new arrangements had a positive impact on the support people received they are now looking at how to extend the service to cover these times.

We spoke with staff working on the other two floors of the home. One staff member told us about the planned change in their working arrangements. They said "we will soon be allocated to work on one of the three floors for longer periods. This will help us to build good relationships with the people we support and better understand their needs". Another staff member told us "It seems to be a lot more manageable (the work)".

We spoke with the manager and operations manager who told us they had staff meetings and talked to staff about the expectation of their role and new ways of working. They told us a activities coordinator had started work and one person living at the home was now receiving one to one care to support them living with a mental health illness. They told us that this together with the receptionist and changes to how shifts are organised has meant there is now more time for staff to support the people they care for. Our observations were that staff were spending more time with people they cared for and that there was a relaxed atmosphere in all areas of the home.

The systems in place to report safeguarding concerns were being effectively used. We looked at our records that evidenced that the provider had informed us of when allegations of concerns had been raised and actions that had been taken to keep people safe. We also noted that the local authority, who has the statutory responsibility to investigate safeguarding concerns, had also been notified as appropriate. We further noted that concerns raised during our inspection in September 2015 had been investigated and the outcome of those had been reported to us. There was evidence that the provider had taken appropriate action following these investigations. The staff we spoke with told us that had confidence reporting concerns and considered action would be taken by the provider to ensure matters we addressed in line with their safeguarding policy. This meant that the risks people faced were minimised because the systems in

place to safeguard people were effective

Is the service well-led?

Our findings

At our last inspection on the 21,22 and 23 September 2015 we found that people were not protected by effective quality assurance systems. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of the inspection there was no registered manager in post. The provider had told us that the previous manager, who had not achieved registered status, had left their employment. The provider had appointed a new manager on 7 January 2016 and plans were in place to make an application to register them at the home.

The provider had taken measures to ensure the quality of care people received was reviewed and action taken to make ongoing improvements. We were shown an action plan that identified many areas that required improvement. The plan evidenced that individuals care plans were under review and improvements made. As part of this reviewing process it was noted that where the person's needs were higher than the home could meet, under the current staffing levels, extra funding was made available and the person now had one to one support during the day time. Another outcome of this reviewing process was that the provider identified that some staff required extra training in working with people with behaviour that challenged and arrangements were being made to support them to achieve this.

The improvement plan identified that some staff required further guidance in working with people living with dementia. As a response the provider had arranged for group and individual supervision where staff could explore and learn how to effectively support people living with dementia.

We spoke with the management at the home who told us that they had consulted the people living at the home and people important to them in developing plans for improvement. We looked at minutes from relatives meetings that evidenced that the home acknowledged that it had problems and that spoke to relatives about how improvements will be made. This evidenced a transparent approach to the problems it faced and a willingness to include stakeholders with a view to making improvements.

We spoke with a visiting health care professional. They told us that in their opinion things had improved at the home in the last few months. They told us that staff consult with them about people's needs and take action on the advice given.