

Mr Aytach Mehmet Sadik

Charlotte James Nursing Home

Inspection report

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Tel: 01283569417

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 29 March 2017. Charlotte James Nursing Home is registered to provide accommodation and support for up to 28 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection, 25 people were using the service.

There was a registered manager in post. 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.

At our last inspection on 21 April 2016, we found that improvements were needed in relation to the staffing levels; assessing people's capacity to make certain decisions; and the effectiveness of the audits to monitor the quality of the service. At this inspection, the required improvements had been made regarding the staffing available and the systems in place to make effective changes in the home.

However, further improvements were required. When people were unable to make specific decisions about their care, the provider had not assessed their capacity and could not demonstrate how decisions were made in people's best interests. The provider did not always ensure the staff had the specific training they needed to deal with certain circumstances.

People were safe and protected from harm and abuse. They were supported in a safe manner and potential risks were monitored and reviewed. People's medicines were administered as prescribed and the provider had safe recruitment processes in place.

People were supported to maintain a balanced diet and good health. They were supported by staff who knew them well and were kind and caring in their manner. Staff had positive relationships with the people who they supported. People were supported in a dignified manner and their privacy and independence was promoted. Visitors were made to feel welcome and there were no restrictions as to when they could call.

People were involved in the assessment and planning of their care. They received support that was individual to them and took their views into account. There were opportunities for people to participate in activities they enjoyed. People knew how to raise any concerns and these were responded to.

People were positive about living at the home and felt it was well managed. There was an open culture within the service and staff enjoyed working there.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were enough staff available to meet people's needs, and the provider had safe recruitment processes in place. People were safe and protected from harm and abuse. People were supported in a safe manner and potential risks were monitored and reviewed. People's medicines were administered as prescribed.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff gained people's consent before support was given. However, when people were unable to make specific decisions about their care, the provider had not assessed their capacity and could not demonstrate how decisions were made in people's best interests. Staff were usually equipped with the knowledge and skills needed to carry out their roles, but some training had not been given. People were supported to maintain a balanced diet and good health.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who knew them well and were kind and caring in their manner. Staff had positive relationships with the people who they supported. People were supported in a dignified manner and their privacy and independence was promoted. Visitors were made to feel welcome and there were no restrictions as to when they could call.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the assessment and planning of their care. They received support that was individual to them and took their views into account. There were opportunities for people to participate in activities they enjoyed. People knew how to raise

any concerns and these were responded to.

Is the service well-led?

The service was well led.

There were systems in place to monitor the quality of the service, and actions were taken to drive improvements. People were positive about living at the home and felt it was well managed. There was an open culture within the service and staff enjoyed working there.

Good ●

Charlotte James Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 29 March 2017 and was unannounced. The inspection team consisted of one inspector 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.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant during our visit.

We spoke with eight people who used the service, six visiting relatives and friends, and two community professionals. We also spoke with five members of care staff, the cook, activities co-ordinator, nurse and the registered manager. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We looked at the care plans of four people to see if they were accurate and up to date. We reviewed three staff files to see how staff were recruited and checked the training records to see how staff were trained and

supported to deliver care appropriate to meet each person's needs. We also looked at records that related to the management of the service. This included the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

Our previous inspection found whilst the provider was not in breach of any regulations there were aspects of care that could be improved to ensure there were enough staff to meet people's needs and keep them safe. We wrote about these in our last report. During this inspection, we found that the provider had taken note of our comments and had made improvements.

There were enough staff to meet people's needs. One person told us, "I never feel rushed and a carer is always available when I need help." Another person said, "I don't have to wait too long if I need them. They always seem to have enough time to help me." One relative commented, "There are more staff about now, and the shifts are more organised and run smoother. I've seen a real difference over the past months, everything is less reactive." The registered manager told us how the provider had increased the number of staff. They said, "We now have five staff on duty rather than three and we have made sure that staff are clear what they are doing and where they should be. It has made a difference. The staff have more time to observe what's happening and to spend time with people." We saw that the staff numbers were based on the needs of the people who lived there. Their dependency levels were reviewed and assessed on a monthly basis. This meant the provider had a clear picture if people's needs changed and when additional support would be required.

We checked to see how staff were recruited. One member of staff told us, "I had to have two references, one of which was from my most recent employer. They wouldn't let me start working here until all my checks were in place. This included my DBS check." The disclosure and barring service (DBS) is a national agency that helps employers make safer recruitment decisions and prevent unsuitable people working in services. The staff files we looked at confirmed that the necessary checks had been made. This demonstrated that the provider had processes in place to ensure that staff were suitable to work with people.

People were safe and protected from avoidable harm. All the people we were able to speak with told us they felt safe living there. One person said, "The carers help me to be safe; they look after me and do everything I need them to do." Another person commented, "I was on my own before, and I feel a lot safer now that I'm here." One visitor said, "My relation is certainly safe here, the staff know how to protect them, and that gives me a real peace of mind." Staff were aware of their responsibilities to protect people from harm. Training was provided, not only for the care staff, but also those who did not have hands on caring roles. One staff member told us, "It is important that we all know what to look out for and how to respond if we have concerns." Staff were able to describe potential signs of abuse and were confident that any concerns reported would be acted on by the registered manager.

People were supported by staff in a safe manner. For example, some people who used the service needed help to transfer. One person told us, "There are always two carers that come to support me and they will use the hoist when I need to move. I always feel safe when they help me; they know what they are doing and I've never had any trouble with that." We observed staff support people in a safe way, offering verbal prompts and guidance through touch. Staff interacted with people throughout so they were fully aware as to what they needed to do. A community professional told us, "The staff here have a good knowledge about moving

and handling. We get referrals coming through if there are any concerns in this area; and quite a lot are to do with the right seating for people. The staff are pro-active here, and will seek advice when needed." This demonstrated people were assisted to move and transfer safely.

Risks to people were assessed, managed and reviewed. Some people were at risk of developing sore skin. One visitor told us, "The staff are good at maintaining my relations skin and keeping it healthy." We saw that people were repositioned to minimise the risk of this happening. Staff also ensured that when people needed to keep their skin uncovered, they checked this happened. We observed staff offered reassurance to people when they became upset or anxious. One staff member told us, "It depends on who is upset; some people need to be left for a little while, some will respond well to a positive approach. It all depends on the individual." The records we looked at detailed the triggers to show staff how to respond to people.

People were involved in making decisions about the potential risks to them. One person told us, "It was my choice to have certain furniture in my room. By having things as they are I feel safer, and the staff respected my decision about this." Another person said, "I did have a fall the other week, but it was my own fault. Now I ask staff to help me more." We saw that people's risk assessments were regularly reviewed and updated so that staff had information that was up to date and correct.

There were systems in place to protect people from potential harm. For example, people had access to call bells so they were able to alert staff if they needed help. One person told us, "The staff will always leave the bell where I can reach it, and I'd use this if I needed anything." We observed staff would wear personal protective equipment when supporting people to minimise any possible risks of cross infection. We saw that people had personal evacuation plans in place and these reflected the levels of support people would need in case of an emergency happening. Staff were aware of the actions they should take if this should happen. The registered manager told us how they completed a fire drill each week to ensure that staff were confident in how to respond to this situation.

People received their medicines as prescribed. One person told us, "The nurse is very good and will give me my tablets when I need them. They never forget." We observed people being given their medicines, and saw that staff would remain with the person to ensure they had taken them. People were told what their medicine was for and offered a drink. When people had received their medicine this was recorded on the administration record. The staff member would then move on to the next person. We saw that when certain checks were needed before people had their medicines, these happened. Some people were prescribed medicines that were taken 'as required' rather than every day. Staff were able to tell us when these medicines were given to people. In the records we looked at, we saw that there was information that would give guidance to staff about when these should be administered. One member of staff told us, "We do have this information in the care plans and we are currently updating the protocols so the information has more detail and is specific to each person." Medicines were stored securely so that only authorised people could have access to them. When medicines needed to be stored in a refrigerator, this was done, and staff monitored the temperature to ensure they were kept according to the manufacturer's instructions.

Is the service effective?

Our findings

Our previous inspection found whilst the provider was not in breach of any regulations there were improvements needed to ensure the provider was following the legal requirements and associated guidance of the Mental Capacity Act 2005 (MCA). We wrote about these in our last report. During this inspection, we found that the provider had taken note of our comments and had made some improvements, however further improvements were required.

The MCA provides the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and least restrictive as possible.

Staff told us that some people who used the service were not able to make certain decisions about their care and support. We saw the provider had considered people's capacity and had completed assessments in relation to this. However, these assessments had not been based on specific decisions about people's care. For example, one decision was recorded as 'requires 24 hour nursing care due to [their health condition]'. We also saw that the assessments did not evidence how the person's capacity had been assessed, and only tick boxes had been completed. The provider had not always evidenced why some decisions made were in people's best interests. We discussed this with the registered manager and they acknowledged that improvements were needed to ensure they followed the principles of the MCA. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We saw that when people who lacked capacity were seen to be restricted, applications had been made to ensure this was being done lawfully. Staff showed an awareness of possible restrictions, and knew that these decisions were often made to ensure people's safety.

We recommend that the provider researches current guidance on best practice, to assess the capacity in relation to specific decisions for people living at the home.

Staff received training that helped them to develop the knowledge and skills they needed. However, we found that some staff had not received the training that was specific to the administration of a specialist medicine. This had not affected the person who the medicine was prescribed for, as they had not required it. We spoke with the registered manager about this and the training was arranged on the day of our inspection visit.

In other areas, we found the staff did have the skills and experience required to meet people's needs. For example, we observed staff following the correct moving and handling procedures with people. Staff told us about the various training that had been organised as required. One staff member said, "We have training booklets that we work through for some areas, but in others we have face to face training and may watch a presentation. I am asked in my supervision if there are any areas of training I would like to do, and the manager follows it up from there." Another staff member commented, "There is lots of training going on and

they make sure it's relevant to the people we are supporting. So we will get specific training for certain conditions and situations." Staff told us how their practice would be observed to ensure they supported people in the correct way. This demonstrated that the registered manager would assess staff's competencies to carry out their roles effectively.

Staff would gain people's consent before assisting them and would explain what they were doing. One person told us, "The staff will ask my permission; they'll say something like 'do you want a bit of a wash?' They listen to what I tell them." Another person commented, "They will make a suggestion and then it's up to me to decide." We saw that staff would support people to make decisions. For example, by offering different options or showing them actual items that they could then point at to indicate their choice.

Staff knew people well, and we were told that they did not need to remind staff how to support them. One person said, "They know what they are doing and don't have to be told." Another person told us, "They know what to do; I think they are well trained." A visitor commented, "The staff will use their initiative." A community professional said, "All the staff have a good knowledge about the people here. Whenever I have a question, they will be able to give me the information I need about a person. This then helps me with my assessment and to come to a decision as to what is best for the person."

Staff received an induction when they began working at the home. One staff member told us, "I had a mentor who trained me when I started. It was my first time working in care, so it was helpful to have someone experienced showing me the ropes." Another staff member commented, "I was shown what I needed to do and was told all about each person living here. It gave me the confidence to support people." The registered manager supported staff to complete the Care Certificate which sets out common induction standards for social care staff. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. One staff member told us, "It's an ongoing thing really; and the manager will use my supervisions and appraisals to check my knowledge and what I've learnt."

People enjoyed the food, and told us that there were always drinks and snacks available for them. One person said, "It's all nicely cooked and the staff will always ask if we want anything else to eat and drink." We observed that staff ensured people had drinks and snacks within easy reach. People were offered choices for their meals. One person said, "There are always alternatives available." When people changed their minds about their original choice, this was dealt with flexibly by staff. For example, we saw that one person was reluctant to eat. A staff member offered various options until they agreed to something. This was then prepared and brought out to them; the person then ate their meal. Some people liked to have their families bring food in for them. One visitor told us, "I think that is good as we can label things up, put it in the fridge and then staff will sort it out." One staff member told us, "We change the menu quite regularly, and will include things that people have asked for. Sometimes we will know if something is just not very popular with people, and we'll then make changes and include something different. It's all quite flexible really."

People were supported to ensure their nutritional needs were met. One visitor told us, "My relation is putting on weight now that they have their supplements. They have always been a poor eater and can be fussy with what they eat. But the staff know what to do to support them." Another visitor commented, "The staff know their likes and dislikes, and will offer them more of their favourite things." Staff were aware of the specialist diets people required. One staff member told us, "The senior staff will make sure we know of anything when people move here; like if they are diabetic. We will then have guidance as to what they can eat." Another staff member said, "We are told quickly when there is a change in anyone's needs. We can then make sure we have the food that's needed, or make changes in the way it is prepared." When people were at risk of

choking, we saw that referrals had been made to the speech and language therapists. They had then made recommendations about the specific diets people should follow so they could eat and drink safely. We saw that staff followed these recommendations. Staff monitored people's food and drinks when needed. One staff member told us, "We do have to keep records for some people who may be reluctant to have enough to drink. If they refuse, we would let the nurse know straight away. We have to make sure they have enough each day."

Staff supported people to maintain good health. One visitor told us, "It's due to the staff responding to my relations changing healthcare needs that they are still with us. The staff notice any differences and will act on this. Since being here they have rarely had to go to hospital, but prior to this they were admitted seven times in one year." Another visitor said, "My relations health care needs are being met. They have to keep having tests, and that is all being looked after now. The staff also recognised when they got an infection, and that was sorted with the hospital straight away." Appointments were arranged for people in a timely manner. One staff member said, "We've asked the doctor to come out today for someone as they are not feeling too well." We saw that a community healthcare professional visited some people to update and complete assessments.

Is the service caring?

Our findings

Positive caring relationships had been developed between people who used the service and staff. Comments from people included, "They are marvellous, loving staff." And, "Every single member of staff seems to really care." One visitor told us, "The staff have the patience of a saint; they will be bubbly with a smile on their face no matter what happens." Another visitor commented, "I found that other places didn't have the warmth there is here. Relationships are developed between the staff and the residents." A community professional told us, "There is always a nice atmosphere here and whenever I visit, I'm made to feel welcome."

We observed staff engaged with people in a respectful but friendly manner. One staff member was seen to give a person a peck on the cheek while they sat with them and held their hand when chatting. The person responded to this by smiling broadly and they clearly enjoyed this interaction. We saw people laughing and smiling with staff as they were being supported. Staff knew people well, and were able to talk about family members that were important to them. A community professional told us, "All the carers are good with people; you can see it by the way that they talk to the people who live here."

People were given choices about where they wanted to sit for their lunchtime meal. If people chose to sit in one of the lounges, they were provided with a side table. People were offered an apron to wear when eating to protect their clothing. Staff responded to people's requests in a calm and patient manner. One person told us, "The carers will help me and they do things gently; they give me time to get sorted. They make sure I am comfortable." Some people who were living with dementia found it difficult to make decisions about their day to day care. We observed staff supporting people to do this. For example, a staff member sat by the side of one person speaking about what was happening, and reassuring them until they understood. One visitor commented, "The staff have a calming influence; they know how to speak with people." This demonstrated that staff were able to communicate effectively with people.

People were supported in a dignified way. For example, staff adjusted people's clothing in a discreet manner and we observed staff pick up people's lap covers when they had fallen to the floor. If people needed their face or hands wiped, staff noticed this and responded quickly so people did not have food on their skin. This was done in a way that didn't draw attention to them needing this support. Staff understood how to respect people's privacy. One staff member told us, "We will always knock on the door to check its okay to go into people's rooms. And if they can't tell us we'll pop our head round the door first and let them know we are there." Staff promoted people's independence. One person told us, "I do need a lot of help with most things, but the staff will encourage me to do as much as I can for myself."

We saw and people confirmed that family members and friends were able to visit when they chose. One staff member said, "Relatives and friends will call in at different times, and it's never a problem." One visitor told us, "I can visit whenever I like; there are no restrictions on visiting hours." Another visitor commented, "Whenever I come, the staff are very welcoming and are always pleased to see me."

Is the service responsive?

Our findings

People contributed to the planning of their care. One person told us, "I was asked lots of things about myself and they listened to what I said, and what was important to me." One visitor commented, "I was fully involved with the discussions about my relations care; what would be the best thing for them, and some of these were difficult decisions and discussions. But it was done in a sensitive way." People's care needs were reviewed. One visitor told us, "We have lots of interactive conversations about how things are going for my relation. If I have got any questions I know I can just ask one of the staff members." We saw that people's care needs were detailed within their support plans, and these had been updated to ensure staff had information that was relevant to each person.

Staff responded to people's needs and took their views and preferences into account. One person said, "I prefer to watch the television in my room, but staff will pop in and see if there is anything I need." One visitor told us how the staff would consider who would sit by whom in the lounge. They commented, "The staff will take people's personalities into account and the group dynamics. They will then look at what would work best for everyone." People could decorate their rooms to reflect their individual tastes. We saw that there were personal pictures and items of furniture that people had brought with them. One visitor told us how they had purchased some bird feeders, and these had had been positioned outside their window so they could watch the birds from their room.

People were enabled to participate in activities they enjoyed. One staff member commented, "We complete a profile of each person when they move in; and find out about their interests and hobbies." One relative told us, "There are different people who visit, like with the therapy animals; and it's good that the people who spend time in their rooms are included with this. They will make sure that everyone is seen." We were told how various activities were organised such as puzzles, games and trips out. One visitor said, "The carers will take my relation where they want to go, and they go on outings." Families and friends were encouraged to join in when they could. A staff member told us how they would spend time with people in their rooms if they preferred not to join in with the activities in the lounge. One person said, "Even though I prefer to spend time away from the main areas, the staff make sure I'm not isolated, which is good." We saw that a newsletter was available that informed people and their visitors about activities that were taking place and shared information about the events that had happened. One relative told us, "It's good to keep us up to date about things."

People were supported to maintain relationships that were important to them. One person told us, "The staff will bring the phone to me so I can ring my family or friends." A visitor told us how the staff would celebrate people's birthdays and special occasions and help them to organise parties that could be held in a separate room if they preferred.

People we spoke with felt confident to raise any concerns. One person said, "I have had to tell the staff about when things weren't working too well. They listened to the problem and are now getting some different equipment to use." One visitor told us, "I did have to mention about my relations room needing vacuuming; since then it has been clean." The provider had displayed a copy of their complaints policy in a

conspicuous place that people would have been able to refer to if needed. We saw that the registered manager kept records of any issues raised. There had been no complaints since our last inspection.

The provider encouraged people to feedback about their care and experiences of living in the home. One visitor said, "We do have meetings, usually six monthly or more often. Some are in the day, others in the evening as not everyone would be able to come at the same time if they have other commitments." They added, "The last meeting was positive, and we were told how they were making sure the seniors would oversee the shifts. Things have got better, they are more organised now." The registered manager was arranging for a quality survey to be sent out to people.

Is the service well-led?

Our findings

At our previous inspection, we saw a system to monitor quality had been set up, but at that time, no audit or analysis of trends had been undertaken. At this inspection, we saw the registered manager had made improvements so the audits in place were used to identify any shortfalls and to drive continuous improvements. For example, when people had been involved in accidents or incidents, the information was analysed to identify any possible trends, and the registered manager had referred people onto other professionals when needed. One staff member told us that it was now their role to check monitoring records as part of the care plan audits to ensure the information was accurate and then acted on. They told us, "We have found that there have been some gaps in recording, but now we are aware, can rectify this with the staff." The environmental and equipment audits also identified where maintenance work was required and actions had been taken to remedy any issues.

The registered manager had been in their role for just over twelve months and completed their registration with us in September 2016. They told us, "There has been a lot to take on and it's been a big job. We have made various improvements in this time, and had to prioritise. The staffing levels were really important and that's made a huge difference. We've also come a long way as far as the staff training is concerned, learning a lot more about person centred care for people."

People were positive about their experience of the home and felt it was well managed. One person told us, "I think they are doing a good job. They are always around if you need them." One visitor said, "The caring ethos here is consistently embedded from the manager to all the staff. The manager is very approachable and doesn't flap." They added, "Things are more professional now than they were; there has been clarity about the responsibilities of the staff and that has made a difference." Another visitor told us, "I think the manager is running the home well and the staff seem to love their jobs." Another third visitor commented, "The manager is nice; seems efficient."

Staff were supported to carry out their roles and develop their skills. One staff member told us, "We have supervisions sessions with the manager, and these are helpful. If there is anything we are struggling with, we can talk about this, and the sessions help us to do things better." Another staff member said, "We have staff meetings and are asked for suggestions as to how we could do things better. They [the registered manager and provider] do listen to us and take our views on board." Staff we spoke with confirmed that the registered manager was approachable and told us they enjoyed working at the home. One staff member said, "The manager is brilliant; very understanding. They are strict but fair and enable me to do my job." This demonstrated there was a positive open culture within the home.

The registered manager was supported by the provider and they told us, "The provider is supportive and will listen to our views. They respond to issues when we raise them, and are available when we need them." The registered manager was aware of their responsibilities as a registered person. They maintained records that were kept securely and had informed us about significant events that had occurred. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our

judgments. We found the provider had displayed their rating in the reception area.