

HAS Complete Care Ltd

Charlotte James Nursing Home

Inspection report

Oakhurst
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Ratings

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

Summary of findings

Overall summary

About the service

Charlotte James Nursing Home is a residential care home providing personal and nursing care to up to 28 people. The service provides support to older people with complex physical and mental health needs across 2 floors. At the time of our inspection there were 27 people using the service.

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

People were protected from the risk of abuse through effective systems in place and people were supported by enough staff who were safely recruited. People's risks were assessed, monitored and managed and their medicines were managed safely. There were effective infection prevention and control processes in place and lessons were learnt when things went wrong.

People's needs and choices were assessed, and they were supported by staff who were trained to meet their needs. People were supported to eat and drink enough to maintain a healthy diet. Staff worked effectively with other health and social care organisations to provide consistent and timely care for people. People were supported to access health care services and live healthier lives and their care and support was provided in a safe, clean and well-maintained environment.

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. □

Staff were passionate about ensuring people were treated well and they respected their equality and diversity. People were supported to express their views and be involved in their care and their privacy and dignity was respected and promoted.

People's care was tailored to their needs and preferences. People's communication needs were assessed and detailed in their care plan and they were supported to develop and maintain relationships and take part in things of an interest to them. The provider had a complaints process in place to record, respond to and action any complaints. People's care plans contained details of the care they required in an emergency.

The registered manager created a positive culture to help provide good outcomes for people and they understood their obligation under the duty of candour. Managers and staff were clear about their roles and responsibilities and people, their relatives and staff were involved and a part of the service. The provider had effective systems in place to ensure continuous learning and improvements to people's care. Staff worked in partnership with others to achieve good outcomes for people.

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

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Charlotte James Nursing 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 Health and Social Care Act 2008.

Inspection team

This inspection was completed by 2 Inspectors and an Expert by Experience on the first day and 1 Inspector on the second day.

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 James Nursing Home 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 James Nursing Home 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 and we sought feedback from the local authority. 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 8 people who used the service and 1 relative of their experiences of the care provided. We spoke with 10 members of staff including the registered manager, administrator, the maintenance worker, a cook, a domestic worker and care workers. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, this included 2 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

This is the first inspection of this service since registering. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse through effective reporting systems in place.
- People were supported by staff who were trained to recognise and report the risk of abuse. Staff confirmed the process they followed if they had any concerns, including who to report to.
- Staff followed people's care plans to ensure people were kept safe. For example, 1 person's care plan informed staff to regularly monitor them. We observed staff following this and their interactions were kind and considerate.

Assessing risk, safety monitoring and management

- People's risks were assessed, monitored and effectively managed.
- People's care records contained up to date information on any risks associated with any health conditions they had. Their records detailed and guided staff to care for them in line with their needs. We observed people being supported in reflection of their care plan.
- Staff we spoke with confirmed they knew people and how to support them with any risks they had. They kept records of any deterioration and reported any concerns to ensure people's needs were safely met.
- The provider completed environmental risk assessments which were reviewed and updated as required.

Staffing and recruitment

- People were supported by enough staff who were safely recruited to work at the home.
- We observed people were supported by staff who spent time with them and met their individual needs. During the inspection we saw people were supported in a timely way.
- Prior to staff employment the provider completed their recruitment process. Pre-employment checks were carried out including Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's medicines were managed safely.
- The provider had effective systems in place to store, monitor and record people's medicines to ensure they received them as prescribed.
- Staff followed protocols in place to assist them in administering medicines that had been prescribed on an as required basis.
- People's medicine administration records were completed and monitored for any errors and people received their medicine in their preferred way. One person told us, "I am self-medicating."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The provider was in the process of removing carpets in people's bedrooms to wipeable flooring which would help keep them clean.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People's relatives could visit as often as and when in line with current government guidance.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Staff reported any accidents or incidents, and the registered manager reviewed, investigated and took any further required action. Lessons learnt were documented under each recorded incident to help reduce reoccurrence.
- The registered manager generated an accident and incident report on a monthly basis to analyse themes and trends. This helped reduce the risk of future harm.
- For example, in the most recent review, the registered manager identified a high number of falls in an area at a specific time of the day. In response to this review, an additional member of staff was therefore deployed in this area, during this time frame to help reduce the number of incidents.

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 of this service since registering. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs, and choices were assessed and used to form their plan of care.
- The provider was in the process of transferring people's care records from paper to electronic. The registered manager had identified the electronic system generated generic statements. Therefore, they had introduced a 'resident of the day' system, where they reviewed each person's care plan. This helped ensure they contained the person-centred information to guide staff, which was detailed in their paper care plan.
- People's choices and their input into different aspects of their care were recorded in their care plan. One person told us, "I hate showers and prefer a bed bath and they [Staff] oblige."

Staff support: induction, training, skills and experience

- People were supported by staff who were trained to meet their needs.
- People confirmed staff knew them and were trained to meet their needs. One person told us, "I'm in and out of the hoist all the time and the staff know that and are used to me. The atmosphere is nice, and I'm left to do what I want to do."
- Staff completed an induction when first employed and training in a variety of subjects. Staff confirmed they had the right training and skills to meet people's needs. One staff member told us, "We have the right training to give us the skills and information to meet people's needs. Any course you identify would be of benefit you can ask about and the manager will put you forward."
- Staff requested further training in dementia care through a staff survey they completed. The registered manager organised a 2-day dementia care workshop from an external agency. This provided staff with further specialist knowledge to help meet people's needs.

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

- People were supported to eat and drink enough to maintain a healthy diet.
- People shared positive feedback in relation to the food. They could eat and drink when and where they preferred, and staff supported them with a healthy diet. One person told us, "They [Staff] helped me eat more healthily and cut out the pastry."
- People's food and fluid intake or weight were monitored where there were concerns. Staff were alerted through the electronic system if people were not reaching their fluid target, this aided staff to support them to meet their target.
- Staff knew people's dietary needs and followed guidance in place for anyone on a modified diet. The kitchen staff had access to all information required for people's nutritional needs, and guidance was displayed in the kitchen for specific needs, for example levels of a dysphagia diet.

- One cook told us, "We speak with people as part of the 'resident of the day' system. We check if they are happy with the food and ask if there is anything else, they would like. We ask them if they have any new dietary requirements. But we are always informed of any changes in people's nutritional needs and can access their care plans."

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

- Staff worked effectively with other health and social care organisations to provide consistent and timely care for people.
- People's care plans detailed information where external input had been sought and guidance was provided. These included the General Practitioner (GP), dieticians, the falls team and the Community Psychiatric Nurse (CPN).
- We reviewed records where staff worked closely with professionals to effectively meet people's needs. For example, 1 person's record contained regular reviews and discussions with the CPN. This helped staff support people's individual clinical care needs.
- People were supported to access health care services and live healthier lives. One person told us staff supported them to lose weight and manage their nutritional needs since living at the home. Another person told us, "The home make telephone calls for me and help me."
- Staff arranged healthcare appointments for people as and when required. The optician was due to visit at the end of the month to complete sight tests for people.

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

- People's care and support was provided in a safe, clean and well-maintained environment, which was decorated to meet their needs.
- People had use of large communal indoor spaces and access to a secure outdoor space.
- The provider was in the process of refurbishing areas of the home to ensure the design met people's needs. For example, during our inspection the carpets in 1 bedroom were being replaced with wipeable flooring which would help keep them clean.
- People provided positive feedback about the home and layout. One person told us, "It's not too bad here the other home was too big. It's smaller here and it makes a big difference."

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.

- People's care records included assessments of their mental capacity in line with the principles of the mental capacity act.

- The provider completed required applications where people were being deprived of their liberty. These were reviewed to ensure any recommendations were met.
- Staff told us, and people confirmed staff asked for people's consent and supported them to make decisions when possible.

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 of this service since registering. 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

- Staff were passionate about ensuring people were treated well and they respected their equality and diversity.
- We observed positive interactions between people and staff within various roles. Staff spent time with people and spoke with them about things that were of an interest to them.
- One person told us, "The carers are very helpful and always ask you and see if you need help." Another person described the staff as "Gems" and told us, "They [Staff] saved me."
- Staff received training in equality and diversity to ensure people were respected and any diverse needs were met.

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

- People were supported to express their views and be involved in their care.
- People told us they were involved in their care and knew who to approach to discuss any issues they had. People's records also detailed their input in their care. For example, how they preferred aspects of their care to be delivered.
- One person told us, "I move my legs now and tell them [Staff] when I'm ready for them to help me. It says how often I need turning in my care plan."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and promoted.
- People's care records contained information on their strengths and abilities. The information included guidance for staff to respect their privacy and promote their independence when supporting them. For example, with their mobility or personal care.
- We observed interactions where staff encouraged people's independence and staff confirmed how this was promoted. One staff member told us, "We [Staff] encourage people to maintain their independence, recognising if there is a deterioration, and where they may need a little help."
- People confirmed their privacy and dignity was respected and their independence was promoted. One person told us, "They [Staff] do make sure I'm comfortable in bed and the carers will ask if I want my door open or closed."

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 of this service since registering. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's care was tailored to their needs and preferences.
- People's care records included where people's preference had been considered and theirs and their relative's input was sought. People also confirmed their preferences were met. One person told us, "They [Staff] put dry shampoo on my hair and then I do my hair for myself, sometimes I put make up on."
- Staff were knowledgeable about people and their needs and spoke of individual ways they cared for them. For example, 1 staff member told us, [Person's name] tells the staff when their relative is due to visit, the resident asks us to ensure their continence pad has been changed before their visitor comes. We always ask when they are ready for this."

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.

- People's communication needs were assessed and detailed in their care plan.
- The registered manager understood the Accessible Information Standard; and this had been considered where people needed additional support to access information.
- People had access to whiteboards where they found it easier to write than verbally communicate with staff.
- The registered manager had been successful in obtaining a piece of technical equipment from the Local Authority. The equipment provided people with interactive therapy as well different ways of communicating to suit their needs. For example, they had access to a large keyboard and voice activation.

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

- People were supported to develop and maintain relationships and take part in things of an interest to them.
- Staff supported people to have contact with their family and friends through visits within the home, phone calls and facetime through technology devices.
- People had choices of activities to participate in during the day. These included group activities, one to one games and external visitors. Sensory dogs visited weekly to provide people with stimulation and sensory interactions. One person told us, "They have a therapy dog that comes in, it's lovely."

- People were supported to partake in tasks or activities which were a part of their previous profession, or a new or longstanding hobby. For example, 1 person led readings during religious celebrations.
- An external lodge was used as a library for people to access at their leisure, 1 person oversaw signing books out for people through a stamp process.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place to record, respond to and action any complaints.
- The registered manager confirmed there were no complaints recorded at the time of the inspection, however they shared recent concerns made which were face to face or over the telephone. They listened, actioned and shared outcomes with staff for any concerns raised. This helped to improve people's care and experiences.
- People we spoke with confirmed they did not have any concerns but knew who to contact if they wanted to raise anything. One person told us, "The activities co-ordinator came to us with a form for any complaints."

End of life care and support

- People's care plans contained details of the care they required in an emergency. The registered manager was in the process of adding further specific details including music requests for example.
- People received input from specialist end of life care services. The registered manager informed us monthly calls were held with a specialist external organisation to support staff and the person receiving end of life care.
- The registered manager confirmed a local funeral director had offered to deliver specific training to staff on end of life care and the journey after, to help them meet people's needs.
- The registered manager had contacted a local garden centre, who donated a tree for the service's memorial garden. If consented, when people had passed away, the provider held a memorial ceremony for people, friends and family. The person's friends and family were able to continue to access the memorial garden.

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 of this service since registering. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager created a positive culture to help provide good outcomes for people.
- Staff across all roles demonstrated a passion for delivering person-centred care for people.
- Staff we spoke with confirmed they worked well as a team to meet people's needs. One staff member told us, "We have a great team and work really well together, we can build relationships with the residents and their families, you really get to know them".

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

- The registered manager understood their obligation under the duty of candour.
- Staff completed training on the duty of candour and staff we spoke with confirmed they were encouraged to be open and honest when something went wrong.

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

- Managers and staff were clear about their roles and responsibilities.
- People we spoke with were complimentary of the registered manager and the provider and shared the confidence they had in them. We observe positive interaction between people and the management team.
- Staff confirmed the provider and management team were approachable and instilled an open-door policy. One staff member told us, "The home is the best I have ever seen it, the owner has done everything we have asked, and the registered manager is amazing." Another staff member told us, "The registered manager has been brilliant, I cannot fault them."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff were involved and a part of the service.
- People and their relatives had the opportunity to make suggestions to improve the home. Staff spent time with them where they could share their input into the service.
- Staff attended daily huddles and weekly communications meetings, where they received any updates or changes in people's needs. Staff also had the opportunity to share any suggestions to make improvements to people's care.

- The registered manager identified different ways to ensure staff felt valued. This included incentive schemes such as staff bonuses and a staff award ceremony they had planned. This helped encourage staff retention and continuity of care for people.

Continuous learning and improving care

- The provider had effective systems in place to ensure continuous learning and improvements to people's care.
- The registered manager completed regular audits across different aspects of the home. This helped identify any errors or areas for improvement. They kept records of any identified actions and followed these up on the next audit to ensure they had been completed within the timeframe.

Working in partnership with others

- The provider and staff worked in partnership with others to achieve good outcomes for people.
- Staff worked with local communities and businesses including pubs and supermarkets to raise money, gifts for raffle prizes and items for people to use at the home. For example, the registered manager organised a Christmas present scheme, where people who attended the local pub received anonymous information about people who lived at the home, they used the information to buy a Christmas present for them.
- The registered manager used information from their local authority quality assurance report to make improvements to the quality and running of the service.