Care UK Community Partnerships Ltd

Charlotte House

Inspection report

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25 October 2023

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 House is a care home with nursing for up to 60 older people. At the time of our inspection, 47 people were living at the service. Some people were living with the experience of dementia, and some were being cared for at the end of their lives.

People's experience of using this service and what we found
The provider's systems for assessing, monitoring, and mitigating risk had not always been implemented effectively. For example, risks related to medicines management, infection prevention and control and safe storage of cleaning products. Following our inspection visit, the provider took action to mitigate the risks we identified and improve systems for monitoring these risks in the future.

People were happy living at the service. Their relatives were also happy. People felt safe, well cared for, and liked the staff. They were able to make choices and felt these were respected.

There were suitable systems for dealing with safeguarding alerts, accidents, complaints, and incidents. Staff learnt from these to prevent them reoccurring.

People received personalised care which met their needs and reflected their preferences. They were involved in developing and reviewing care plans. People had access to a range of external healthcare services and had enough to eat and drink. There were a range of organised activities. Visitors were welcomed at the home and able to spend time with people living there.

The staff were well trained and given the support and information they needed to care for people safely and well. There were systems to help make sure staff were suitable to work at the service. People told us staff were kind, caring and polite. We observed this and noted people had good relationships with staff who knew them well.

There were effective systems for monitoring and improving the quality of the service. The management team were open and responsive to people's views. Stakeholders were asked about their opinions of the service.

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 16 May 2018). In January 2022, we carried out a targeted inspection looking at the infection prevention and control measures. We did not award a rating at this inspection.

Why we inspected
We carried out the inspection based on the date of the last inspection.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was 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 House

Detailed findings

Background to this inspection

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

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

Inspection team
The inspection was conducted by 2 inspectors, a member of the CQC management board, members of the CQC medicines team and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

Registered Manager
This 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
Both days of the inspection visit were unannounced. The visit on the 25 October 2023 was to check how medicines were being managed at the service. The inspection of the 17 October 2023 looked at all other areas.

What we did before the inspection
We looked at all the information we held about the service, including notifications of significant events and information from members of the public. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection
We spoke with 8 people who used the service, the visiting relatives/friends of 7 people and staff on duty who included care assistants, nurses, the activities coordinators, administrative staff, and the deputy manager. The provider's operations support manager and quality manager also visited the service and met with the inspection team. We met an external healthcare professional who also gave us additional written feedback after the inspection visit. The registered manager was on leave at the time of the inspection, however we had a telephone call with them to discuss our findings and the action they were taking following the first day of the visit.

We observed how people were cared for and supported. Our observations included 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.

We looked at records used by the provider for managing the service. These included the care records for 8 people, records about staff, meeting minutes and audits. We looked at how medicines were managed, and we checked the environment and equipment.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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 always safely managed. Some medicines (for example inhalers) were stored in medicines fridges at the wrong temperature.
- People did not always receive their medicines as prescribed. For example, 1 person had the wrong formulation of a medicine administered for their condition. Whilst this was due to a pharmacy dispensing error, this had not been identified or corrected by the provider.
- Staff did not always check expiry dates of medicines. We identified a medicine which had expired in August 2023. This had not been used and the provider removed the medicine after we alerted them, so it would not be used.
- The provider took action to remedy the risks we identified and to learn from these. People had not been harmed and improvements were made to the way medicines were managed.
- Medicines related incidents were investigated properly with appropriate action plans and there were processes in place to help ensure staff learnt from these incidents to prevent them occurring again. Staff were trained and deemed competent before they administered medicines.
- Some people were prescribed PRN (as required) medicines and there were associated PRN protocols in place. This meant we had assurance that staff were able to administer these types of medicines to people effectively, following appropriate clinical guidance.
- There were separate charts for people who had medicines such as patches, ointments and creams prescribed to them (such as pain relief patches) and there was an appropriate medicines policy in place.

Assessing risk, safety monitoring and management

- During the inspection, we found that some cleaning products were not stored securely. This represented a risk as they could be misused by people. We also found a sluice room was not locked and people could access the equipment and chemicals stored in this room. We reported these incidents to the management team who took immediate steps to secure the items and implemented more robust checks regarding this.
- A person whose care plan stated they were at risk of choking, had been left in a room with food and drink. There were no staff present or nearby. We discussed this with the management team who agreed to investigate this incident and to make sure people at risk of choking were always supervised when they were eating and drinking.
- Some people told us they could not reach their call bells. They also told us the staff sometimes took a while to attend when these were activated. The registered manager investigated this and was able to audit data about call bell response times. This indicated most of the time call bells were responded to promptly. However, the registered manager agreed staff should explain when there were any delays. We noted that

when people were not able to understand or use call bells, appropriate risk management plans were in place. People also confirmed staff were available and regularly checked on them throughout the day and night.

● Risks to people's safety and wellbeing associated with their health and activities of daily living were assessed and planned for. The risk assessments included details about how to manage and mitigate risks. These were regularly reviewed and updated. Staff had relevant training to understand about risks and how to care for people safely.

● With the exception of the concerns we identified, we found risks within the environment had been assessed. The provider arranged for regular checks on equipment, health and safety and fire safety. There were plans to help staff understand how to evacuate people safely in the event of a fire.

Preventing and controlling infection

● On the day of the inspection, some areas of the environment were not properly cleaned. These included kitchenette areas in the main dining rooms. We discussed this with the management team, and they took action to address this. They also explained they had developed more robust systems for checking cleanliness of all areas following our visit.

● People using the service and relatives told us they felt the service was clean. Some of their comments included, ''The cleaning is good, and the laundry is done well'' and ''I am happy with the cleaning and have my bed linen regularly changed.''

● There were systems for preventing and controlling infection. These included procedures for dealing with waste, laundry, and cleaning. The staff had training to understand about good infection prevention and control.

● The staff had access to personal protective equipment (PPE) when needed.

● The provider supported people using the service and staff to understand about where to and how to access vaccinations against seasonal flu and COVID-19.

Systems and processes to safeguard people from the risk of abuse

● There were systems designed to help safeguard people from the risk of abuse. Staff undertook training to understand about safeguarding and were able to tell us how they would recognise and report abuse.

● People using the service and their visitors told us they felt safe at the home. Some of their comments included, ''I feel safe, and everyone is friendly'' and ''The staff help me keep safe, there is always staff around.''

● The provider had worked with the local safeguarding authority to report and investigate allegations of abuse. They had helped develop protection plans to keep people safe.

Staffing and recruitment

● There were enough suitable staff working at the service to keep people safe and meet their needs. Most care was from the provider's own regular staff. When temporary staff were needed, the provider used familiar workers and made sure they had the necessary induction and training about the service.

● There were systems to make sure staff were recruited safely. These included pre-employment checks and assessments of their competencies, skills, and knowledge.

Learning lessons when things go wrong

● There were systems to learn from when things went wrong. The management team investigated all adverse events, such as accidents and incidents. They developed plans to make improvements to the service from these and shared the learning with staff.

● The managers created written feedback about these incidents stating what had gone wrong and the learning from these. They also held team meetings and supervisions to discuss incidents and reflect on

practice.
● The registered manager met with other managers from different services to share their experiences and learn from each other.

Good

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 planned for. Managers from the service met with people and their families before they moved to the home. They discussed their needs and asked for information from doctors and other professionals involved in their care.
- The staff used recognised good practice tools to help them assess people's needs and any risks involved in their care or wellbeing.
- Assessments were regularly reviewed and updated. Care plans were developed to reflect these assessments.

Staff support: induction, training, skills and experience

- People were cared for by staff who were suitably trained and knowledgeable. New staff completed inductions which involved a range of training, shadowing experienced workers and assessments of their skills and knowledge. There were regular training updates for all staff.
- The staff told us training was useful and helped them to understand their roles.
- Staff were well supported and had regular meetings with their managers. These were used to discuss their work and reflect on their practice and learning. Staff were given opportunities to undertake vocational qualifications and to progress in their career.

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

- People had enough to eat and drink. The staff assessed their nutritional and hydration needs and created plans to reflect these. People were regularly weighed and for some people their food and fluid intake were monitored. The staff worked closely with other professionals to make sure people received the right nutritional support.
- People we spoke with generally liked the food. Their comments included, ''The food is excellent and there are always 2 options to choose from'', ''There is more than enough food and plenty of drinks on offer'' and ''The food is great. My relative can stay and eat too, that is never a problem and there is no charge for it.''

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

- People were supported to access healthcare services. The doctor regularly visited and met with people. The staff arranged for other professionals to visit people when needed. One person using the service told us, ''I can see a doctor when I need, they come here to see me.'' A relative explained, ''The doctor visits twice a week. He talks to the nurses and [person]. [Person] feels able to discuss things with the doctor.''
- People's healthcare needs were assessed and planned for. The staff monitored these and responded

appropriately when people became ill, or their needs changed.

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

● The environment was suitable and there was a range of equipment available for people to use. This included specialist beds, chairs and lifting equipment. The provider made sure there were checks on the building and equipment, so it was safe to use.

● People had their own rooms and en-suite facilities. They were able to personalise their rooms. Communal rooms were nicely decorated and maintained. Corridors were light, well-ventilated and free from hazards. There was an attractive and well-maintained garden.

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.

● The provider was acting within the principles of the MCA. People's mental capacity to make different decisions had been assessed. For people who lacked capacity, the staff had worked with their families and legal representatives to help make decisions in their best interests.

● The provider had applied for DoLS when needed and monitored these to make sure they were relevant, and any conditions were being met.

● The staff undertook training around the MCA and were able to discuss how they followed this in their work. Staff offered people choices and made sure they understood these and consented to their care.

Good

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People were well treated and supported. They told us they liked the staff and had good relationships with them. Some of their comments included, ''They are my friends. I like the people here and they are nice to me'', ''The carers are so kind'' and ''I think they know me well. They have a good sense of humour. The personal care is second to none.''
- People's relatives also spoke positively about their experiences. One relative told us, ''The girls are lovely and kind. All [person's] care needs are met and [they] look clean and smart.''
- We saw staff were kind and caring when they were supporting them. They knew people well and spoke with them politely.
- People's religious, cultural and diversity needs were assessed and planned for within their care. The provider organised for culturally appropriate food and opportunities to worship. The staff undertook training to understand about people's diversity needs. The deputy manager explained they had opportunities to discuss and reflect on their practice to make sure they were non-judgemental and supportive towards everyone.

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

- People were given choices about how they wanted to be cared for and spend their time. The staff listened to people and respected what people told them.
- People and their relatives were involved in developing and reviewing their care plans. These were reviewed each month when the person was selected as ''resident of the day.'' During this review, they and their relatives were consulted to make sure their care plan reflected their choices and needs.
- The management team held regular meetings for people using the service and their relatives. They discussed different aspects of the service and asked for their views.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. Staff provided care in private. They knocked on bedroom doors and called people by their preferred names.
- People were supported to be independent where they were able to be. For example, managing their own care if they wanted. People were also encouraged to try different activities to build on and develop skills, such as gardening and baking.

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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 received care which met their needs and reflected their preferences. They told us they received personalised care from staff who knew them well.
- People were well dressed, clean and had opportunities for regular baths and showers.
- Care plans were appropriately detailed and included personalised information. These were regularly reviewed and updated. Staff completed records to show they had provided care, and these were reviewed by managers to make sure care plans were followed. The staff knew people well and were able to talk about their needs and how they liked to be cared for.

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 met. Their care plans included information about how people communicated and any barriers to this. Staff supported people with visual clues and using words and gestures people understood to enhance communication.
- People had opportunities to have their hearing and eyes tested to make sure they had the equipment they needed.
- Information about the service was available in different formats for people who needed this.

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 take part in a range of different activities. The provider employed 2 staff who planned, coordinated, and ran group and individual leisure activities. These included regular events and clubs as well as outings and entertainers.
- People's birthdays, religious celebrations and other special events were celebrated.
- The provider had links with local community groups, including schools, who visited.
- The care home had a minibus and used this for regular outings and trips for people to local places as well as longer day trips and outings.
- There were a range of facilities and equipment available for people to use for leisure and social activities. These included books, craft and art supplies, as well as sensory equipment for relaxation sessions.

● People were supported to stay in contact with their friends and families. The staff supported them to use phones and mobile tablets to make calls to others. Visitors were welcome at any time and were able to support people and share experiences with them if they wanted. The provider also hosted community events giving people opportunities to meet with others at a social event.

End of life care and support

● People were cared for and supported at the end of their lives. The staff had undertaken training to understand about providing good end-of-life care. The nurses were trained to give specialist medicines and support when needed. The staff worked closely with the palliative care teams to help support people to have comfortable and pain free care.

● The staff explained how they felt proud of their work supporting people at the end of their lives and in death, making sure their individual wishes were met. People's families were able to stay at the home for as long as they needed and overnight when they wanted to support and be with loved ones.

● The staff had created end of life care plans for each person which set out their needs and wishes. Staff understood about people's cultural and religious needs and worked with people's families to make sure these were respected and met.

Improving care quality in response to complaints or concerns

● There was a suitable complaints procedure. People living at the service, relatives and staff knew who to speak with about concerns and complaints. People felt they would be listened to, and complaints would be acted on.

● We saw that complaints and concerns had been investigated and improvements had been made to the service.

Good

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- The provider's systems for monitoring and mitigating risks had not always been operated effectively. For example, medicines were not always managed in a safe way and there were some risks within the environment including unsecured cleaning products and areas where deep cleaning was required. The provider made improvements in the areas where we identified concerns following our initial feedback after our visit.
- There were effective systems for improving the quality of the service. These included a range of different audits and checks by staff, managers, and senior managers within the organisation. We saw that where improvements were needed, the provider acted and developed plans for improvement.

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

- There was a positive culture where people received person-centred care. People told us they enjoyed living at the service and felt well cared for. Their relatives confirmed this. People had the opportunity to comment on their own care and ask for changes. They were involved in monthly reviews and invited to regular meetings to discuss the service.
- The staff felt well supported and were happy working at the service. Some of their comments included, ''It does not feel like a job, this is a happy place, and we get on well with each other and the residents'' and ''I feel teamwork is good and there is good communication between the managers and staff.''
- The provider organised a monthly 'dementia café.' This was an event where families, people using the service and members of the local community could meet for a social event. It was also used to help provide families with information about different aspects of care services and dementia. They hosted talks from other organisations, for example explaining about lasting power of attorney and what to expect when people moved into care.

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 provider understood their responsibilities under duty of candour. They had investigated things that had gone wrong, been open with others and apologised to those who had been adversely affected.
- The provider had submitted notifications to CQC and informed other agencies when things went wrong. They explained what they had done to learn from these and put things right.

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

● The managers and staff understood their roles and responsibilities. The registered manager was a qualified nurse and had relevant management qualifications. People using the service, families and staff explained the registered manager was approachable and supportive.

● The provider had a range of policies and procedures which reflected legislation and good practice. Staff had access to these and were well informed through training and regular meetings.

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

● The provider engaged with stakeholders. They asked them to complete satisfaction surveys and give feedback about care. There were also regular meetings for families, people living at the service and staff.

● The provider kept people informed through a newsletter and notice boards. They used an electronic application to share information with families about what people had been doing. This application included photographs of people enjoying activities or taking part in different events.

● The management team had a daily meeting to discuss the service and make sure people's needs were met and all departments were aware of any changes or important information.

Working in partnership with others

● Staff worked closely with other professionals to monitor and meet people's needs. An external professional told us, ''I have found Charlotte House to be receptive to all feedback, both good and not so good and I like to think we enjoy a good working relationship.''

● The registered manager worked closely with the local authority, commissioning groups and other managers to make sure they understood and followed best practice.