Priory Elderly Care Limited

Charles Court Care Home

Inspection report

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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?	Requires improvement

Overall summary

This inspection was carried out over two days which were 13 July and 15 July 2015 and was unannounced.

Charles Court provides accommodation, nursing and personal care for up to 76 people. At the time of our inspection there were 62 people living at the home.

There was a manager in post who was not yet registered but had applied to become registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

When we last inspected the service on 25 February 2013 we found them to be meeting the requirements of the regulations we assessed them against.

People's needs were met in a way that was kind and caring by staff. We found that staff knew about people's needs and the care provided was good.

People received support when they needed it and people told us that if they needed help with anything staff responded. There were sufficient staff to support people with their needs when they needed it.

Summary of findings

People's human rights were protected. Staff sought people's consent around their care and where people could not make their own decisions, staff made decisions were made in people's best interests.

People had a choice of food, and where recommendations had been made by other professionals regarding their diet or health needs these had been followed by staff. People told us that they felt their health needs were met and that they felt looked after.

The manager had not long been in post and people told us they did not know the manager and had concerns about the stability of management in the home.

People's care records clearly identified any risks and actions taken to reduce the risk. These were regularly reviewed to ensure they continued to accurately reflect people's needs. People had their medicines managed safely and people received their medicines in line with their prescription.

A range of quality audits and checks were completed regularly to ensure that good standards were maintained. We need further assurances that systems to improve the stability and quality of management have been put into place.

Summary of findings

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.

People were kept safe and free from harm because staff knew how to support them and report any allegations of abuse. People told us that there were enough staff to keep them safe and provide support when they needed it. People received their medicines when they were prescribed them.

Good

Is the service effective?
The service was effective.

People told us that they had access to support from other health professionals when they needed. People's human rights were protected as staff knew about best interest meetings and how to make sure people's rights were protected. People told us that they enjoyed the food and were able to make choices around what they wanted to eat and drink.

Good

Is the service caring?
The service was caring.

People were treated with kindness, dignity and respect. Staff supported people to be involved in all aspects of their care. People needs were met in a caring way that respected people as individuals.

Good

Is the service responsive?
The service was responsive.

People were able to make choices in their care and what they wanted to do on a day to day basis. If people's needs changed they were referred to other health professionals and any guidance or instruction was then followed by the staff.

People and their relatives knew how to raise any concerns and that they would be dealt with appropriately.

Good

Is the service well-led?
The service was not well led.

People had concerns that clear leadership had not been established. There were systems in place to monitor the quality of the service and actions had been taken when concerns had been identified.

Requires improvement

Charles Court Care 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.

The unannounced visits took place on 13 and 15 July 2015 and were carried out by four inspectors and a specialist advisor in dementia care. We brought the date of the inspection forward due to information of concern that we had received.

Before our visit we reviewed information we held about the provider including statutory notifications and information relating to the service. Statutory notifications include information about important events which the provider is required to send us. We also asked the local authority for information about the care provided by the service.

As part of the visit we spoke with 16 people who lived at the service, eight relatives and visitors, ten members of staff and the deputy manager. We observed how staff cared for people and looked at four people's care records. We also received feedback from health and social care professionals.

Because we were unable to speak with all of the people that lived at the home we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people receiving care.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the home. One person said, "It's marvellous, there is nothing that worries me here." Another person said, "I am comfortable, they [staff] make sure we are all alright." A relative told us, "[Person's name] can be challenging at times. What they do here is great; the staff are really good at keeping them and other people safe." We observed times when staff were able to reassure a people to help them to feel safe. For example one person had become disorientated and distressed and was asking for their room. A staff member quickly responded and spoke with them in a calm manner. The person was then helped to find their room and the staff member did not leave them until they had settled. We spoke with this person later in the day and they appeared to be happy and relaxed.

The staff we spoke with were able to tell us how they protected people from any abuse. They told us that they would in the first instance go to the deputy manager. They were also able to tell us how they would report concerns externally to the CQC and local authority. They felt they would be supported by the managers who would take swift action if concerns were raised. All staff we spoke with demonstrated that they knew about the safeguarding and whistleblowing policies for the service. The operation director also showed us the reporting system and how this was used. We could see in the records that incidents of safeguarding concerns had been reported dealt with appropriately.

One person told us about how the staff had worked with them to get them walking again. This person said, "They [staff] have encouraged me gently and safely." A relative told us, "They have to really try to motivate [person], but staff try really hard and provide support and reassurance to [person] so that they feel safe." We saw that staff always made sure people knew what was happening and that they felt safe and comfortable before doing anything. Two staff supported them throughout, and used appropriate moving and handling techniques to reduce the risk of falls.

People told us that although staff were busy they did respond when needed. One person said, "When I ring the bell they [staff] come quickly." A relative told us, "I can see that staff are constantly busy, and do not really have any spare time to spend with people. However if someone needs help the staff get there in good time." We saw that when people asked for support this was given. For example lunchtime we saw that staff were able to provide support to people that needed it. Through the day we saw that when people required personal care staff were around to provide this in a way that was timely. Staff told us that staffing levels were sufficient to enable people's needs to be met. We could see that there was a system in place to ensure that adequate staffing levels were maintained and any gaps in the rota would initially be covered by other staff, if this could not be done then agency staff were used.

Staff told us that as people's needs changed staff levels were increased. One member of staff told us that recently an additional member of staff had been recruited because a person required 1:1 support through the day. We saw that this person was receiving the 1:1 support that had been identified. The operation director told us that staff levels did change with the number of people living there and also when people were identified as needing additional support. They told us that hours had been identified as needed and recruitment had started specifically to support more individual hobbies and interests. The manager and staff confirmed that additional recruitment had started. Staff said that before they started work, checks were made to make sure they were suitable to work with the people who lived at the home. These included reference checks and also checks with the Disclosure and Barring Service (DBS) to make sure people did not have a criminal record.

A relative told us, "We have never had any problems with the medicines. They are given on time by staff that know him and know what they are doing. We saw that people received their medicines safely, when they needed them. Medicines were stored appropriately and records of medicines given were maintained. We saw that staff did not make people feel rushed with taking their medicines. Staff talked with the person and provided support for the person to take their medicines safely.

Good

Is the service effective?

Our findings

All of the people that we spoke with said that staff had the skills and knowledge to meet people's needs. One person who lived at the home told us, "The staff are so good they seem to know what they are doing." A relative said, "I have complete confidence in the staff knowledge, approach and abilities." All of the staff that we spoke with said they had received induction training when they commenced working at the home and felt they had access to ongoing training. This training covered areas important to their roles such as safeguarding and moving and handling training. One staff member told us, "The company [provider] are keen to make sure that we get training and develop." Another staff member said, "It helps us to understand people's needs better." The staff we spoke with said that they received regular supervision form their direct line managers and that they had good support from the deputy manager. Staff told us that they felt that due to the training and support they were able to meet people's needs and what we observed confirmed this. For example we observed a person who had become anxious. We saw a staff member respond in a calm manner and identify what the person needed. The person then became calm and relaxed. We spoke with the staff member about this and they told us that they had been shown how to reduce the person's anxiety. They told us this made them feel good as they are able to put into practice what they had learnt.

The people we spoke with told us that they were always given choice over the care they received. Staff were able to tell us about consent and what needed to be done if consent could not be gained. One staff member said, "You simply cannot make someone do something they don't want to." During our inspection we observed staff seeking people's agreement before supporting them and waiting for a response before acting on their wishes. Staff took time to explain and made sure that people had understood the questions asked of them. One relative told us, "[Person's name] is quite stubborn sometimes, although staff are so patient and they never force him to do anything."

We asked staff about what happened when people did not have the capacity to make decisions themselves. Staff told us about decisions being made in people's best interests and they demonstrated understanding of the principles of the Mental Capacity Act 2005. The care records we looked at confirmed that where people could not consent to treatment, best interests meetings which included family and key professionals involved in the care of the person had taken place and decisions made on a person's best interests. The deputy manager was able to tell us situations where mental capacity assessments had been completed. Applications for Deprivation of Liberty Assessments (DoL) had been made for people where it was felt their liberty and freedom may be deprived. An example that was given was how some doors are locked in the home to ensure people's safety and where for some people this may deprive them of being able to move freely around the home. The staff we spoke with also had an understanding of the deprivation of liberty safeguards.

People told us that they received good care and treatment. One person said, "They look after me here. If I want a doctor they get me one." A relative told us, "The staff are really good at identifying if any other professionals are needed." We saw that staff had routinely monitored people's health needs and engaged relevant professionals. For example a relative told us how the person's health had deteriorated, so the person had been referred to a community nurse. The relative told us that since then there has been a steady improvement in the person's health.

People told us that they enjoyed the choices of food on offer. A relative told us, "[Person's name] enjoyed two breakfasts this morning because this is what he wanted. They will always prepare something if people do not like what food is on the menu." Where monitoring of people's food and drink intake was needed this happened. For example one person had a bladder problem and in their care plan it stated that their fluid intake needed monitoring. We found that monitoring had taken place and where any concerns had been identified it had been raised with the doctor. We observed that people who stayed in their rooms were given the same access to food and drink that people in other areas of the home had.

Good

Is the service caring?

Our findings

One person said, “The staff are lovely.” Another person told us, “They look after everyone.” A relative told us, “They [staff] don’t just care for my husband, they care for me too. They reassure and support me and even give me a hug when I need one.” We saw that people were treated with kindness and compassion. One person had become anxious and distressed and we saw that a member of staff took time to find out what was wrong and offer guidance and reassurance. As a result the person became calm and relaxed.

When people needed personal care staff were discreet and respected people’s dignity. Staff spoke with people in a respectful and dignified way. Staff made sure that they were at eye level with the person so they did not look intimidating by standing over them. A staff member said, “This is people’s homes, we should always respect people for who they are.” People and their relatives were involved in planning their own care and support. They told us that staff kept them informed and they understood what support they needed. Some of the staff that we spoke with told us that they had attended training around dignity in care. The operation director told us that the provider made dignity training for all staff to attend. We spoke with staff who told us that they felt it was essential that people were respected as individuals. We could see from the way that staff spoke with people that this was the case.

People and relatives told us that staff always took the time to make sure that people could understand what was being said, and given time to make choices. One person said, “They [staff] really do help me. We do get asked and have a choice around care.” One relative said, “It can be difficult to understand what [person] says but staff take time and do really well.” Throughout our visit we observed staff using a variety of different ways to communicate with people. We saw that some people needed additional gestures and prompts, whilst other people needed things repeated and to be given time to think about what was being asked. We saw that when people required additional support with their meal staff assisted in a kind and dignified manner.

Good

Is the service responsive?

Our findings

Some people told us that they had been involved in planning their care. We could see where some people had been involved in reviews of their care and where this was not possible due to a person's needs, relatives and the people that knew them best were involved. People and relatives told us that they felt care was individualised and centred on a person's needs. One relative said, "They[staff] are very good really. They try to tailor what they are doing to what they know [person] likes." Staff were able to tell us about people's likes and dislikes and specific care needs. We saw that staff took time to make sure that people's needs were being met. We saw that as well as having opportunities to join group activities, some people were supported with their own personal interests. We observed staff taking time to engage with one person who had very limited verbal communication. Staff spent time holding their hand and after a time the person began moving their hand to the music that was playing in the background. The person continued to move their hand to the music even though the staff member had left to respond to someone else. We saw other examples where staff took time to respond to what people wanted. For example a staff member was sat talking with a person. After the staff member had left we asked the person about what they had just done. They said, "I like talking about my family, it's nice." The staff member told us, "Just a few minutes chat about [person] family and their face lights up and they are happy." The staff were able to tell us about people's individual needs and the care we saw matched what was identified in people's care records.

The people that we spoke felt able to raise concerns or complaints. One person said, "I would speak tell the staff." Another person said, "[deputy manager] would listen." The relatives that we spoke with felt that if they raised any concerns or complaints they would be listened to. We looked at the process for managing complaints and found that it provided a framework with which complaints were tracked by the provider as well as the manager until they had been resolved. We could see where complaints had been recorded and where action had been taken to resolve them. The operation director told us that the provider maintained an overview of complaints as these were monitored electronically, collated and any learning points discussed with the manager.

Requires improvement

Is the service well-led?

Our findings

The home has lacked consistent leadership and management since they were registered. The new manager had been in post three months at the time of our inspection, however the people that we spoke with felt that they did not know the manager. We asked staff and some staff were unable to tell us who the manager was, and other staff felt that the manager did not take time to engage with staff. One staff member said, "I have met the new manager a couple of times but not really seen [manager] much. I feel that it is [deputy manager] who takes the time with staff." Another staff member said, "I feel we have no interaction from the manager." What the relatives told us matched the concerns of staff. One relative said, "[deputy manager] is approachable, but apart from the initial introduction I do not have much to do with [manager]." Another relative said, "I have yet to be convinced that we have stable management here that I can go to." The manager lacked the visibility necessary to inspire and motivate staff, and to address people's concerns around management of the home. We asked the operation director what was being done to action this. They told us that the emphasis was to get visible, stable management in the home.

Following the visit the manager told us that they had a variety of actions identified to address people's concerns around management. These included reviewing staff supervisions, staff meetings, regular meetings for the people that lived there and also for their relatives and the first monthly managers' surgery for staff was scheduled for August. The manager told this provided a planned time for staff to meet with the manager and was to, "Encourage staff to make suggestions either alone or in groups." They told us that with the plans for additional staffing and management stability to a service that had not always had this; the vision was a service that strove for improvement. However we were unable to test this vision and actions as they were not established at the time of our inspection.

The manager had arranged a recent learning event for people and their relatives. People had the opportunity to understand more about dementia and the support they may need. One relative told us, "This was a chance for us all [relatives] to be together and share our experiences and gain understanding." Another relative said the session was, "Incredibly helpful." The manager told us that more of these sessions were planned for the relatives.

The manager had oversight of how the service was performing through a range of quality assurance systems. We saw that actions had been taken following a medicine audit. One of these actions was the scheduling of a full external pharmacy audit. The operation director told us that this was to provide additional assurances that the medicine systems were good and robust. The deputy manager said that they had a daily handover with the manager about any clinical aspects of the people that lived there and we saw that a system was in place to identify any actions that were needed.

Staff told us that they felt supported by the deputy manager and their line managers. One member of staff said, "We can go to any of the nurses or [deputy manager] and they listen." Staff knew about the whistleblowing policy in the home and felt confident in raising any concerns. One staff member told us, "We have a duty to protect people and if I saw something I would report it."