Amore Elderly Care Limited

Charles Court Care Home

Inspection report

The Ploughman
Hereford
Herefordshire
HR2 6GG

Tel: 01432374330
Website: www.prioryadultcare.co.uk/find-a-location/charles-court-care-home

Date of inspection visit:
13 December 2022
14 December 2022

Date of publication:
28 February 2023

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Charles Court Care Home is a care home providing personal and nursing care to up to 75 people. The service provides support to younger and older people who may live with dementia. At the time of our inspection there were 60 people using the service. Charles Court Care Home accommodates people in one adapted building.

People's experience of using this service and what we found
Improvements had been made to the way people's risks were managed and the information provided to staff to guide them how to care for people. However, some further improvements were required in the way people's medicines were managed and staff practice, to ensure people's safety needs were consistently met.

Some of the checks on the quality and safety of the care provided had improved. Further development of the checks undertaken on the care provided to people was needed, to ensure opportunities for learning were consistently identified and improvements promptly driven through in people's care.

People were protected from abuse. Staff were safely recruited and there were enough staff to meet people's safety needs. Where people were supported by temporary staff, they worked alongside more experienced staffs where possible.

People told us staff who regularly supported them knew how to assist them. Staff had received relevant training to develop the knowledge they needed to care for people and.

People, relatives and staff were involved in assessments and people were promptly and appropriately supported to see other health and social care professionals so they would enjoy the best health possible. People were supported to have enough to drink and eat so they would remain well.

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.

People, relatives and staff said the registered manager and senior staff were approachable and listened to their suggestions. Staff told us they felt listened to and supported to provide good care.

Why we inspected
We received concerns in relation to the safety of people's care and how people were supported to obtain care from other health and social care professionals. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained requires improvement based on the findings of this inspection. The provider began to address these concerns during the inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Charles Court Care Home on our website at www.cqc.org.uk.

Rating at last inspection and update
The last rating for this service was requires improvement (published 28 March 2020) and there were breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect. We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Charles Court Care 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.

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 team consisted of 3 inspectors and a specialist advisor in nursing, at Charles Court Care Home. In addition, a fourth inspector spoke with relatives on the telephone.

Service and service type
Charles Court Care 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. Charles Court Care 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 on the first day. We announced our intention to return to the home for

the second day of the inspection.

Inspection activity started on 13 December 2022 and ended on 6 January 2023. We visited the location's service on 13 December 2002 and 14 December 2022.

What we did before the inspection
We reviewed information we had received about the service. We sought feedback from the local authority. 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. We used all of this information to plan our inspection.

During the inspection
We spent time seeing how people were cared for and spoke with 4 people living at the home and 6 relatives, to find out their views about the care provided. We 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.

We spoke with 16 staff who worked at the home, including the registered manager and deputy manager. We spoke with 10 care and nursing staff and 4 ancillary staff. The ancillary staff included maintenance, administration, housekeeping and catering staff. We also spoke 2 provider representatives, including an operations manager and a quality lead.

We reviewed a range of records. This included 13 people's care records, multiple medication records and records showing what action had been taken to support people's clinical needs. We looked at records relating to the safety, quality and management of the service. These included checks undertaken on the premises, staff training and competency, the administration of people's medicines and staff recruitment records. We also reviewed a range of policies and records showing how information was communicated to staff across different shifts and after incidents.

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 requires improvement. At this inspection the rating has remained 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.

Assessing risk, safety monitoring and management; using medicines safely

At our last inspection the provider's procedures for mitigating the risks to people's health and safety were not sufficiently robust. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People and relatives were positive about how safety needs were met. One person told us, "I feel safe knowing if I call the bell someone will come." One relative told us, "Yes, I feel [person's name] is safe. I have no concerns with their physical safety."
- Another relative told us staff were particular to let them know if their family member needed any additional medicines, or had changes to their prescriptions. The relative said, "They [staff] keep us updated and tell us what is happening."
- People's safety risks had been identified, and plans had been developed with people, their relatives and other health and social care providers. This provided staff with the guidance they needed to promote people's safety. For example, in relation to people's health, wounds and falls management.
- Staff now had a good understanding of how to support people who required a specific texture of food to reduce their risks such as choking. There had been improvements in the way equipment to promote people's safety needs was maintained and replaced as needed.
- There had been improvements in the way people's medicines were managed. For example, information to support staff to safely administer people's medicinal creams was now clear. People's medicines continued to be safely stored and some areas of recording in relation to controlled drugs remained in line with NICE Managing medicines in care homes guidance.
- The majority of people received their medicines safely and as prescribed and from staff who had been trained to do this. However, we found one person's prescribed pain relief medicine had recently changed and this had not subsequently been administered in line with the new instruction from the prescriber.
- There were occasions where information provided to staff to support people to manage their risks required further updating. For example, in relation to pain management and to ensure staff were always guided to assist people to be repositioned appropriately. This increased the risk people may experience pain, or poor skin health.
- There were some inconsistencies in how staff supported people to remain safe. For example, when assisting people to move and when ensuring people were appropriately positioned during meals.

● People's medicine administration records had not always been accurately completed to confirm what medicines had been administered and what time they had been administered. This included occasional unexplained gaps in people's medicine administration records. We also found there were some inconsistencies in records to confirm people's pain-relieving patch remained in place.
●The registered manager and provider started to take immediate action to address the care planning and medication concerns during the inspection. We saw this learning had been communicated promptly to staff, so people's needs would be met.

Systems and processes to safeguard people from the risk of abuse
● People were protected from the risk of abuse. People told us they got on well with staff and they would be happy to raise any concerns they had about their safety. One relative told us about the care their family member received, and the actions taken by staff to protect them. The relative said, "It's all good. If anything was wrong, I would tell you."
● Staff had received training and knew how to recognise and respond to any signs of abuse. Staff told us they were confident senior staff would take action to support people, should this be required.
● The provider and registered manager worked with other agencies to protect people.

Staffing and recruitment
● There were enough staff to care for people and meet their safety needs. During the inspection people's calls for assistance were promptly responded to.
● People and relatives told us care was sometimes provided by temporary staff, who did not know people as well as permanent staff. Where temporary staff were used, they were scheduled to work alongside more experienced staff, so people's needs would be met. One staff member said, "Permanent staff have sometimes been outnumbered by agency [staff] but it is still safe."
● The registered manager and provider had successfully recruited enough permanent nursing staff and were progressing permeant care staff recruitment.
● Staff were recruited safely. Checks had been completed before staff started their employment at the home. These included taking up references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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. Some further cleaning was required to a limited number of surfaces, such as windows, sinks and door frames. This was addressed during the inspection.
● 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.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. We found the likelihood of the spread of infection could be further reduced through correct storage and prompt disposal of sharp items, consistent labelling of food items, further maintenance of porous surfaces and replacement of a fridge which was rusting. Immediate action was taken to address this.
● We were assured that the provider's infection prevention and control policy was up to date.
● People and relatives told us there were pre-set visiting hours, but they had the opportunity to maintain relationships which were important to them. Staff told us the pre-set visiting hours had been introduced so

people had protected mealtimes, to ensure people's nutritional needs were promoted. Staff gave us examples of how this approach was adapted, in line with people's needs and preferences.

Learning lessons when things go wrong

- Where any incidents or accidents had occurred, these were recorded and reported to senior staff for investigation.
- Senior staff promptly reviewed these and took appropriate actions to communicate any learning to staff, to help to keep people safe.

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

- Most people's needs had been assessed when they moved to the home. People and their relatives were part of this process. One relative told us, "We were involved in the initial assessment. We had a meeting with nurse in charge the day after [person's name] moved [into Charles Court] and were involved in planning [person's name] care."
- One person who had recently moved to the home had not had the full range of assessments required to ensure their care needs were fully identified. Senior staff addressed this without delay.
- Relatives gave us examples showing they had been consulted when their family member's assessments and care plans were updated. This included where their family member's needs had changed.
- Staff told us if they noticed people's needs were changing, they let nurses and senior staff know and people's needs were appropriately reassessed.
- People's assessments reflected advice given by other health and social care professionals. This helped to ensure people's needs were full identified, so they would receive the care they wanted.

Staff support: induction, training, skills and experience

- Relatives told us staff who regularly looked after their family members had the skills and knowledge to help them. One relative said, "Main [permanent] staff know [person's name] well, and staff support him in the right way."
- Staff gave us examples of training they had undertaken which was linked to the needs of the people living at the home. This included training to assist people to move around the home and to promote their safely.
- New staff were supported through induction training and opportunities to work alongside more experienced staff. This gave them the chance to find out how people liked to be cared for.

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

- People's nutritional and hydration needs were considered when their care was planned, and people received support to eat and drink enough to maintain their health.
- People told us they enjoyed their mealtime experiences. One person said, "The food here is nice." Another person told us they were encouraged to ask for extra drinks when they wanted them.
- Relatives were positive about the food provided to their family members. One relative said, "The food looks good and [person's name] eats it all."
- We received some feedback there were occasions where meals were not hot enough when served. The registered manager gave us assurances this would be addressed.
- Guidance was available at key points within the home to support staff to provide drinks and food safely,

where people required a specific texture of food and drink.
● Staff communicated information about people's nutritional and hydration needs at regular meetings. We found where people had complex physical health needs their fluid records showed they had good levels of hydration. However, the systems used to record people's fluid intake could be further improved. This was because people's fluids were sometimes recorded in multiple places. We found no evidence of harm to people, but this may increase the risk staff would not be able to effectively check people had received enough to drink to remain well. The registered manager gave us assurances they would address this without delay.

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 obtain health advice. Relatives told us the quality of care and communication from staff was good when their relatives were ill.
● Staff told us they were guided on how to meet people's health needs through regular visits from the advance nurse practitioners and consultations with people's GPs.
● Where staff had concerns for people's health this was escalated appropriately to other health and social care professionals. Staff gave us examples of how they worked with other health professionals, such as memory services, tissue viability services, diabetes and falls specialists. This helped to ensure people's health and well-being needs were met.

Adapting service, design, decoration to meet people's needs
● People were confident to ask for support to personalise their rooms, so they had items to hand which comforted them. We saw staff promptly assisted people to achieve this.
● Relative told us they were able to meet with their family members in quiet and private areas when they wished to. All relatives told us they valued the fact the home was clean and well-presented. This helped to ensure people's comfort and well-being.

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.

● Relatives told us they were appropriately involved in key decisions about their family member's care.
● Staff took time to ensure people were consenting to care and explained how they were proposing to help people.
● Systems were in place to seek DoLS authorisations, and to manage these. Where people had conditions

on their DoLS authorisations these were either fully completed, or in being actively progressed. This helped to ensure people's rights were promoted.

Requires Improvement

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 requires improvement. At this inspection the rating has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had not implemented sufficiently effective quality assurance systems and processes. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There had been improvements in the checks undertaken by the registered manager and provider in relation to key areas of people's care, such as their skin and wound management.
- We also found improvements in the guidance given to staff to support them to manage elements of people's risks. For example, when people were supported to eat safely.
- Where areas of learning had been identified, findings were promptly shared with staff, so they knew what action to take to further improve people's care.
- However, opportunities for learning were not always maximised, as some of the provider's checks had not identified some of the concerns we identified during our inspection. These included inconsistencies in the way people's risks were managed, the management of people's medicines and staff competency assessment checks.
- We also found prompt action had not always been taken to update people's pain assessments. This increased people would experience unnecessary pain.
- The provider and registered manager took immediate action to address these concerns. They also provided assurances their governance systems would be further developed, and required actions implemented.
- Other checks undertaken by the registered manager and senior team were working well. For example, reviews of safety incidents to identify any patterns or trends. This helped to ensure people received the care they needed.
- A new registered manager had been appointed since our last inspection. They told us they were committed to ensuring people received improving care. Staff confirmed the registered manager and senior team were proactive in guiding and supporting them to develop people's care further. This included through feedback form daily checks undertaken and through effective communication with staff.

● The registered manager understood what key events needed to be communicated to the Care Quality Commission.

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

● People told us the culture at the home meant Charles Court Care Home was a good place to live because of the relationships they had developed with staff. One person said, "They [staff] are kind, try and help me as much as they can. They have a nice sense of humour and are very caring."

● The approach taken by staff meant people were encouraged to let them know what care they wanted and staff responded to this.

● One person told us there had been an occasion where staff practice meant they did not always feel their privacy needs were met. We made the registered manager aware of this and new processes were put in place to ensure this was addressed.

● Some relatives gave us examples showing how staff tailored the care provided to their family members and based this on their previous preferences, so people would achieve the best outcomes possible. However, other relatives said their family member's individual needs were not always met. For example, staff did not consistently assist their family members to spend time out of bed.

● Some relatives told us communication with staff was very good. Other relatives told us they were not always able to contact staff quickly during the evenings or at weekends.

● Staff were positive about the support they received to provide care to people. One staff member told us, "This is a good place to work. There are some really good carers and staff want best for people, and work hard [to achieve this]."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● People's and relatives' views on the care provided were gathered through meetings and day to day discussions with staff. Relatives told us staff listened to them and action was taken if relatives had any suggestions for improving their family member's care. One relative gave us examples of suggestions they had made and said, "They are quick to respond to my suggestions." This helped the person to remain well.

● Staff told us they found the registered manager and senior team approachable and said this encouraged them to make suggests to improve the running of the home. One staff member told us, "Management are very good, I cannot complain at all. If there are any problems, you go in talk. If it can be sorted, they will sort it. [Registered manager's name] is great."

● Staff worked with other health and social care professionals, such as people's GPs, tissue viability and falls specialists, and social workers, to help to ensure people received the care they wanted and their needs were met.

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 they were required to be open and honest in the event of something going wrong with people's care.