

Park Homes (UK) Limited

Charlotte Grange Care Home

Inspection report

Charlotte Grange
Flaxton Street
Hartlepool
TS26 9JY

Tel: 01429860301

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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 Grange Care Home provides accommodation and personal care for up to 46 people, some of whom are living with dementia. At the time of the inspection there were 45 people living in the home.

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

People felt safe living in the home and with the support they received from staff. People, relatives and health professionals spoke positively about the staff and described them as very kind and caring. Comments included, "I'm comfortable and safe" and, "[Family member] is happy here, she says she would recommend it."

Staff safeguarded people from abuse. Risks to individuals and the environment were well managed. There were enough staff to meet people's needs. The provider learned from accidents and incidents to mitigate future risks. Medicines were safely managed. Infection control processes were embedded into the service and staff followed government guidance in relation to infection control and prevention practices. People told us, "They clean my room regularly" and, "Oh yes (clean). They are very good, every day I go into the lounge, it's spotless."

People's needs were assessed before they moved into the home and on an ongoing basis. Staff were suitably trained and received regular supervisions. People were supported with their nutritional needs and to access a range of health care professionals. People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were well supported and cared for. Staff treated people with respect and supported them in a dignified manner and in line with their wishes. People were supported to follow their chosen faith. A person told us, "I had communion here yesterday. The priest comes from St Josephs."

People received person-centred care and care plans detailed how they wished to be supported. Staff knew how to effectively communicate with people and communication methods were detailed in care records. People and relatives knew how to raise concerns and any complaints received were fully investigated and actioned. People enjoyed a wide range of activities inside the home and accessed the local community.

The home was well managed. People and relatives were complimentary about the home, staff and care people received. The provider had an effective quality assurance process in place which included regular audits. People, relatives and staff were regularly consulted about the quality of the service through regular communication, surveys, meetings and reviews. The provider worked collaboratively with the assigned GP practice. A health professional who visits the home weekly to check on people said, "Charlotte Grange is a very engaging home. They have embraced this process from day one. The care plans and staff are really good and I have a good relationship with the staff and manager."

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

Rating at last inspection

This service was registered with us on 12 October 2021 and this is the first inspection. The last rating for the service under the previous provider was good, published on 26 January 2019.

Why we inspected

This was a planned inspection to formally rate the service.

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?

Good ●

The service was 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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Charlotte Grange 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.

Inspection team

The inspection team was made up of 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Charlotte Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement dependent on their registration with us. Charlotte Grange is a care home without 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 provider registered the location with us. We sought feedback from the local authority and professionals who work with the service. 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 this information to plan our inspection.

During the inspection

We spoke with 6 people and 4 relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, deputy manager, a senior care worker, the activities co-ordinator, kitchen staff, care staff and the administrator. We also received feedback from 2 other staff members. 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 reviewed documentation, inspected the safety of the premises and carried out observations in communal areas. We reviewed a range of records including 4 people's care records, medicines records and quality audits. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

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 for this newly registered service. 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

- Staff supported people to keep them safe from harm. One person said, "I'm safe, oh yes, the girls [staff], I would trust them anywhere. They are all lovely."
- Staff knew people very well and were aware of how to report any safeguarding issues or concerns. Staff had completed safeguarding training. One staff member said, "I am very confident about being able to raise a concern using the whistle blowing procedure."
- Safeguarding alerts were raised with the local authority in a timely way, when required.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff assessed and managed risks to people's health, safety and wellbeing effectively.
- The premises were safe. There were environmental risk assessments in place including fire, and regular checks and testing of the premises and equipment were carried out. One person said, "The fire alarms went off yesterday, they test them pretty regularly."
- Staff recorded accidents and incidents appropriately and in a timely way. The registered manager monitored and analysed records to identify any trends or lessons learned.

Staffing and recruitment

- There were enough staff to safely meet people's needs. People told us, "I don't wait very often, they get anything I want. They sit on the bed and chat" and, "They keep coming in and checking on me. I wait five to ten minutes if I buzz. But if I need to use the commode, they come straight away."
- The registered manager determined staffing levels in line with people's individual support needs.
- Staff were recruited in a safe way. The provider had an effective recruitment and selection policy and procedure in place which included all appropriate checks.

Using medicines safely

- Staff safely administered and managed people's medicines. Comments included, "They [staff] do give me the tablets on time, and painkillers as needed. They are on the ball and organised, I'm not worried about anything" and, "They [staff] look after the tablets for you."
- Staff had received medicine's training and regularly had their competence assessed.
- Regular medicine checks and audits were carried out to identify any errors and take appropriate action.

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.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 for this newly registered service. 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 were assessed before they received support. This meant the registered manager could make sure staff were able to effectively meet people's needs.
- People's choices and preferences were included in their assessments and associated care plans. These were regularly reviewed and updated in line with people's changing needs and wishes.

Staff support: induction, training, skills and experience

- Staff completed regular training to make sure they had the correct skills and knowledge to appropriately support people.
- Staff completed a comprehensive induction at the start of their employment.
- Staff were supported in their roles through regular supervisions, observations and appraisals.

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

- Staff encouraged and supported people to maintain a balanced diet. Comments from people and relatives included, "The food is really good, oh yes, good cook" and, "There's plenty of drinks and snacks."
- Care records detailed any specific dietary needs people had and what support they required from staff.
- People were given choices of food to make sure their preferences were considered. A cook told us, "Either myself or [kitchen assistant] go around on a morning and ask everyone what they would like. We have alternative options they can choose if they don't want the main meal. Today's lunch is toad in the hole but a number of people have chosen to have omelettes and jacket potatoes instead."
- Risks associated with eating and drinking, such as choking, were fully assessed and safety measures were detailed in care plans.

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 maintain their health. Staff assisted people to access support from health care professionals such as GPs, speech and language therapists and dieticians, when required.
- Care records documented engagement people had with health care professionals and recommendations were incorporated into care plans and followed by staff.

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

- The home was appropriately decorated, adapted and designed to meet people's needs.
- There were themed areas in different parts of the home, such as an English countryside and a beach theme.

- People personalised their rooms with things important to them such as ornaments, pictures and family photos.

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.

- Staff supported people in line with MCA and best practice guidance.
- The registered manager applied for DoLS authorisations in a timely way and monitored those received to ensure they remained in date. DoLS authorisations were incorporated into people's care plans.
- Staff had received MCA training and sought consent from people prior to providing support.

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 for this newly registered service. 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

- People felt respected, listened to and very well cared for. People told us, "They are as helpful as possible. I find generally the staff are very good" and, "They are all kind they really are. They understand people's circumstances."
- Equality, diversity and human rights policies were in place to make sure the person was treated fairly, regardless of their age, sex, race, disability or religious belief.
- Staff supported people to follow their chosen faith. The registered manager said, "Some people are following Catholics or Christians and a clergyman visits the home on a Wednesday to deliver holy communion and speak with those who wish to speak with him."
- Staff spoke very fondly about people and interacted with them in a warm and friendly manner.

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

- People and their relatives were involved in making decisions about their care. People told us, "I feel involved in my care. I have a copy of the care plan' and I recently had a review. They tell me what's going on."
- I feel involved in the care" and, "I have control of my routine. I get up after eight. I choose the place if I want to go out. I get the care the way I want it."
- Some people had relatives who advocated on their behalf which was clearly documented in care records.
- Staff knew people's choices and preferences in relation to their care and these were detailed in their care plans. One person said, "They really are good in here. They know what I like and don't like."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people in a dignified way and respected their wishes and choices. Staff knocked on people's doors prior to entering their rooms. One person said, "Oh yes, I'm treated with respect and dignity. They (staff) try very hard and have a lot of patience."
- Staff promoted people's independence. One person told us, "They help me to be independent, if I say, they let me do it. If they think it's dangerous, they stand behind me and make sure (I'm safe)." Care plans detailed people's capabilities and what daily tasks they required support with.
- People's personal information was stored securely. Care records were stored in lockable cabinets or electronically and could only be accessed by authorised staff.

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 for this newly registered service. 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 received person-centred care which met their needs and preferences. Care plans instructed staff how to support people in line with their needs and wishes.
- Staff regularly reviewed care plans to ensure they reflected people's needs.

Meeting people's communication needs since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had their communication needs assessed as part of their initial assessments and these were regularly reviewed. Alternative ways of communicating with people were detailed in care plans.
- People could access information in other formats such as large print, if needed.

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 enjoyed and took part in a wide range of activities in the home. People told us, "There's different activities such as music, films nights, a party at Christmas and a party for the Jubilee. When summer comes we go outside (more)" and, "Sometimes I go for bingo. They have kick football and we had a visit from the little kiddies from a local school."
- The home had a dedicated activities co-ordinator who was very passionate about their role and tailored activities to what people wanted to do. We observed a large group of people enjoying a sing along and dancing with staff as well as other activities such as arts and crafts and knitting.
- People were supported to maintain and develop relationships, and to follow their own interests and social activities.

Improving care quality in response to complaints or concerns

- Complaints or concerns raised were appropriately actioned in accordance with the provider's complaints procedure.
- People and their relatives knew how to raise concerns and felt confident in doing so. Comments included, "I would tell someone if I'm not happy, I think they would try to sort it out" and, "I would speak to a senior staff member if there's things I need to get sorted. I would discuss it and it would be sorted out."

End of life care and support

- People's end of life wishes were respected. Care records contained details of people's wishes, spiritual faith

as well as if they had a Do Not Attempt Cardio Pulmonary Resuscitation in place.

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 for this newly registered service. 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 and staff promoted a positive culture in the home. One person said, "It's got an atmosphere, of a place where people live. It's a home, not just a building. It's warm here, the atmosphere."
- The home was well-managed. The provider had received at least 9 compliments since registration, in the form of thank you cards from people or relatives. Comments included, "We would recommend you to anyone as a friendly, homely care home" and, "I know you all gave [family member] the best possible care that I could have asked for."
- Staff told us they enjoyed working in the home and felt passionate about providing people with high quality, person-centred care. They felt management were approachable. Comments included, "She's a nice manager and very supportive. She's very approachable. I would feel comfortable going to her with any problems and have done" and, "I feel as though I could approach my manager if I ever have an issue and it will be dealt with."
- Some staff didn't always feel listened to. We spoke with the registered manager and deputy manager about this and they planned to hold a staff meeting to discuss with staff and resolve the matter.

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

- The provider and registered manager acted on the duty of candour. They conducted themselves in an open and honest way. Statutory notifications were submitted in a timely way for significant events that occurred in the home, such as safeguarding concerns and serious injuries.
- The registered manager and staff understood their roles and responsibilities.
- The provider and registered manager monitored the quality of the service to make sure they delivered a high standard of care and to drive improvement.

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

- Feedback from key stakeholders was used to improve the service. People, staff and relatives were asked to share their views of the service via regular communication, meetings, surveys and reviews.
- The registered manager and staff worked in partnership with other health professionals to achieve positive outcomes for people. People's care records showed involvement and guidance from other agencies such as

GPs, district nurses, speech and language therapists, podiatrists and dieticians.

- Health and social care professionals were complimentary about the registered manager and how they worked together to improve people's lives. One health professional said, "The Manager is really open and always willing to take on any advice and equally happy to share any good practice."