

Lovett Care Limited

Charlotte House

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?	Good ●

Summary of findings

Overall summary

About the service

Charlotte House is a residential care home providing nursing and personal care to 64 people aged 65 and over at the time of the inspection. The service is registered to support up to 103 people over 2 floors. However, some bedrooms within the home have been adapted and the service can only accommodate up to 73 people.

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

Improvements had been made since the last inspection. Risks to people were identified and managed. Where required people were safely supported with their medicines needs. Infection control measures were in place to prevent cross infection. Staff wore appropriate PPE and the home was clean throughout. People told us they felt safe.

People were supported by kind and caring staff who treated people as individuals and with dignity and respect. The provider had robust recruitment systems to ensure staff were safely recruited. Staff spoke knowledgeably about the systems in place to safeguard people from abuse.

People received care and support which was personalised and responsive to their needs. People's choices regarding their care and how they were supported were respected, and there were enough staff to support this. Care plans were kept up to date to reflect any changes in people's needs and wishes.

People and family members knew how to complain, and they were confident about complaining if they needed to. Complaints were used to improve the service. The support required by people with health and nutritional needs was identified and provided.

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.

The management of the home promoted a person-centred service. There was an open and transparent culture and good partnership working with others. The quality and safety of the service was monitored through regular checks.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 May 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that systems and processes to determine safe staffing numbers, training for staff and medicines storage were reviewed and improved. At this inspection we found these recommendations had been acted on and improvements had been made.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Charlotte 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

This inspection was carried out by 2 inspectors.

Service and service type

Charlotte House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Charlotte 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 4 people who used the service and 5 relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, nurses, senior care workers and care workers.

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 three people who use the service and four relatives about their experience of the care provided.

We reviewed a range of records. This included 5 people's care records, and 5 people's medication records. We looked at staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation.

- Risks to people were identified and plans were in place to minimise those risks.
- Risks within the environment were considered and assessed. Equipment was regularly checked to ensure it was safe to use.
- Plans were in place to ensure people's needs would continue to be met in the event of an emergency.

Staffing and recruitment

At our last inspection we recommended the provider reviewed their processes to ensure there were always enough suitably trained and experienced staff on duty. The provider had made improvements.

- There were enough suitably qualified staff to support people. The registered manager told us they had worked hard to recruit permanent staff to reduce the number of agency staff used.
- People's needs were assessed and used to support the calculation of safe staffing levels.
- Staff were recruited safely.

Using medicines safely

At our last inspection we recommended the provider consider current guidance on managing medicines safely and act to update their practice. The provider had made improvements.

- Medicines were managed safely and administered as prescribed.
- Staff were trained to administer medicines and had their competency checked to ensure they were safe to do so.
- Medicines records were audited regularly by the management team to ensure that people received their medicines safely and as required. Audits identified areas of concern and actions were taken promptly to address these.

Learning lessons when things go wrong

- There was a process in place for reporting accidents and incidents which occurred at the home.
- Accidents and incidents were monitored and reviewed, and action was taken to reduce further occurrences.
- When something went wrong learning was shared across the team.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who were trained to recognise and report on abuse.
- People confirmed they felt safe at the home. One person told us, "I'm very happy living here. I'm safe and looked after well. The staff are marvellous." A relative told us, "[Person] is safe and well looked after. Before [person] moved here [person] used to have panic attacks but since being here hasn't had one."
- Records showed that any potential safeguarding allegations had been reported, recorded, and investigated by the registered manager in a timely manner.

Preventing and controlling infection

- Measures were in place to ensure the risks of the spread of infection were reduced. Staff had access to appropriate PPE and wore this as outlined in national guidance.
- We were assured effective infection prevention and control (IPC) policies and procedures were in place at the home.
- The home was clean throughout. A relative told us, "The environment has improved with new management. Carpets are lovely now and cleanliness is better."
- Visiting arrangements at the home were safe and followed 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider consider reviewing their processes to ensure staff were suitable trained and competent in their roles. The provider had made improvements.

- Staff had the required knowledge, skills and experience to undertake their role. One person commented, "The staff are lovely and help me with what I need".
- Staff had all completed an induction and shadow shifts at the start of their employment. They were provided with ongoing training and supervision to meet the requirements of their role. Staff were positive about the training and support at the home.

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

- People's needs and choices were assessed prior to them moving into Charlotte House, or as soon as possible following an emergency admission.
- Outcomes of assessments, including those obtained from other professionals, were used to develop care plans which described people's needs and choices and how they were to be met.
- Regular care plan reviews had taken place to check people's needs were being met and to make any changes.

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

- Staff worked closely with other agencies to ensure people's needs were met. People were supported to access a range of health care services.
- Where incidents or concerns about someone's health were raised, we saw advice and referrals for healthcare support were sought promptly.
- People were supported with their oral health needs. Plans were in place that detailed the level of support each person needed.

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

- People were supported to maintain a healthy and balanced diet.
- People at risk of malnutrition and dehydration received the support they needed. Their weight, food and fluid intake were monitored, and referrals were made to dieticians where this was required.
- Staff including kitchen staff were aware of people's nutritional and special dietary requirements and they prepared meals and drinks in accordance with people's needs.

- People told us they were offered a good choice of food and drink which they enjoyed. One person said, "The food is very good. I enjoy the cooked breakfast, but we always get choice."

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 had systems in place to assess, review and report on people's capacity and decision-making abilities. Decisions were specific and assessments detailed involvement with others.
- DoLS processes were in place and ensured restrictions on people's liberty were lawful.

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

- There were communal lounges available to enable people to spend time with others.
- Adaptions enabled people to safely access the environment as well as promoting their independence. Adaptations included, a passenger lift, bath hoists and grab rails.
- Bedrooms had en-suite facilities, but communal bathrooms were also available. Bedrooms were spacious and people were able to personalise their rooms with photographs and furniture.

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. At this inspection the rating has remained the same. 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. We observed positive interactions between staff and people and saw staff spending time with people in a meaningful way.
- Staff responded promptly to people's requests for assistance and they regularly checked on people's wellbeing.
- Staff received training on equality and diversity which helped ensure they respected people's individual needs.
- People and their relatives told us they felt staff were caring. Comments included, "Charlotte house took her back and looked after her - better than anyone else would have looked after her" and "Staff are very gentle and caring; very caring. They [staff] look after her so well; she's safe."

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

- Staff encouraged people to express day to day wishes, such as which food they wanted to eat.
- People were given opportunities to voice their views and opinions through daily discussions, care reviews, meetings and surveys.
- People's care records included detail of any decisions they made about their care and how staff should support them in line with their views.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff encouraged them to be as independent as they could be, and records and observations reflected this.
- People told us staff were respectful and protected their dignity and privacy. One person said, "Staff tell me what they are doing before they do it. They respect my wishes."
- Staff ensured people's confidentiality was maintained. Personal information was securely stored and only accessed by authorised staff.

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 requires improvement. At this inspection the rating has changed to 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 were supported with person-centred care.
- Staff clearly knew people well and supported them in line with their preferences. People told us they felt care was focussed on them and staff knew exactly how to support them.
- Care plans were adapted based on assessed risks and were reviewed and updated regularly.

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 given opportunities to take part in activities that met their needs and were meaningful and stimulating. We observed people enjoying games of bingo and having a sing-along during our inspection.
- People were provided with the support they needed to develop and maintain relationships.

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's communication needs were identified in their care plans, and staff supported people in line with these plans.
- People had been reviewed by external health care professionals and prescribed visual and auditory aids when needed.
- Information could be made available to people in an accessible format.

End of life care and support

- People's preferences for end of life care and support were identified and recorded if they wished.
- The appropriate documentation was in place for people where they had expressed a wish to not be resuscitated.

Improving care quality in response to complaints or concerns

- Complaints and concerns received were acknowledged and listened to and used to improve the quality of the service.
- People and family members were provided with information about how to complain. They told us they

would complain if they needed to and felt they would be listened to.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this 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.

Continuous learning and improving care

At our last inspection the provider had failed to ensure effective systems were in place to monitor the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation.

- Effective quality assurance systems were in place. The quality and safety of the service was well monitored and follow up actions had been taken appropriately.
- There was a clear commitment to drive continuous improvement at all levels of the organisation. Information from incidents was used to improve the quality and safety of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Governance arrangements promoted the provision of high-quality, person-centred care which fully protected people's human rights.
- The management and staff team had developed positive relationships with the people they supported.
- People achieved good outcomes because of effective partnership working. Staff made referrals to other services, such as dieticians, for additional input, advice and support when necessary to support people's health and well-being.
- The provider worked closely with other professionals, including the local authority, to improve the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was aware of their role and responsibilities, including what events they needed to notify CQC about.
- A range of policies and procedures were in place to help guide staff in their roles. These were updated regularly to help ensure staff had access to up to date procedures.
- There were systems in place to obtain feedback from people, relatives and staff about the running of the home. Feedback was used to improve the quality of care.

- Staff told us they were supported in their roles and felt the management team were approachable.

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 duty to share information in an open, honest and timely manner. There was a policy in place regarding this.
- Relatives told us they were always kept informed of any incidents regarding their family members.