Althea Healthcare Properties Limited

The Queen Charlotte

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

Summary of findings

Overall summary

About the service
The Queen Charlotte is a residential care home providing personal and nursing care up to to 51 older people. At the time of our inspection there were 39 people living in the home. The home specialises in the care of older people who are living with dementia and older people with nursing needs.

The home is a combination of adapted and purpose-built accommodation arranged over three floors. There are lifts to enable people to access all areas including a secure outside space.

People's experience of using this service and what we found
The home had experienced a period of unsettled leadership. The staff team and new leadership team were committed to supporting each other and promoting person centred care. However, the impact of change in leadership had been felt by the staff team and there was evidence of some uncertainty about expectations. The senior team had a plan in place to address this.

We received positive feedback about the initial impact of the current senior team from staff. We were not able to determine the sustainability of this team at this inspection.

There were systems in place to monitor standards and plan improvements. These were being improved to ensure any shortfalls would be picked up. For example, they had added to their daily walk round checks to include people's experience.

People felt safe at the home and with the regular staff who supported them. The staff understood their responsibilities and how to protect people from abuse. There had been an increase in staffing and there were adequate numbers of staff to meet people's needs and keep them safe. There had been high turnover of nurses which had an impact on treatment. Recruitment had been successful to fill vacant posts.

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. Staff respected people's choices and preferences.

People were cared for by staff who knew them well and were kind and compassionate. Staff were committed to the home and to providing the best care they could. People had built strong relationships with staff and appreciated the familiarity they had. People were unsettled by unfamiliar staff and gave examples of the impact of this.

People enjoyed the food and were supported to eat and drink safely.

People received care and support in a way that met their personal needs and enabled them to follow their own routines, interests and beliefs. The recording of some care was not accurate or consistent. This made it

difficult to effectively review care delivery.

There were organised activities, informal chats and entertainment which provided people with meaningful things to do. We received mixed feedback about the sufficiency of support with things to do and ways people could fill their time. People were supported to maintain contact with friends and family members.

Rating at last inspection
The last rating for this service was good (published October 2017).

Why we inspected

We brought forward our scheduled inspection due to concerns raised about risk management at the home. These concerns related specifically to falls management and staffing levels. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.
Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 section below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive section below.	**Good**
Is the service well-led? The service was not always well led. Details are in our well led section below.	**Requires Improvement**

The Queen Charlotte

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 Care Act 2014.

Inspection team
The inspection was carried out by two inspectors and an assistant inspector.

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

There was no registered manager running the home at the time of our inspection. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The previous registered manager left the service in October 2019. The provider was ensuring oversight and had a plan to appoint to the registered manager post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We looked at all the information we have received from, and about, this service since the last inspection. We had not requested a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We were able to gather this information during our inspection.
We also gathered information from the local authority quality monitoring team.

We used this information to plan our inspection.

During the inspection
During the inspection we spoke with six people who lived at the home, two visiting relatives, two representatives from the provider, two staff with management responsibilities in the home and nine members of staff. Throughout the visits we were able to observe staff interactions with people in the communal areas. 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 looked at a selection of records which included;
Ten people's care records
Three staff files
Quality assurance questionnaires
Medication Administration Records (MARs.)
Health and safety records
Training matrix
Policies and procedures

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt the service was safe. Comments included: "I am safe." and "Oh yes – they are lovely."
- People were protected from the risk of abuse and avoidable harm. Staff had received training in relation to safeguarding adults. They understood their responsibility to report any concerns to the manager and deputy manager and were confident action would be taken if they raised a concern. They also knew which external agencies they could also report to, which included the local authority safeguarding team and the police.

Assessing risk, safety monitoring and management

- People were supported by staff who understood the risks they faced. Risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm. Risk assessments covered individual risks including falls, keeping skin protected and eating and drinking. Care plans described the actions needed to reduce these risks.
- Where people were identified at high risk of skin damage, pressure relieving mattresses were being used.
- Where people were at risk of falling there were plans and equipment in place to reduce this risk.
- Where people needed assistance to eat and drink safely staff understood these risks and provided appropriate support. One person explained they had been concerned about staff understanding of their diet, but they had raised this and it had been rectified. They were reassured by this.
- The environment and equipment were safe and well maintained. Emergency plans were in place to ensure people would be supported in the event of an evacuation.

Staffing and recruitment

- Staff were not rushed during our inspection and were able to support people when requests were made. The atmosphere at the home was busy but relaxed. One person raised concerns about staff shortages and the high use of agency staff. They told us this situation was now improving. A GP commented on the high use of agency nurses and the challenges this had raised. They told us this had been addressed and nurses had been recruited. Staff also told us that the staffing situation was improving and that there was a core team of committed staff.
- The provider had developed a recruitment plan in response to the specific challenges of the home. They were confident that this plan was proving effective and were committed to continuing to stabilise the staff team. They had also responded to concerns flagged in a monitoring visit identifying risks associated with staffing at night by increasing the number of staff and ensuring appropriate skills were available.
- Staff had been recruited safely with checks made to reduce risks to people.

Using medicines safely

- People received their medicines as prescribed.

●Medicines were safely managed. Staff administering medicines had received the necessary training to support their responsibilities in dispensing medicines and where necessary were undertaking refresher training. There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security.
●There were reporting systems for any incidents or errors. These were investigated, and actions put in place to try to prevent them happening again. There were ongoing improvements being made to medicines management. A clinical lead manager and two clinical leads had been appointed. These qualified nurses with management responsibilities were monitoring and implementing changes to the medicines system.
● Medicines were audited regularly with action taken to follow up any areas for improvement.

Preventing and controlling infection
●People lived in a home which was clean. Cleaning schedules ensured these standards were maintained.
●There were gloves, aprons and gel dispensers around the home for staff to use. We observed staff using the correct protective equipment, such as gloves and aprons when providing personal care. This helped to protect people from the spread of infections

Learning lessons when things go wrong
● There had been improvements in the safety of people following a monitoring visit by the local authority that had identified some concerns. Following this visit, the provider had taken swift action and made changes. For example, they had enhanced the monitoring of falls, increased staffing and improved staff training.
●Staff had recorded accidents, incidents or concerns and the actions they had taken. Senior staff reviewed these records to ensure lessons could be learned.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 individual health and social care needs were assessed before they moved in to the home.
●Assessments were comprehensive and reflected people's individual wishes and preferences.
●Care records were regularly reviewed, although we found examples of care records not fully reflecting current need. We spoke with one of the managers about this and they acknowledged that this was the case. This had been identified and was reflected in their action plans. Staff understood people's current needs and were able to describe these accurately, consistently and confidently.

Staff support: induction, training, skills and experience
●A recent quality monitoring visit had identified concerns related to staff training. The provider had responded robustly, and a program of training was being implemented when we first visited. Staff were positive about their training and gave examples of how it supported them in practice.
●Systems had been implemented to ensure that staff remained up to date with training once all staff had caught up on overdue training.
●Checks were made to ensure nurses working at the home were registered with the Nursing and Midwifery Council (NMC) and registered to practice. The NMC is the regulator for nursing and midwifery professions in the UK.
●The nurses at the service were supported to complete the revalidation process Nurses are required by the NMC to undertake a revalidation process to demonstrate their competence.
●Staff felt supported by their colleagues, senior staff and provider representatives. They felt exhausted by changes to the home (registered) manager post. The provider understood this and the service development plan reflected their commitment to supporting and valuing their staff team.

Adapting service, design, decoration to meet people's needs
●This was a predominantly adapted home , which was light and airy and decorated to a high standard. The service was provided on three floors with people with the highest nursing care needs mostly living on the top floor.
●People's rooms were personalised with items of furniture, pictures, photos and ornaments.
●There was a suitable range of equipment and adaptations to support the needs of people using the service.
●There was a secure garden that was used by people and visitors in good weather.

Supporting people to eat and drink enough to maintain a balanced diet
●People were supported to eat and drink in ways that met their nutritional and safety needs.

● People said they liked the food and could make choices about what they had to eat. Comments included, "The food is lovely – really smashing."
●People's dietary needs and preferences were clearly documented in the kitchen to ensure they received food they liked safely.
● Mealtimes were supported by staff to be a social and enjoyable experience.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
●People were supported to maintain good health and were referred to appropriate health professionals as required. A GP commented positively on the knowledge and decision making of regular nursing staff.
●Referrals were made promptly to external professionals and people's care plans were updated as required.

●Oral care was not always provided as described in people's care plans. One person commented that not all staff helped them regularly with this. The senior team told us they would review this and address any shortfalls.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

●Mental capacity assessments were completed appropriately. Where consent was required to support a person with personal care or continence care, a mental capacity assessment and best interest decisions had been made in consultation with the appropriate people.
●The management team had a clear understanding of their responsibilities in relation to DoLS. Appropriate DoLS applications had been submitted for people having their liberties restricted. We noted that one person's DoLS conditions were not reflected in their care plan which increased the risk of them not being met. We were told this would be rectified as a matter of urgency.
●Where people did not have the capacity to make decisions, they 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.
●Staff had a good understanding of people's right to make unwise decisions when they had the capacity to do so.
●The management team ensured they had clear documentation of any relatives with power of attorney to ensure they had the legal authority to make decisions.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. At the last inspection this key question was rated as good. At this inspection this key question 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

- Staff were observed engaging with people with kindness, humour and compassion. They were attentive, caring and spent time with people throughout our visits. For example, a member of staff made a person whose dementia had impacted on their ability to communicate smile broadly with a phrase that was known to make the person happy. This information was recorded in the person's care plan. One person told us, "The staff are kind." And another person said, "The people (staff) here are very nice."
- People valued their relationships with staff they had got to know well. Staff valued these relationships and described the people as their motivation for doing their jobs. People told us they found it difficult when they had support from staff who did not know them well, and that this was the case at times of high agency use. The provider was aware of the distress that the use of agency staff could cause and had a robust plan in place to stabilise the team.
- People's relatives and friends were able to visit when they chose. Relatives said they were made welcome in the home.

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

- People were encouraged to make decide how they spent their day where possible. One person gave an example of choosing to head off to bed early when they felt like an early night another person was asking for support to go out when we visited, and this was arranged. Staff asked people for their consent before any care was delivered.
- Staff knew people's individual likes and dislikes well and told us they wanted people to be cared for as they would want a relative of theirs cared for.

Respecting and promoting people's privacy, dignity and independence

- The service was committed to enhancing and promoting dignity. A recent 'dignity week' had explored themes around dignity and people had enjoyed a range of activities designed to promote thought and discussion.
- People's wishes to spend time in the privacy of their rooms was respected by staff. Those who made this choice were visited and checked on regularly. Where people wanted to spend time in communal areas they were supported to do so.
- People told us staff encouraged them to retain skills. Staff reflected in discussion that it was important to encourage people to retain their independence in skills and decision making.
- People were treated with dignity and respect and their privacy was supported by staff. Staff offered people assistance in a discreet and dignified manner. People said they felt respected and liked by staff.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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 benefited from care and support delivered by a core team of staff that knew them well and valued them as individuals.

●People's needs were assessed before they began to use the service and were reviewed monthly or sooner if their risk assessments identified concern.

●Care records on the provider's computerised system contained risk assessments, likes and dislikes, medical history and medicine details. Care delivery records reflected the needs described in these plans.

●There were some gaps in recording. Staff were confident that these reflected a recording omission and a lack of certainty as to what they needed to complete. They were able to describe the support they and their colleagues provided.

●Staff communicated with each other to ensure they understood people's current needs. They received a handover before each shift to ensure they were aware of any changes and regularly interacted throughout the day to share information.

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 had been assessed and details of their needs were recorded. For example, information about the use of hearing aids, which enhanced communication, was recorded. People were wearing clean glasses and had their hearing aids if they chose to, or were willing to, to use them.

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

●We received mixed feedback about the availability of meaningful activity form people and visitors. People told us they had access to a range of activities within the home and the local area, but these were not always available if the activities coordinator was not available.

● People told us they enjoyed activities or spending time chatting with staff and volunteers. One person described folding laundry whilst chatting with a member of staff.

● Photos of events that had happened were available for people and visitors to look through. People had enjoyed visits from animals, visiting entertainers and trips out. People were encouraged to share wishes they had and the activities coordinator was making these happen. One person had wanted a meal out and this had been organised at a local pub.

Improving care quality in response to complaints or concerns

●The provider had a complaints policy which was available to people and visitors.

● People and relatives knew how to make complaints should they need to and told us they were comfortable to raise concerns.

●The outcome of concerns and complaints was recorded, and staff explained they were all committed to learning from mistakes.

End of life care and support

● People had plans in place which recorded important decisions about how they wanted to be treated if their health deteriorated. This meant people's preferences were known in advance, so they were not subjected to unwanted interventions or admission to hospital when nearing the end of their life.

●When required staff ensured appropriate medicines were available for people nearing the end of their life, to both manage their pain and promote their dignity.

● Staff in the home had received acknowledgements of their kindness thoughtfulness and consideration when people were at the end of their lives. One relative had written to the staff stating, "You are all a credit to your profession… thank you for looking after (person) so well."

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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to 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.

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

- The home had been through a sustained period of unsettled leadership with regular changes in the manager role and high turnover of nursing staff. There had been five different managers in the last four years. This had an impact on the staff team who all reflected on the challenges this brought in terms of being sure what was expected of them. One member of staff told us, "It can be unsettling with the manager turnover. We have to act this way and three months later it's do it on the other leg."
- The provider was aware of this and had been providing senior management support to the home since the last registered manager had left at the end of October 2019. During our visits the clinical director who had been providing a large part of this support was visible in the home where they were familiar to and engaged with people and staff alike. Staff all acknowledged this support and told us they found the provider representatives and senior staff in the home to be accessible and supportive. Whilst the positive impact of this team was evident, it was not possible to determine if this management team would be sustained.
- The provider and senior staff had developed a plan to address areas that could be improved within the home. The areas identified reflected the findings of the inspection and it was effective in beginning to secure change. A key area requiring attention had been the staffing of the home. The provider had sought to understand their difficulties with retaining nurses and come up with a plan to address this. They were now seeking to embed the clinical governance of the home before appointing a new manager. Their approach was showing indications of success with a fully staffed nursing team appointed and a clinical leadership team establishing themselves under the provider's oversight.
- The provider's business manager had ensured statutory notifications were made appropriately to the care quality commission (CQC). A statutory notification is information about the running of the service and people's experience of care and safety that is legally required to be submitted CQC.

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

- The staff team worked in partnership with health and social care professionals to promote people's health and wellbeing.
- People and their relatives were asked about their views of the service. People felt listened to by staff and managers. People's views were sought and acted upon and there were regular opportunities for relatives to share their views. There were different ways to feedback available and the home maintained informal opportunities as a priority.

●Staff felt able to share their views. One member of staff told us, "I can go to any of them." Another member of staff acknowledged that they felt reassured by the presence of the business manager who had been working in the home for a sustained period. They told us they could always go to this member of the senior team when the manager had changed.
●Areas for improvement identified by the Quality Monitoring team from the local authority and Clinical Commissioning Group had been acknowledged and a robust improvement plan developed and acted upon. Improvements to the auditing processes had also been made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
●Alongside the difficulties of leadership changes, the staff were all appreciative of an open and empowering working culture that had been created in the home. Staff all commented that they found the senior team to be supportive when things went wrong and that they were encouraged to discuss and learn.
●Staff were apprehensive about what changes the next registered manager may bring but they were positive about the support they had from the provider, their senior team and each other.
●The whole team were committed to ensuring person centred care and were embedding systems to support this. Audits and monitoring were carried out by senior staff. A daily walk round picked up environmental issues quickly.

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 had been candid in responses to complaints and concerns raised by visitors to the home.