Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

The Queen Charlotte

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Tel: 01305773128

Date of Inspection: 11 February 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Althea Health Care Properties Limited
Registered Manager	Mr. Mark Beech
Overview of the service	The Queen Charlotte Home provides accommodation for a maximum of 51 older people.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Consent to care and treatment	8
Care and welfare of people who use services	9
Safeguarding people who use services from abuse	11
Assessing and monitoring the quality of service provision	12
Records	13
About CQC Inspections	14
How we define our judgements	15
Glossary of terms we use in this report	17
Contact us	19

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 February 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We spoke with one or more advocates for people who use services, talked with people who use the service, talked with carers and / or family members and talked with staff. We reviewed information given to us by the provider, talked with commissioners of services and talked with local groups of people in the community or voluntary sector.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

At the time of the inspection a new manager had been appointed and was in the process of applying for registration. As such, the name of the previous manager will still appear on the report until such time as our records are amended.

We observed that staff treated people with respect using the person's preferred name. Staff readily responded to requests for support quickly and discreetly. Visiting relatives told us that staff knew their loved ones needs and met them with compassion and empathy. One person told us that staff respected their wishes to occupy themselves throughout the day, but knew they would be supported to join others if they so wished.

Where people could not consent to care and treatment, the provider had systems in place to ensure any decisions taken on behalf of people was transparent and in the person's best interests.

The staff knew how to identify and report safeguarding adult concerns. The provider had made arrangements to ensure staff had opportunities to further their knowledge of safeguarding through training.

The provider had a system in place to monitor the quality of care it was providing. Both staff and people living at the home were consulted as to what the home could do better and plans were in place where issues were identified.

The care records provided staff with sufficient guidance to be able to meet people's needs

in a way that they wished.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

At our inspection on 7 June 2013 we found that the provider was non compliant with the regulations in relation to ensuring people's privacy, dignity and independence were respected. The provider informed us that they were now fully compliant with the regulations by December 2013.

At this inspection we found that people were treated with respect. We observed members of staff interacting with people. We noted that staff assisted a person to locate their room in an unhurried manner. We observed another member of staff spoke with a person asking them about their preferences. We saw that staff spoke with people with respect using the person's preferred name and readily responded to requests for support quickly and discreetly. We spoke with five staff members who were able to describe people's routines and preferences. We observed that relationships between staff and people living at the home were respectful and empathetic.

People were treated with dignity. An example of this was that we observed where a person requested support to go to the toilet the staff member spoke quietly to the person and did not alert others around them to the person's needs.

People's choices were respected. For example, we spoke with one person who appeared to be isolated on an upper floor sat in their room. The person told us that they preferred their own company and only wished to mix with others when they chose. They told us that staff knew their preferences and respected them. We spoke with the person's relative who came to visit. They confirmed that the staff respected their relative's choice.

People were supported to make decisions. We observed people being supported by staff at lunch time. We noted that staff offered a choice of meals to people who had difficulty with decisions by showing people what different meals looked like. People were offered choices about what to drink, and we saw that some people had all of the choices. We observed that where people needed support to eat their food the staff offered assistance at

a slow pace. We observed that they spoke with the person they were supporting and used encouragement when required.

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

The provider had systems to gain consent to care and treatment. An example of was demonstrated in our discussion with two relatives. They told us that their relative was unable to consent to care and treatment due to an enduring mental health illness. They told us that they had spoken with the registered manager and discussed consent issues. They told us that they had consented to care and treatment on behalf of their relative.

Care records demonstrated that consent to care and treatment had been considered. We looked at six care records and found that there was recording that related to consent. The evidence for consent was not clearly illustrated. For example, there were records of care plan reviews that had been signed by people important to the person they referred to. However, the care records had a section in them that was allocated to record consent issues. These records did not consistently reference where consent had been given or the date that a decision had been made. The provider may find it useful to note that for clarity, consent to care and treatment should be clearly recorded in the allocated records used by the provider.

Where people could not consent to treatment the provider had systems in place to safeguard individuals. For example, we noted in one person's care records that medication was being administered covertly. The records clearly illustrated that the person needed to take the medication for their wellbeing but often refused due to their mental health illness. As a response to this, the provider had made a best interest decision in consultation with the person's doctor, pharmacist and family members, and the decision was reached that medication should be given covertly. This meant that whilst the person could not consent to this course of action, a transparent system was in place to ensure that the person's rights were considered and any decision was taken in the person's best interest.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's care needs were met. We spoke with two visiting relatives who told us about the process that their relative had undergone when they recently took up residency. They told us that they had been involved in making decisions on behalf of their relative, and that they were very pleased with how the staff had ensured their relative settled in quickly. They also told us that staff had asked questions about their relative needs and how they should be met.
We observed staff supporting a person who had become agitated. The staff member sat with them and tried to reassure them and used the name they preferred to be called by. When this approach did not work, the staff were observed to use the person's formal name for example Mrs Smith, who responded and listened to what staff were trying to explain to them. We later spoke with staff who confirmed this approach worked well with this individual. This demonstrated staff were able to support the person effectively.

People's care needs were met in a consistent manner. We looked at six people's care records which gave staff sufficient guidance to enable them to meet people's needs. For example, we saw there was a medication plan in place for people who required medication on a per required needs basis. These plans gave staff instructions about what circumstances per required needs medication should be administered. These plans also gave staff guidance with regards to how to approach individual circumstances that should be followed before medication should be considered. This meant that people's care needs were met in the least restrictive way. It further ensured a consistent approach to meeting people's needs.

Staff understood people's care needs. We spoke with four staff about people's needs and found that they had a good understanding of how people liked to be cared for. For example, one member of staff we spoke with told us about people's life histories and how they used this knowledge to communicate with people about subjects they were interested in. This helped them to support people in a person centred way.

People's palliative care needs were met. We spoke with a visiting health care professional who told us that they considered there had been improvements in the homes approach to palliative care. They told us that the register manager and staff alerted them to concerns

when people appeared to be nearing the end of life and requested support and advice. They further told us that training with regards to palliative care had been delivered which has led to a "team" approach (health care professionals, relatives and staff at the home) when supporting people at the end of their life.

People were provided with activities. We spoke with a member of staff who recently started work in the home as an activities organiser. They told us about the activities that were on offer and we observed that there was a programme of daily activities displayed on each floor. The registered manager told us that staff and people were planning to make optimum use of the large garden. They told us that people's life histories had identified that several people enjoyed gardening, and they hoped to offer opportunities for people to become involved in the development of the garden area. This showed that the registered manager and staff were actively planning to provide meaningful occupation for people based on their personal interests.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People were protected from the abuse. The provider had a policy in relation to protecting people from abuse. This policy reflected the local authority expectations with regards reporting allegations of abuse. We spoke with four staff members who told us about how they could identify the possibility of abuse and the symptoms that people may present. They told us who they would report their concerns to, both inside and outside of the organisation and where the provider's policies were located within the home. We looked at the providers training records that evidenced all staff had received training with regards to safeguarding vulnerable adults.

The provider acted when allegations are made. The registered manager told us about two allegations that had been made and how they had been addressed. One of these incidents related to an unexplained bruise and the other related to allegations of poor staff practice. In both incidents the registered manager had acted in accordance with the provider's policy and alerted the local authorities safeguarding team of the allegations. The registered manager had worked with the safeguarding team and addressed each allegation. The records available at the home evidenced that people had been protected and proportionate action had been taken.

The staff had a good knowledge of the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DOLS). We spoke to four staff members who demonstrated that they were aware of the MCA 2005 and how the act guided the work they did. They were also able to tell us about the principles of the DOLS and how it may be used to protect people from harm. For example, one staff member told us that they may have to restrict someone's liberty to go out on their own as they may not be able to remember where they lived or recognise the dangers of crossing the road. We spoke with the registered manager who told us that no one in the home currently required a DOLS authorisation.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The provider had systems in place to consult with people living at the home and people important to them. We spoke with two visiting relatives who told us that they had been consulted about the care needs of their relative. They also told us that they had been asked about how they could improve the service on offer. They told us that they considered staff were approachable and would deal with any concerns swiftly. We spoke with five people living at the home; some were able to comment on the services on offer. Two people told us that they had been consulted about how the home was run and had been invited to make suggestions for improvement. They told us that staff listened to them but could not give us examples of how things had changed.

The provider had systems to monitor the quality of the service on offer. Examples of these systems were found in care records which evidenced that reviews and audits were regularly being undertaken. There were also ongoing audits of medication administered; there was a plan in relation to the maintenance of the home.

A new system had been introduced to further monitor the compliance with the regulations as set out in the Health and Social Care Act 2008. Whilst there was limited evidence in the files due to this being a new system, this further demonstrated that the provider was developing its approach to monitoring the quality of care and service offered at the home.

The provider had learnt from areas identified through the auditing process. An example of this was evidenced where the support given to a person had not been sufficient. The provider has learnt from joint working with other healthcare professionals. This was evidenced this through looking at care records and speaking with a visiting health care professional. They told us about a situation where a person did not get the support required. They told us they had met with the registered manager and clinical staff and openly discussed the issues and looked at the lessons learnt. The registered manager confirmed that they have learnt from this piece of work which has led onto them developing a closer relationship with professionals.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

At our inspection on 7 June 2013 we found that the provider was non compliant with the regulations in relation to ensuring people were protected from the risks of inappropriate care and treatment because accurate and appropriate records were not maintained. The provider informed us that they were now fully compliant with the regulations by December 2013.

At this inspection we found the care records were accurate. We looked at six people's care records both electronic and paper. The paper records contained a summary of the person's care needs .The electronic records provided guidance to staff on how to meet people's needs. These records were accurate and illustrated people's needs and how they should be met. We noted in one of the care records the person's life history was incomplete. However, the registered manager informed us that they were awaiting further information from the family. We spoke with a staff member who informed us that the electronic care records were accessible. They further informed us that they considered the records gave sufficient guidance to meet people's needs.

We looked at the records relating to staff training and meetings. These records were kept up to date and in good order. Staff meetings were accurately recorded. The records of staff meetings provided further evidence that the provider had given staff opportunities to influence the way the service operated. The staff meeting minutes also evidenced that these sessions had a training element to them. We looked at the staff rotas that were kept in good order. They provided a record of when and who was on duty.

The records relating to safeguarding were up to date and illustrated how the home had addressed issues of concern. Whilst these records were kept in good order we noted that they were available in an area accessed by all staff. The provider may find it useful to note that records relating to safeguarding may contain information that should be kept confidential.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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