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: 07 June 2013

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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	✖ Action needed
Care and welfare of people who use services	✔ Met this standard
Safety and suitability of premises	✔ Met this standard
Assessing and monitoring the quality of service provision	✔ Met this standard
Records	✖ Action needed

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'.

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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 7 June 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider. We reviewed information sent to us by commissioners of services.

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 the registered manager had resigned. As such their name will still appear on the report until such time as our records are amended to reflect this change. An acting manager had been appointed and had been in post for the previous four weeks prior to this inspection.

People told us that staff looked after them well. One person told us they relied on staff to help them make decisions. However, due to their enduring mental health issues they could not describe in detail how their care and welfare needs were being met. The staff we spoke with were aware of people's needs and how they should be met.

The provider had made improvements to the environment. New fixtures and fittings had been purchased to address the issues noted at the previous inspection.

The provider had a system to monitor the quality of care at the home, however areas of this were being developed to ensure it was more robust.

The care records gave staff sufficient guidance to meet the needs of the people who lived at the home but issues relating to recording people's consent to treatment were still apparent.

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

What we have told the provider to do

We have asked the provider to send us a report by 05 September 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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 ✖ Action needed

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 not meeting this standard.

People's privacy was respected, however we found that people's dignity and independence was not always respected or promoted.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

At the previous inspection we were concerned that people's privacy, dignity and independence were not respected. As a result of this we made a compliance action telling the provider to make improvements. The provider wrote to us on 26 March 2013 and told us they were now compliant with this regulation

During this inspection we spoke with five people who lived at the home. They told us that staff looked after them well. One person told us they relied on staff to help them make decisions about how they spent their time and the choices they made.

People were treated with respect and dignity. We carried out a Short Observation Framework for Inspection (SOFI) for a 30 minute period on the ground floor in the morning. We also made general observations of the lunch time meal and care provided on the first floor. We saw examples of good practice on the ground floor, for example we saw that staff helped people when they requested assistance in a discrete manner. We saw that staff assisted a person to put on nail varnish when they requested this, and told them how good they looked which the person appreciated very much. We also saw that when a person was inappropriately dressed, the staff assisted the person back to their room and provided guidance to the person on what clothes would be more appropriate.

However we saw three incidents where people's dignity was compromised by the actions of two staff members. In one case we heard one member of staff talking about the care needs of a person and how they should be met. This was done in front of the person in the communal area where other people were sitting and could hear the conversation. This meant the person's right to privacy was ignored. On the first floor we saw a person had their position in bed altered, from an upright position to laid down. This was achieved by adjusting their bed from behind the person. The staff did not tell the person this was going to happen. During the lunch time period we saw the same staff member assist a person to

eat their meal. The meal was fish and chips which was served in a polystyrene box to replicate eating outside. Whilst this was acceptable, we saw that the staff member used their own hands to pick up the food and put the food into the person's mouth. The staff member was also trying to support four other people and answer the phone. This did not ensure that the person they were primarily assisting was treated with dignity. We made the acting manager aware of our concerns who told us they would speak to staff about treating people with dignity. They also told us that they would look at how the lunch time was organised to ensure there were sufficient staff to support people with dignity.

The permanent staff knew people's routines and preferences. We spoke with four members of staff and one agency member of staff. The permanent staff were clear about people's individual preferences and routines. For example, they knew when people liked to get up, or if they liked to go outside to walk around the garden as a way of relaxing. The permanent staff were also aware of people's life history and what they enjoyed. The agency staff member had been deployed to the home through continuing health care funding and was not directly employed by the provider. Their role was to provide personal care support for one individual. Through discussions with them and direct observations, they did not have a good understanding of how to support the person when they were displaying behaviour that challenged others. We pointed this out to the acting manager who told us that they would ensure that the guidance was fully understood before agency staff began working with this individual.

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.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Reasons for our judgement

At the previous inspection we were concerned that people did not always experience care, treatment and support that met their needs and protected their rights. As a result of this, we made a compliance action telling the provider to make improvements. The provider wrote to us on 26 March 2013 and told us they were now compliant with this regulation.

During this inspection people told us they were well cared for. However, due to their enduring mental health issues the people we spoke with could not describe in detail how their care and welfare needs were met.

People's care needs had been assessed and recorded. We spoke with staff who described people's individual needs such as their specific dietary requirements, the specific risks that they have and any arrangements they may have in relation to their mobility. We looked at four care records that were personalised and detailed people's individual needs and preferences. There were personal information records that detailed how each person liked to be supported, what was important to them and actions to be taken that improved their lives. These reflected what staff had told us. This meant staff members had clear guidance to enable them to support people.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care plans included current risk assessments. We spoke with four staff and one agency staff member. The permanent staff described the individual needs of the people they cared for and how they were being met. This was reflected in the person's care records. The agency staff member did not have a good understanding of the person they cared for. Whilst we saw that a behaviour management plan and comprehensive risk assessment was in place for the person they were supporting, it was unclear if this had been understood by the agency worker. The provider may wish to note that all staff permanent or otherwise should be supported to understand the needs and approaches to take before beginning to work with people at the home. People's changing needs were met. We spoke with staff who told us how individual's need had changed and how they met them. For example, one person was identified as being highly dependent and whose behaviour had put them and others at risk of harm. As a result of meetings with other healthcare professionals, a package of care had been put into place that allowed the person to display these behaviours but not to put them or others at risk. This was being

achieved through one to one support for the person.

People's welfare needs were not consistently met. We observed that one person was assisted to an outside area to walk around the garden. We also observed one member of staff attempting to engage a person in a game. However, during the morning of the visit there was little social stimulation or occupation on the ground and first floors. We spoke with staff about activities provided. They told us that they try to provide activities but they were primarily involved in providing personal care and support to the people living at the home. They told us these tasks limited the amount of social contact time they had with the people living at the home. We observed that when an opportunity existed or if a person spoke to a staff member they would stop and speak with the person either to reassure them or give them guidance. The acting manager told us that a recently appointed activities coordinator had resigned. They acknowledged there was a need to provide stimulation to the people living at the home, and informed us they are in the process of recruiting another activities coordinator to rectify this issue.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

At the previous inspection we were concerned that the environment did not promote people's independence and dignity. As a result of this, we made a compliance action telling the provider to make improvements. The provider wrote to us on 26 March 2013 and told us they were now compliant with this regulation.

During this inspection we found that the environment was suitable for the people who lived at the home. Since our last inspection the provider had purchased new settees on the ground floor and replaced the carpet. A broken window that had been identified at the last inspection had been replaced. The hole in a person's bedroom had been repaired and was due to be redecorated.

The home was clean in all areas we observed. We looked at the communal areas and seven bedrooms. The floor coverings were either new or in a serviceable condition. We observed that the cleaners were engaged throughout the day with keeping all areas clean and tidy. We looked at the communal bathroom facilities. These were also clean and again we observed that these were being cleaned throughout the day. We spoke with the acting manager who told us that a full environmental audit was planned. They told us that areas that required maintenance and updating identified through this audit would enable them to produce a plan that ensured that home had a continual maintenance schedule.

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 a system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

At the previous inspection we were concerned that the provider did not have an effective system to regularly assess and monitor the quality of service that people received. The service was being monitored, but action was not always taken to address issues of concern. As a result of this we made a compliance action telling the provider to make improvements. The provider wrote to us on 26 March 2013 and told us they were now compliant with this regulation.

During this inspection we found that people and those important to the people living at the home could comment on the service on offer. For example, staff told us that where appropriate, people's relatives had been consulted about they care their relative received. They also told us that at those consultations, relatives were asked what the home could do better. We looked at records that confirmed this. The acting manager told us that they are going to reintroduce a relatives group where relatives and people important to the people living at the home could meet and discuss success and improvements required.

The provider was developing a system to regularly assess and monitor the quality of service that people received. For example, a medication audit had been carried out that looked at the staff recording of medication administered and checked the amount of medication held against the records available. However, the audit did not include an in depth analysis of the care records held on the providers computer system. Had they looked at these records, this would have identified issues such as the use of medication on a per required needs basis, which was not reliably recorded. Furthermore, the dispensing of medication on this basis was not audited to ensure that people's needs were being met. The provider may wish to note that when auditing medication it needs to consider if medication dispensed on a required needs basis was in line with an agreed rationale.

Accidents and incidents had been evaluated. We looked at the care records and audit of incidents that evidenced that when an issue had occurred, the provider had taken steps to prevent the incident happening again. For example, when a person had fallen on more than one occasion their risk assessment had been reviewed and a "falls advisor" had been contacted for guidance.

A care records audit had taken place but this audit only considered the quality and accuracy of the recording in people's care records. This meant that the care interventions made by staff had not been assessed to ensure people's needs were being met as required. The provider may wish to note that in order to robustly audit care records the audit should consider if people's needs were being met as required.

We spoke with the acting manager who had been in post for four weeks. They had identified the need to carry out a full environmental audit that included fire safety issues, the need for a staffing audit to ensure that staff were appropriately deployed throughout the building to meet the needs of the people they cared for, and the need carry out an audit of infection control within the home. They also told us that from these audits, and when other issues came to their attention, a continual plan of improvement would be implemented and regularly reviewed.

Records ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of inappropriate care and treatment because accurate and appropriate records were maintained.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

At the previous inspection we were concerned that whilst records were kept securely, staff could not always locate them promptly when needed. Care records did not always include accurate and appropriate information. As a result of this we made a compliance action telling the provider to make improvements. The provider wrote to us on 26 March 2013 and told us they were now compliant with this regulation.

During this inspection we found that staff demonstrated that they could access people's care records when required. We spoke with five staff who told us they had access to the care records and were able to access any record we requested without delay. Staff also told us that a précis of the information held on the computer system had been printed and was available in paper format.

Care records had appropriate information but information around consent was not accurate. We looked at seven people's care records. The care plans gave staff appropriate information on how to meet people's needs, however, the process for gaining people's consent to treatment was not in place. For example we looked at three people's consent to treatment records held on the computer system. In all three records it stated in one section that the person does not have capacity to make decisions about their care. However, in the next paragraph it stated that care should only be given as agreed by the individual receiving the care, the first statement contradicted the seconded statement. This meant that in some case's people's rights were not properly understood or their needs and wishes accurately recorded. Another example was in one person's paper records a form stated that "do not attempt pulmonary resuscitation". However, the computer record relating to resuscitation stated "wish to be resuscitated". This meant that record was ambiguous. We spoke to the acting manager who told us they would amend the records once they had consulted with the person and those important to them. The acting manager acknowledged that the care records needed to be further audited and was able to demonstrate that this was being planned whilst we were at the inspection.

The care records did provide staff with sufficient guidance to meet people's needs. For

example people's behaviours, associated with their enduring mental health, were recorded. The records described the behaviour and how staff should work with the person to ensure their needs were met. The staff we spoke with were aware of what was recorded.

Records relevant to the management of the services were accurate and were being updated by the provider where necessary. For example, we looked at the policies and procedures used by the provider. We found that these had been updated when required The provider had updated procedures for cleaning the home and records relating to the servicing of specialist equipment such as hoists evidenced that they had been regularly serviced.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010** **Respecting and involving people who use services**
	How the regulation was not being met: People's privacy, dignity and independence were not respected.This is a breach of Regulation 17 (1(a)
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010** **Records**
	How the regulation was not being met: People were not protected from the risks of inappropriate care and treatment because accurate and appropriate records were maintained. This is a breach of regulation 20 (1)(a)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008

This section is primarily information for the provider

(Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 05 September 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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.

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