Adult &

Community

Based Services

Quality

Standard

Framework

HARTLEPOOL BOROUGH COUNCIL

Organisation	**Park Homes (UK) Ltd**
Home	**Charlotte Grange**
Responsible Person	**Wendy Nicholson**
Date of Report	**14 April 2025**

Commissioned Services Team, Adult & Community Based Services

Overview of Home

Charlotte Grange is a registered Care Home for up to 46 people including people living with Dementia.
The home has continued to demonstrate a high standard in relation to all aspects of the service and wellbeing for the residents who live at Charlotte Grange
The Care Plans reflect the residents and their needs. Care plan audits demonstrate that the home continues to record, review and act upon the residents wishes & care needs. The care plans reflect a person-centred approach and demonstrate the changing needs of residents.
The home has continued to develop and sustain a high quality of care for the residents. Quality Assurance audits and reviews are carried out and acted on in a timely manner. The home has maintained an active schedule of events and daytime activities that residents are able to join in and have excellent links with the community.

Summary of Outcomes

Charlotte Grange need to evidence some aspects of Medication recording is more robust.

Summary of Outcomes

Charlotte Grange

Date of Report 14 April 2025

	Determination
Person Centred Care	
1 - Assessment & Review	**Outcome "Fully Met" – 14 April 2025**
2 - MCA & Consent	**Outcome "Fully Met"– 21 February 2024**
3 - DoIS	**Outcome "Fully Met"– 21 February 2024**
4 - Nutrition & Hydration	**Outcome "Fully Met"– 14 April 2025**
5 - Promoting Dignity, Autonomy & Choice	**Outcome "Fully Met"– 21 February 2024**
Safe Care and Treatment	
6 - Safeguarding/Understanding Safeguarding	**Outcome "Fully Met"– 21 February 2024**
7 - Medication	**Outcome "Substantially Met"– 14 February 2025**
8 - Infection Control	**Outcome "Fully Met"– 21 February 2024**
9 - Premises & Equipment	**Outcome "Fully Met"– 21 February 2024**
10 - Health & Safety	
11 - Moving & Handling	**Outcome "Fully Met"– 21 February 2024**
Governance	
12 - Leadership & Management	**Outcome "Fully Met"– 14 April 2025**
13 - Staffing, Recruitment, Support & Learning	**Outcome "Fully Met"– 14 April 2025**
14 - Quality Assurance	**Outcome "Fully Met"– 14 April 2025**
15 - Complaints	**Outcome "Fully Met"– 21 February 2024**

Person Centred Care

1 - Assessment & Review
Outcome Assessed - Fully Met

All people receiving the service have a written care plan that is monitored, periodically evaluated and reviews are recorded to ensure the information is up to date and accurate.

People's physical, mental health and social needs holistically are assessed, and their care, treatment and support is delivered in line with relevant legislation and guidance, to achieve effective outcomes.

People's care records are accurate, complete, legible, up-to-date, securely stored and available to relevant staff so that they support people to stay safe.

The service ensures that people are provided with the information and understanding about their healthcare and treatment options.

People are involved in regularly monitoring their health.

People can access care, support and treatment in a timely way and referrals are made quickly to appropriate health services when people's needs change.

People contribute to planning their care and support, with their strengths, levels of independence and quality of life are taken into account.

People's care plans reflect their physical, mental, emotional and social needs and incorporate their personal history, individual preferences, interests and aspirations. Care plans are understood by staff so people have as much choice and control as possible.

People's oral health needs are met and kept under review with professional guidance sought in a timely manner when required.

The service shares appropriate information and assessments with other relevant agencies for the benefit of people who use the service.

People's preferences and choices for their end of life care are recorded, reviewed and communicated and acted on where possible. Family, friends and other representatives are involved in planning, managing and making decisions about their end of life care including advanced decisions made in line with the Mental Capacity Act 2005.

The service ensures that it quickly identifies people in the last days of life whose condition may be unpredictable and change rapidly and, where required ensures that people have rapid access to support, equipment and medicines including from specialist palliative care professionals.

The service supports people's families and other people using the service and staff when someone dies.

The service has consistently provided more than the minimum number of NEWS Baseline Observations each month as detailed in appendix 1

From September 2024 the service has recorded and completed the 'Is My Resident Unwell' tool if they have any concerns regarding residents health. Further information is provided at appendix 2. There is an expectation that the home will complete the "Is My Resident Unwell" tool for each referral and that the tool will also include a NEWS2 score. Going forwards the homes performance in relation to this will be measured.

The Home has demonstrated achievement of this outcome.

2 – Mental Capacity Act & Consent

The findings below are from the Quality Standards Framework Report for Charlotte Grange dated 21 February 2024 at which time the home was assessed as fully achieving the outcome.
Reports from previous QSF assessments have shown the home has consistently met this outcome since the assessment framework was revised in 2021.

Source *- QSF Report 21ST February 2024*

Staff recognise when people need and want support from their carers, advocates or representatives to help them understand and be involved in their care, treatment and support and staff help people to get this support. The service provides information to people, their families and other carers about external bodies, community organisations and advocacy services that can provide independent support and advice about their care, treatment and support.

Staff understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and other relevant national guidance.

People are supported and are given the information and explanations they need to make their own decisions in line with relevant legislation and guidance.

Decisions around a person's possible lack of mental capacity are assessed and recorded.

When people lack the mental capacity to make a decision, staff ensure that best interest decisions are made in accordance with legislation.

The process for seeking consent is monitored and reviewed to ensure it meets legal requirements and follows relevant national guidance.

There are arrangements for people to be involved in decisions about managing risks appropriately including positive risk taking.

Risk management policies and procedures are in place to minimise restrictions on people's freedom, choice and control, in particular for people who lack mental capacity.

Staff are trained to understand, prevent and manage people's behaviour that challenges whilst ensuring the individual is supported appropriately.

The service identifies and meets the information and communication needs of people with a disability or sensory loss. Information is recorded, highlighted and shared with others when required with the consent of the person.

The Home has demonstrated achievement of this outcome.

3 - DoLs

The findings below are from the Quality Standards Framework Report for Charlotte Grange dated 21 February 2024 at which time the home was assessed as fully achieving the outcome.

Reports from previous QSF assessments have shown the home has consistently met this outcome since the assessment framework was revised in 2021.

Although not all of the elements of this outcome have been assessed for this report, assessments have been undertaken to ensure the home continues to maintain processes and procedures for tracking and recording DOLS applications. The home has a matrix in place to ensure DOLS are reapplied for as required, in a timely manner. When DOLS applications have been granted, the home ensures that these are present within the care plan

Source - QSF Report 21st February 2024

The service promotes supportive practice that avoids the need for physical restraint, however where physical restraint is necessary, the service ensures that it is used in a safe, proportionate, and monitored way as part of a person-centred support plan.
Staff recognise when people who lack mental capacity, are being deprived of their liberty and they seek authorisation to do so when considered necessary and proportionate.
All staff are trained to understand the difference between lawful and unlawful restraint practices. Action is taken to minimise the use of restraint.
There is a system of monitoring to ensure the person's representative maintains regular contact with the person and acts when contact is not maintained.
The service has a system to monitor DoLS authorisations and their review dates and this is maintained. Care plans contain the most up to date Conditions attached to deprivation of liberty safeguards (DoLS) authorisations. Management has oversight on the process to ensure where a restriction may actually amount to a deprivation of liberty.

The Home has demonstrated achievement of this outcome.

4 – Nutrition & Hydration
Outcome Assessed - Fully Met

People are involved in decisions about what they eat and drink and their cultural and religious preferences are recorded, reviewed and acted upon.

People have access to dietary and nutritional specialists to help meet their assessed needs if required.

People receive prompts and encouragement to eat when needed and people enjoy mealtimes and do not feel rushed.

Risks to people with complex needs or lack capacity are identified and managed in relation to their eating and drinking.

All relevant staff have completed food hygiene training and the correct procedures are in place and followed wherever food is prepared and stored.

People have accurate nutrition and hydration assessments for eating and drinking which are carried out by knowledgeable staff.

People receive support to be independent. Their wishes are recorded, reviewed and acted upon wherever possible.

The service is aware of specialist diets, allergies, choking risks and lifestyle choices, and these are recorded, kept up to date and shared as appropriate.

People have access to specialist equipment in a timely manner to meet their assessed need.

Drinks are offered throughout the day and when required people's intake is monitored to ensure their assessed needs are being met. Snacks are offered outside of mealtimes and are available any time of day upon request.

People can choose the location of where they eat including the dining room, their own room or communal areas and are supported to do so.

People are offered a choice of food and drink and this is served at an appropriate temperature.

Residents can choose to eat in their bedroom or communal area and they are checked on regularly.

The Home has demonstrated achievement of this outcome.

5 – Promoting Dignity, autonomy and choice

The findings below are from the Quality Standards Framework Report for Charlotte Grange dated 21 February 2024 at which time the home was assessed as fully achieving the outcome. Reports from previous QSF assessments have shown the home has consistently met this outcome since the assessment framework was revised in 2021.
Although not all of the elements of this outcome have been assessed for this report, informal resident conversations confirm residents appear happy, feel well cared for, have choice and control over their daily lives and have appropriate stimulation. The service has a programme of activities and events which aims to capture residents' preferences and choices.

Source *- QSF Report 21ST February 2024*

Staff show concern for people's wellbeing in a caring and meaningful way and respond to their needs in a timely manner on a day to day basis.
The service makes sure that people, and those close to them, feel like they matter, and that staff listen to them and talk to them appropriately and in a way they can understand.
People are actively involved in developing the service including: • deciding how they choose to spend their day • planning activities and outings • decisions around personal care and how and when help is provided • devising menus and the timing and place of meals, and • people are consulted when alterations to their living space is planned. When it is possible and appropriate for them to do so.
Staff seek accessible ways to communicate with people (when their protected and other characteristics under the Equality Act make this necessary) to reduce or remove barriers.
Staff know the people they are caring for and supporting, including their preferences, personal histories, and backgrounds.
Staff make sure that people's privacy and dignity needs are understood and respected including during personal care.
People receive support to be independent. Their wishes are recorded, reviewed and acted upon wherever possible.
People's relatives and friends are made to feel welcome and are able to visit without being unnecessarily restricted. There are arrangements to encourage relatives and friends to provide feedback on the service.
Processes are in place to ensure there is no discrimination when making care and support decisions.
People are supported to follow their interests and take part in activities that are appropriate to them including in the wider community.
The service ensures that people are encouraged and supported to develop and maintain relationships with people that matter to them, both within the service and the wider community to avoid social isolation.
The service ensure that all staff are trained and oversee standards in the service regarding care for people living with Dementia.

The Home has demonstrated achievement of this outcome.

Safe Care and Treatment

6 – Safeguarding

The findings below are from the Quality Standards Framework Report for Charlotte Grange dated 21 February 2024 at which time the home was assessed as fully achieving the outcome. Reports from previous QSF assessments have shown the home has consistently met this outcome since the assessment framework was revised in 2021.
Although not all of the elements of this outcome have been assessed for this report, assessments have been undertaken to ensure safeguarding referrals are completed when incidents occur, appropriate investigations take place and the outcome is shared with the resident, families and advocates. A safeguarding log is maintained to ensure the home and professionals can track

progress from start to finish including analysis of lessons learned. The home continues to have a robust Whistle Blowing Policy and staff are aware of the escalation process should this be required. Safeguarding trends have been analysed – see appendix 3 for further information.

Source *- QSF Report 21ST February 2024*

Safeguarding systems, processes and practices are in place, staff are aware and any updates are communicated to staff.
Systems, processes and practices protect people from abuse, neglect, harassment and breaches of their dignity and respect.
Staff can recognise signs of potential abuse and know what to do when abuse is suspected.
Processes are in place to ensure people are protected from discrimination, harassment and abuse, in line with the Equality Act.
People are supported to understand what safeguarding means, and they are encouraged to raise any concerns.
If people are subject to a safeguarding investigation, they are supported during this process.
Staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate.
There are processes for reviewing and investigating safeguarding incidents when incidents occur. All relevant staff, services, partner organisations and people who use services are involved in reviews and investigations.
Safeguarding investigations, reviews and audits ensure lessons can be learned to improve how care, treatment and support is delivered.

The Home has demonstrated achievement of this outcome.

7 – Medication
Outcome Assessed – Substantially Met

It is vitally important that the service ensures the Council are fully informed of all medication incidents and near misses. It is mandated by the Teeswide Safeguarding Adults Board that Councils collect this information from all regulated services. The Council therefore requires homes to provide a monthly schedule of incidents or a statement of "nil return". The service has complied with this requirement having submitted information on 12 occasions in the last 12 months.

The medication outcome has been assessed by the Medicines Optimisation Service further information can be found in the Assessment Report dated 12-Sep-2024 appended to this report.

The home must work to the action plan to demonstrate improvement and ensure these improvements are sustained.

Although some improvements have been made, there continues to be examples of poor documentation and record keeping.

The likelihood that the impact will happen or recur has been assessed as unlikely – the impact will probably never happen/recur as there are control measures and processes in place.

8 – Cleanliness & Infection Control

The findings below are from the Quality Standards Framework Report for Charlotte Grange dated 21 February 2024 at which time the home was assessed as fully achieving the outcome. Reports from previous QSF assessments have shown the home has consistently met this outcome since the assessment framework was revised in 2021.
Although not all of the elements of this outcome have been assessed for this report, evidence has been provided to confirm the home has completed Infection Control Workbooks regularly and has appointed an Infection Control Champion who has undertaken a training course with the Infection Prevention Control Service from the University Hospital of Hartlepool & North Tees to ensure they fully understand the remit of the role. The service has completed a self assessment of their work practices and scored 99% although this has not been verified.

Source *- QSF Report 21ST February 2024*

There are arrangements for making sure that premises are kept clean and hygienic so that people are protected from infections that could affect both staff and people using services. This includes:- Up to date Policy and procedure - Staff Training, including with the IPC Nurses - Necessary resources - Risk Assessments - Cleaning Records/Schedules - Quality Audits
Staff understand their roles and responsibilities in relation to infection control and hygiene and providers support with this.
Policies and procedures are maintained and followed in line with current relevant national guidance.
The service ensures that it alerts the right external agencies (e.g. HBC, visitors and professionals) to concerns around infections that affect people's health and wellbeing.
The Service completes regular Hand Hygiene documentation. All staff have up to date IPC and Hand Hygiene training.
The Service provides and maintains a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.
The Service engages with and updates the Infection Control Nurse when required.
The Home has demonstrated achievement of this outcome.

9 - Premises & Equipment

The findings below are from the Quality Standards Framework Report for Charlotte Grange dated 21 February 2024 at which time the home was assessed as fully achieving the outcome. Reports from previous QSF assessments have shown the home has consistently met this outcome since the assessment framework was revised in 2021.

Source *- QSF Report 21ST February 2024*

Technology is used to support people to receive timely care and support and is easy to use.
Equipment, which is owned or used by the provider, is managed to support people to stay safe.
The premises and safety of communal and personal spaces (such as bedrooms) and the living environment are checked and managed to support people to stay safe.
Learning from lessons is shared and themes are identified to make sure that action is taken to improve safety across relevant parts of the service. Staff learn from reviews and investigations by other services and organisations.
The service has arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations and reviews. Information is shared to staff when appropriate.

People are involved in decisions about the environment. Any changes to the environment are managed to avoid causing distress to people who live there.
People have access to appropriate spaces: • in gardens and other outdoor spaces • to see and look after their visitors • for meaningful activities • to spend time together • to be alone.
The signage, decoration and other adaptations to the premises help to meet people's needs and promote their independence. The premises meet people's diverse care, cultural and support needs.
Staff with responsibility for maintaining equipment are appropriately trained to ensure it is fit for purpose.
There are plans for responding to emergencies or untoward events, and these are understood by all staff.

The Home has demonstrated achievement of this outcome.

10 - Health & Safety

It has not been possible to complete the Health & Safety Assessment and verification this year. The Council will continue to develop the process for further assessment outside of the Quality Standards Framework.

11 – Moving & Handling

The findings below are from the Quality Standards Framework Report for Charlotte Grange Care home dated 21 February 2024 at which time the home was assessed as fully achieving the outcome. Reports from previous QSF assessments have shown the home has consistently met this outcome since 2022 the assessment framework was revised in 2021.
The service has evidenced it works in partnership with the HBC Falls Prevention Team to analyse trends in falls within the home and to identify preventative measures to protect residents where possible.

Source *- QSF Report 21ST February 2024*

There is an up to date Moving and Handling Policy in place.
People who use the service are assessed in relation to their mobility needs and referrals are made to specialist agencies in a timely manner. Services using specialist equipment include an OT assessment.
The service ensures that risk assessments are robust and appropriate.
There is professional instruction/task guidance detailed in people's support plans, which is in date and followed by staff.
People are encouraged to assist, where safe to do so, in their own transfers.
When support is being given to move people, reassurance is given in a compassionate manner by staff.
The service has procedures in place to ensure that staff have skills, competencies, qualifications, experience and knowledge, to meet people's individual needs. The Service can evidence that: (a) Staff have had Moving and Handling Training within the last 12 months. (b) Moving and handling training is provided by a competent trainer. (c) Trained staff monitor staff techniques on a periodic basis.
Equipment is checked, maintained and serviced to ensure it is safe for staff and people to use.
Moving and handling equipment is used in accordance with manufacturers guidance.
There has been no near misses or accidents whilst hoisting in the last 12 months.
The Home has demonstrated achievement of this outcome.

Governance

12 – Leadership & Management
Outcome Assessed – Fully Met

There is a registered manager in post.

There are arrangements including within the rotas, for making sure that staffing levels are sufficient, staff have the right mix of skills, competencies, qualifications, experience and knowledge, to meet people's individual needs and personal preferences are accounted for where possible.

Managers are aware of the day-to-day culture in the service including the attitudes, values and behaviour of staff. They encourage staff to feel positive and proud to work in the organisation

The service promotes and supports fairness, transparency and an open culture for staff.

The manager makes sure that staff are supported, respected and valued. Their rights and wellbeing are protected and they are motivated, and caring.

The service shows honesty and transparency from all levels of staff and leadership following an incident. This is shared with people using the service and their families in line with the duty of candour. The service ensures people are supported when incidents occur.

Leaders have the skills, knowledge, experience and integrity they need to lead and inspire staff effectively.

The service has a clear vision and set of values and leaders make sure that these are promoted and understood by staff and embedded into practice.

The organisation promotes equality and inclusion within its workforce and all staff have up to date equality and diversity training.

The registered manager understands their responsibilities and are supported by the provider to deliver what is required.

All relevant legal requirements are understood and met, including CQC registration requirements, safety and public health related obligations, and the submission of notifications.

Staff are actively involved in developing the service.

There are strong links with the local community which have a positive impact on the service.

The service works in partnership with key organisations, including the local authority, safeguarding teams and clinical commissioning groups and multidisciplinary teams, to support care provision, service development and joined-up care and does so in an open, honest and transparent way.

The service has clear disciplinary procedures which are followed when it identifies that staff are responsible for unsafe practice.

The Home has demonstrated achievement of this outcome.

13 – Staffing Recruitment

Outcome Assessed – Fully Met

All staff have received appropriate induction upon commencement of employment.

Staff receive effective training in safety systems, processes and practices and this is reviewed regularly.

Staff receive feedback from managers in a constructive and motivating way, which enables them to know what action they need to take.

The service makes sure that responsibility and accountability is understood at all levels with clear and transparent processes in place for staff to account for their decisions, actions, behaviours and performance.

Staff are supported and protected when raising concerns and questioning practice including whistle-blowers.

Safety is promoted in recruitment practices, arrangements to support staff, training arrangements, disciplinary procedures and observations.

Staff respond in a compassionate, timely and appropriate way when people experience physical pain, discomfort or emotional distress.

People have their assessed needs, preferences and choices met by staff with the right qualifications, skills, knowledge and experience.

Staff are supported to keep their professional practice and knowledge updated in line with best practice.

Staff know and understand what is expected of them and this is reinforced with regular support, supervision, appraisal and training.

Staff teams work collaboratively, share responsibility and resolve conflict quickly and constructively. There are cooperative, supportive and appreciative relationships among staff.

There are effective systems of communication to ensure information is shared timely and appropriately so staff can carry out their roles and responsibilities effectively.

The service gives staff the time, training and support they need to provide care and support in a compassionate and personal way. Staff have time to listen to people, answer their questions, provide information and involve people in decisions.

Staff work together to ensure that people receive consistent, timely, coordinated, person-centred care.

The Home has demonstrated achievement of this outcome.

14 – Quality Assurance

Outcome Assessed – Fully Met

The service maintains a log of whistleblowing, staff concerns, safeguarding and accidents or incidents and investigates each incident thoroughly. Action plans are developed and monitored to ensure actions are completed.

When incidents occur they are investigated and analysed to look for common themes and trends to ensure lessons are learned. Action is taken to continually drive improvement.

The service ensures that its approach to quality is integral and all staff are aware of potential risks that may compromise quality.

The service enables and encourage accessible open communication with all people who use the service including their family, friends, staff and representatives.

People's views and experiences are gathered and acted on to shape and improve the services and culture.

Resources and support is available to develop staff and teams and drive improvement, examples of these were provided by the manager.

Quality assurance systems enable the service to evaluate and learn from current performance ensuring continuous improvement and to improve future performance.

Success and innovation is recognised, encouraged and implemented.

The service ensures that the delivery of care, treatment and support is in line with current local and national guidance.

The provider is accredited as standards met for 2024/25 for the DPST toolkit.

The Home has demonstrated achievement of this outcome.

15 – Complaints

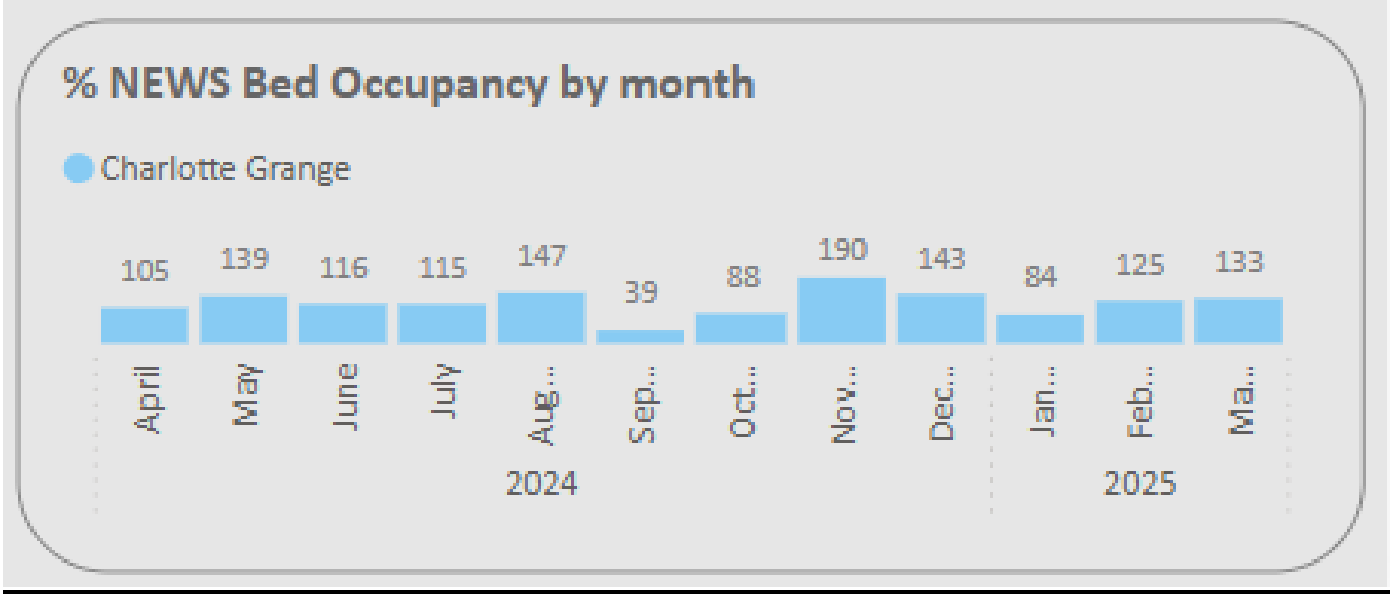
The findings below are from the Quality Standards Framework Report for Charlotte Grange Care home dated 21 February 2024 at which time the home was assessed as fully achieving the outcome. Reports from previous QSF assessments have shown the home has consistently met this outcome since the assessment framework was revised in 2021.

Source *- QSF Report 21ST February 2024*

People who use the service are provided with information on how to make a complaint or raise concerns.
The complaints process is accessible, is easy for people to raise a concern or complaint.
There is a formal log of complaints which is kept up to date. Complaints are handled effectively with openness, transparency and confidentiality. The complainant receives regular updates, a timely response and an explanation of the outcome including the appeals process.
People who raise concerns or complaints are protected from discrimination, harassment or disadvantage and are supported throughout the process.
Concerns and complaints are used as an opportunity to learn and promote continuous improvement and examples of this were evidenced.

The Home has demonstrated achievement of this outcome.

Appendix 1 - NEWS Baseline Observations each month

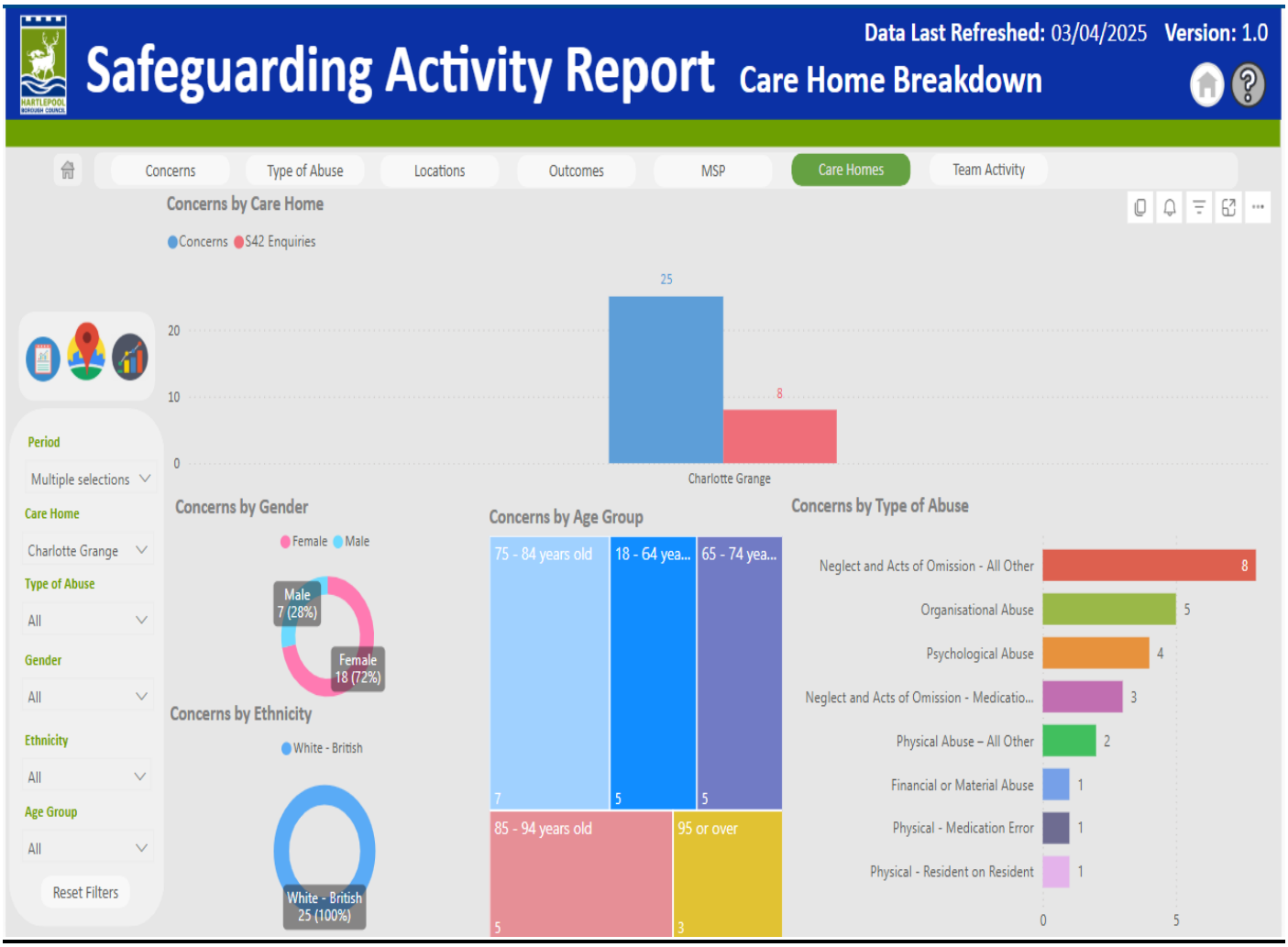


Appendix 2- Is My Resident Unwell

Is My Resident Unwell (IMRU) Usage April 2024 – March 2025

Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
0	0	0	0	0	13	14	13	11	16	10	12

Appendix 3 - Safeguarding trends



Appendix 4 – Medication Report

See attached document