Bedford Citizens Housing Association Limited

Bedford Charter House

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

Bedford Charter House is a care home for up to 64 people who have a range of care needs including dementia and physical disabilities. Short term (respite care) and some rehabilitation (home from home) support packages are also provided.

Plans to redevelop the service in stages; to include a new build care home and extra care housing on the same site, were well underway. Because the provider was making plans to move people from the old building to the new building in the New Year, the service had temporarily stopped admitting new people to the service, with the exception of people requiring short term care packages. To this end there were 58 people using the service on the day of our inspection, 4 December 2014.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Summary of findings

We found that staff had been trained to recognise signs of potential abuse and demonstrated a good understanding of the potential risks faced by people living in the home. People we spoke with confirmed they felt safe living in the home.

There were sufficient numbers of staff who had the right skills and knowledge to meet people's needs. And we saw that the provider carried out proper recruitment checks on new staff to make sure they were suitable to work at the home.

Systems were in place to ensure people's medicines were being managed in a safe way.

All the staff we spoke with confirmed that they had received training to carry out their roles, including support to achieve national health and social care qualifications.

We found that improvements were required to ensure the home consistently acted in line with legislation and guidance in terms of seeking people's consent and assessing their capacity to make decisions about their care and support. The registered manager told us that further training was planned for staff to make sure they had the right skills to assess people's capacity properly.

People were supported to have sufficient quantities of food and drink and there was an emphasis on maintaining a balanced diet. The majority of people we spoke with told us they had a choice of food each meal and that the food provided was of a good standard. We observed that people ate well and seemed to enjoy their meals. Assistance was provided in a discreet and helpful manner to people who required help with eating and drinking. We saw that people's dignity was respected at all times and they were encouraged to maintain their independence as far as possible.

Arrangements were in place to meet people's healthcare needs. People we spoke with had a good understanding of the support being provided to them to manage their healthcare needs, and we saw that clear information was provided to staff to enable them to understand people's healthcare needs and how best to manage these.

Staff were observed providing care and support in a caring and meaningful way and people were treated with kindness and compassion. We spoke with people who confirmed the staff treated them well and that they discussed their care, or their relative's care, with them. They told us they felt involved and listened to.

We learnt that people's privacy was respected at all times and that their social needs were provided for. We observed too that people were encouraged to make their own choices and decisions, as far as possible.

A complaints procedure had been developed to let people know how to raise concerns about the service if they needed to. We saw that complaints that had been received had been responded to in a prompt and appropriate way.

Systems were in place to monitor the quality of the service provided including satisfaction surveys, meetings and internal audits. People told us there were regularly asked for feedback about the service and had opportunities to be involved in contributing to the running of the service. People thought the home was well managed and felt able to approach staff, including the registered manager, if they needed to discuss anything. We saw that action had been taken to address improvements that had been identified as a result of internal audits and feedback from people using the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe

We found that staff understood how to protect people from avoidable harm and abuse and risks were managed so that people's freedom, choice and control was not restricted more than necessary.

There were sufficient numbers of suitable staff to keep people safe and meet their needs, and the provider carried out proper checks on new staff to make sure they were suitable to work at the home.

People's medicines were managed so that they received them in a safe way.

Good

Is the service effective?
The service was not always effective

We found that people received effective care from staff who had the right skills and knowledge to carry out their roles and responsibilities.

The home did not consistently act in line with legislation and guidance in terms of seeking people's consent and assessing their capacity to make decisions about their care and support.

People were supported to have sufficient to eat, drink and maintain a balanced diet.

People were also supported to maintain good health and have access to relevant healthcare services.

Requires Improvement

Is the service caring?
The service was caring

We saw that people were treated with kindness and compassion.

Staff listened to people and supported people them to make their own decisions as far as possible.

People's privacy and dignity was respected and promoted.

Good

Is the service responsive?
The service was responsive

People received personalised care that was responsive to their needs.

Systems were in place to enable people to raise concerns or make a complaint, if they needed to.

Good

Is the service well-led?
The service was well led

Good

Summary of findings

There was effective leadership in place and we found that the service promoted a positive culture that was person centred, inclusive and empowering.

There were systems in place to support the service to deliver good quality care.

Bedford Charter House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 4 December 2014 by three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the content to identify good practice and to help focus our planning in order to determine what areas we needed to look at during our inspection.

We also checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law. In addition, we asked for feedback from the local authority, who have a quality monitoring and commissioning role with the home.

During the inspection we used a number of different methods to help us understand the experiences of people using the service, because some people had complex needs which meant they were not able to talk to us about their experiences. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records for six people who used the service, as well as other records relating to the running of the service such as staff records, audits and meeting minutes.

We spoke with the registered manager, deputy manager, eight care staff, the chef manager, the home's administrator and four visitors. We also spoke with or observed the care being provided to over 30 people living in the home, so that we could corroborate our findings and ensure the care being provided was appropriate for them.

Good

Is the service safe?

Our findings

People told us that they felt safe living in the home. When asked if their relative was safe, one visitor said: "Very much so, yes."

Staff told us they had received training to support them in understanding signs of potential abuse, and how to keep people safe. They all told us they felt comfortable reporting concerns to the registered manager or another senior member of staff. They were able to describe the home's internal processes for reporting concerns, and keeping senior managers informed. One member of staff told us they had had experience of liaising with the local authority safeguarding team and reporting concerns or incidents of suspected abuse.

Information was on display in a communal area of the home which contained clear information about safeguarding, and who to contact in the event of suspected abuse. Records we looked at confirmed that staff had received training in safeguarding and that the home followed locally agreed safeguarding protocols.

The registered manager spoke to us about how risks to people were assessed to ensure their safety and protect them. She described the processes used to manage identifiable risks to individuals and generally within the service. We found that individual risks such as nutrition, moving and handling, falls and skin integrity were in place, as well as general risk assessments covering areas such as medication procedures and fire safety arrangements. There was clear guidance for staff to follow to ensure that people remained safe.

We spoke with the registered manager about the arrangements for ensuring the premises was managed in a way that ensured people's safety. We saw that routine checks of the building and servicing of equipment had taken place on a regular basis. Records were also being maintained of incidents and accidents that had occurred in the home. These had been reviewed by the management team to identify any themes, in order to minimise the likelihood of a reoccurrence.

People told us there were enough staff to keep them safe and meet their needs. One relative told us: "There appears to be enough staff, I have never seen anyone waiting for a long period of time." Another relative said: "From what she [their relative] tells me, definitely, yes."

The majority of staff we spoke with also told us that there were enough staff on duty each shift. One member of staff said: "There are enough staff on and we have floaters we can use if needed." Other staff told us there were occasional problems if someone went off sick at the last minute, but that this was rare.

We saw on the day of our inspection that the planned numbers of care staff were on duty, supplemented with additional support from the registered manager, other senior managers, catering, domestic, administrative and maintenance personnel.

Staff described the processes in place to ensure that safe recruitment practices were being followed. We were told that relevant checks had been completed before staff worked unsupervised at the home; these included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character. Recruitment records we looked at confirmed these checks were carried out prior to a new member of staff working at the home.

People told us they received their medicines on time and in a safe way. They told us they were happy and made comments such as: "Within half an hour" and "It's pretty good." We learnt that people were encouraged to manage their own medication if they were able to do so, and one person confirmed they were doing this.

Staff told us they had received training to ensure they administered medication safely. They told us they had been trained by an external provider but their competency was regularly checked by a senior member of staff working in the home; to ensure they had the right skills and knowledge to administer medicines in a safe way. The members of staff we spoke with all demonstrated a good understanding about medication processes such as administration, management and storage. They also knew how and when to report a medication error. The registered manager showed us a comprehensive risk assessment that had recently been updated regarding the management of medication within the home. This included aspects such as staff training, self-administration, errors, non prescribed medication and storage.

We looked at medication records and found that these were well maintained and showed clear information about medication administration, along with missed/refused doses or use of PRN (when required) medication. We

Good

Is the service safe?

checked and found that medication, including controlled medication, was being stored appropriately. This showed that arrangements were in place to manage people's medication in a safe way.

Requires Improvement

Is the service effective?

Our findings

People confirmed that their needs, preferences and choices were met by staff who had the right skills and knowledge. A visitor spoke to us about their relative who was living with dementia and told us: "I don't see what more they can do in meeting her needs."

Staff told us that they received the right training to carry out their roles, including support to achieve national health and social care qualifications. One member of staff said "Training is good" and "There is lots of training." Staff also told us they felt well supported. One person said: "I like working here, there are really nice people. We have a great team, the registered manager and carers are good." The registered manager told us that meetings, staff supervision and observation were in place to enable her to monitor staff practice and competence, and to provide additional support to staff in carrying out their roles. Records we looked at confirmed that this was the case and that relevant training had been provided to staff, to assist them in carrying out their roles and responsibilities.

The registered manager talked to us about some 'virtual dementia tour' training that had been provided to a small group of staff. This had provided staff with the opportunity to experience first-hand some of the difficulties that someone living with dementia experiences on a day to day basis such as disorientation, confusion and communication. The registered manager told us that there were plans for the training to be rolled out to all staff, to further enhance their understanding of dementia care. We spoke to a member of staff who was one of the homes appointed 'dementia care champions'. They confirmed they had undertaken additional training to equip them with the skills, knowledge and understanding to enhance current dementia care practice in the home.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Staff we spoke with confirmed they had received training in relation to the MCA and DoLS, to ensure that people who could not make decisions for themselves were protected.

We spoke to the registered manager about the practical arrangements in place to support people to make decisions. She explained that on a day to day basis people's capacity was fully assumed, and they were encouraged to make their own decisions as far as possible. She told us that a number of people had already appointed family members who were legally allowed to make decisions on their behalf, in their best interests. She was able to show us records which supported this. She understood the necessity to ensure Deprivation of Liberty Safeguards (DoLs) were in place for people who are unable to make decisions about their own treatment or care. Under DoLS arrangements, providers are required to submit applications to a "Supervisory Body" where someone needs more care and protection than others, to ensure they don't suffer harm. The registered manager told us that she had not had to make any applications under DoLs arrangements for anyone living in the home to date.

Care records we looked at provided information about people's individual choices and preferences, in terms of how their care and support should be provided. We noted however, that some people had a DNAR (Do Not Attempt Resuscitation) form in their care plan but there was insufficient information to explain why this had been put in place or whether the person it related to had been involved. In addition, the DNARs we looked at had not been reviewed recently to ensure they were still required. We also noted inconsistencies in the way people's capacity had been assessed and recorded; in terms of their ability to consent to their day to day care and treatment. This was acknowledged by the registered manager who told us she planned to attend further training 10 days after the inspection regarding the MCA and DoLs. This would assist her in making improvements to the way peoples' capacity was assessed and recorded, and ensure the service consistently acted in accordance with legislation and guidance.

People told us that they had enough to eat and drink, and that the food they received was varied and nutritious. They said they could choose where to eat their meals and that there was a choice of food. One person said: "Chef will cook me something else if I want it". People told us that mealtimes were enjoyable and that staff were available to assist people where needed. Another person told us they had previously been under weight but since coming to live in the home they had put a significant amount of weight back on. They said: "It's certainly done me good."

We spent time talking with the chef manager who told us he actively sought feedback from people and their relatives

Is the service effective?

about the food provided, through formal meetings and informal chats. The chef manager had a good understanding of people's individual preferences and dietary requirements to meet their specific health and cultural needs. He showed us information that had been provided to staff working in the kitchen to ensure people received the right food in the way they needed it. He confirmed there was always a choice of freshly prepared food for people to choose from.

During lunch time we saw that people were given time to eat and drink and the pace was not rushed. Assistance was provided in a discreet and helpful manner to people who required help with eating and drinking, with staff engaging the people they were supporting in conversation throughout the meal. We noted that throughout the day, people were offered additional drinks and snacks.

People told us their day to day health care needs were met. For example, they said that their weight was regularly monitored and their medication checked, to make sure it was still right for them. One relative told us that the home had been quick to call out a GP for their relative when this had been needed, and another visitor told us that when her relative had been ill the staff: "[had] coped with it very well."

Staff we spoke with told us that they felt local GPs and the district nurse team provided good support to the home. Care records demonstrated that information had been provided to staff to enable them to understand people's individual health conditions. There was very clear information about each type of health condition and how to support the person in managing this as best as possible. Visits to and from health care professionals had been recorded, including any changes to peoples' prescribed medication. We saw that people's weight was regularly monitored and people who were at risk, for example as a result of a fall, were being monitored.

The registered manager showed us a separate record that she maintained to record where people had been referred to external professionals such as the falls prevention, occupation therapy, dietetics and audiology teams, when people required more specialist support. This showed that people were supported to maintain good health, have access to healthcare services and receive on going healthcare support.

Good

Is the service caring?

Our findings

We found that the staff had developed positive caring relationships with the people living in the home. People confirmed the staff treated them well. One person told us: "I can't think of anything wrong with this place" and "they look after me in all ways." Another person said: "[The staff have] always got a smile on their face" and "they're very nice all these carers."

Two relatives described the staff as caring, compassionate and approachable. One visitor said: "You wouldn't have a worry about here." Another said: "Staff are lovely, they are very very caring. I have never heard a sharp word." A third visitor told us the staff always contacted them outside of their usual visiting times, to update them with any significant information about their relative's health and wellbeing, which they appreciated.

People told us that the staff listened to them and their views were acted on. For example, one person said that she had spent a lot of time talking to the chef to ensure that she got the meals that she liked. Another person said they had made a list of tasks that were important for them to be completed before they went to bed, and confirmed that these were done by staff. Other people told us that when they had encountered problems, the staff had found solutions for them.

People told us that the staff were patient and gave them enough time to respond. We noted this to be the case when we spent time observing an activity session. We saw a member of staff listening carefully to people and providing appropriate responses in return. During lunch, we heard one person exchanging a joke with a member of staff and saw that both staff member and service user laughed; indicating that they had both enjoyed the interaction.

Most people felt that the staff responded to their needs quickly, but a small number told us that they sometimes had to wait to have their call bells answered. We spoke with the registered manager about this who was able to show us that call bell times were being closely monitored; to ensure staff were responding quickly enough to meet people's needs.

Staff told us they supported people to express their views and be involved in making decisions. One member of staff told us: "It's a very good place to work. Staff are excellent and we love our residents." Another member of staff said that she listened to what people said, but she had also learnt to pay attention to people's non-verbal communication, which helped her to know how to respond to people who were not able to communicate easily using words. One staff member told us that it was important to ensure people understood what was happening to them and said: "We need to let them know what we're doing. We need to talk them through it."

We spent time observing how care and support was provided to people. Staff demonstrated that they understood people's needs well, and we noted that they explained in advance what they were about to do before they provided care and support to people. Although some people did not communicate using words, we observed that they were able to demonstrate their consent clearly through other means such as actions and physical movement. People were encouraged to make their own choices and decisions, as far as possible, throughout our inspection.

People confirmed that they were supported to be as independent as possible. For example one person told us that they managed their own medication, and another person told us they were free to come and go from the home as they wanted. A visitor confirmed she felt able to visit or take her relative out anytime. At lunch time we saw that people were provided with specialist equipment such as plate guards and adapted cutlery; where they needed more help to retain their independence.

People told us that their privacy and dignity was respected. One person said: "Yes, they're [the staff are] very good like that." They told us that the staff knocked before entering their rooms and that they made sure doors were always closed when supporting them with personal care. One person told us: "You do get a choice of lady or gentleman" to provide support with personal care. Other people told us that they valued having their clothes kept clean. We observed staff using discretion in the way they organised and provided personal care throughout the inspection.

Good

Is the service responsive?

Our findings

People told us that they, or those acting on their behalf, were able to contribute to the assessment and planning of their care as much as possible. People talked to us about the care provided to them or their relative, and it was clear that they were well informed. They told us they had been asked for information about their needs prior to moving in, and that they were aware of their care plans because these were kept in their rooms. One person said: "The care plan is in my room. I can look at it any time." A visitor told us she had been involved in providing information about her relative, and that the service was constantly in touch with her to ensure her relative's needs were met. Another visitor said: "I have been pleased with the way they have provided mum with care" and "I feel like I have a voice."

Records we looked at supported people's comments. Care plans were personalised and made reference to people's individual views and wishes, whilst separate daily records demonstrated the care and support provided to people on a daily basis. We saw that an 'All About Me' form had been developed to enable people to describe what was important to them in terms of their preferred name, important people / dates, favourite food, favourite music as well as their skills and interests. We saw that these had been completed by people living in the home wherever possible. Care plans we looked at detailed the level of care and support, including specific equipment and aids, people needed with day to day activities. These had been reviewed on a regular basis to ensure they were still relevant and appropriate for meeting people's needs. We saw too that people had a formal annual review of their care needs and that important family members were invited to be part of this.

People told us felt that they were able to make choices and have as much control over their lives as possible. For example some people told us they preferred to stay in their rooms rather than socialise or eat with other people, and were supported to do so. Another person told us they had changed the time they got up every day, because this suited their needs better. A sensor mat had been provided for someone else, in consultation with the local Falls Prevention Team, because staff had noted an increase in falls for the person, and had taken action to ensure they received the right support in a way that did not inhibit their independence. At lunch time, people living with dementia were provided with red crockery. Staff explained that people with dementia can experience difficulties with their sight and perception, so making objects stand out using colour, can make things more visible and enable someone to maintain their independence for as long as possible.

People told us their social interests were met. One person told us they enjoyed meal times and the opportunity to maintain social relationships with other people. They said: "We enjoy a bit of chat and a bit of banter." Everyone told us that a variety of activities were provided by the home on a twice daily basis which included arts and crafts, singing, music sessions, films, quizzes and board games. One person said: "They provide things to keep you amused." People also told us that they were supported with meeting their religious needs. They told us about church services that took place in the home and one person told us that arrangements had been made for them to attend services outside of the home, at a local church.

A relative told us they felt there were enough activities for people to do. We spent time observing an arts and crafts session which was well attended by people living in the home. There was a lively atmosphere in the room and people were encouraged to join in, even if only to observe what was going on. We noted that the member of staff leading the session was positive and supportive. We also saw that arrangements had been put in place to ensure that the session was not interrupted if someone needed support with personal care, as other staff provided additional help as required.

Everyone we spoke with told us they knew how to make a complaint or raise a concern. People told us they felt the staff team were approachable and that they would feel comfortable speaking with a member of staff if the need arose. Two people told us that they had raised concerns in the past and that these had been listened to and dealt with to their satisfaction. Staff we spoke with were clear that they would report any complaints they received to a senior member of staff immediately. We learnt that there were a number of ways in which people could raise concerns, including regular meetings involving people living in the home, relatives and staff.

We spoke with the registered manager who showed us that she maintained a clear record of complaints and compliments. We noted that the home had received almost four times as many compliments as complaints in the past year. Where complaints had been received however, a clear

Good

Is the service responsive?

audit trail had been maintained of the actions taken in response. We found that complaints had been dealt with in a timely manner and that responses provided to complainants were polite and respectful, often followed up by a letter from the service's Chief Executive. We also saw that complaints were monitored regularly to help the service to identify common themes, and have the opportunity to learn from these and improve the service, where needed. This meant that arrangements were in place for the service to routinely listen and learn from people's experiences, concerns and complaints.

Good

Is the service well-led?

Our findings

Bedford Charter House is run by a voluntary, non executive board who are supported by a senior management team who each have different responsibilities for running the service.

People told us there were regular opportunities for them to be involved in developing the service, which included attending meetings and completing satisfaction surveys. One visitor told us the registered manager was very approachable. They said she had put new initiatives in place to ensure relatives felt more involved, such as sending out information about the home's weekly activity programme. Another visitor told us there were relatives meetings but added: "you can always catch staff if you want to talk about something."

People spoke positively about the management of the home. One visitor described it as: "Very efficient. They will listen to what you've got to say. If they can help you in any way they will." Staff we spoke with also told us they received good support from the registered manager and other senior members of staff. They told us: [The registered manager is] "great. Her door is always open" and "any problems are dealt with." Another member of staff said: "[There is] a no blame culture".

There was a registered manager in post who had taken on the role as manager in a temporary capacity. She informed us during this inspection that as part of the changes taking place with the new building, a new manager had been appointed and that she would return to her previous role as deputy manager from early January 2015.

Everyone we spoke with had a good understanding of the changes taking place in the service. They spoke positively about their involvement in the development of the plans and the move to the new purpose built building in the New Year. We learnt that newsletters had been sent out to people, and minutes of all meetings were made available. One person told us that staff would print off copies of minutes, if she asked.

Staff we spoke with were clear about their roles and responsibilities. They told us that tasks were allocated to them at the beginning of their shifts, so that they knew what was expected of them to ensure people received support in the way they needed it. We observed staff working cohesively together throughout the inspection.

The registered manager talked to us about the quality monitoring systems in place to check the quality of service provided and to drive continuous improvement. We saw the results of the latest quality monitoring surveys sent out earlier in the year to people using the service and other relevant stakeholders. This showed that overall, people had provided positive feedback about the service provided, but where comments and suggestions had been made, an action plan had been drawn up to address the areas where improvements had been identified. We saw that actions taken in response had also been recorded.

Records showed that regular audits and checks took place to ensure the service was providing safe, good quality care. We saw that information was analysed on a regular basis by the service's operations committee, for example, the number of falls occurring; as a way of identifying patterns and understanding when to request external support, to meet people's needs. Other areas where checks took place regularly included infection control, medication, equipment, health and safety, call bell response times and staff competency. The registered manager was able to evidence actions that had been taken to address improvements that had been identified as a result.