

# Cognithan Limited

# Charlton House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people and providers must have regard to it.

### About the service

Charlton House is a residential care home providing personal care for up to five people in one building. The service provides support to younger adults with learning disabilities or autistic spectrum disorder. At the time of our inspection there were two people using the service.

### People's experience of using this service and what we found

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

#### Right culture:

The quality assurance system and processes had failed to identify and correct issues we found at the inspection. However, we found some positive aspects of culture as well. The manager and staff worked with other external professionals to ensure people were supported to meet their needs. The provider had a system to manage accidents and incidents. There was a management structure at the service and staff were aware of the roles of the management team. The manager and staff worked as a team and in partnership with a range of professionals and acted on their advice. Staff received support through training, supervision and staff meetings to ensure they could meet people's needs. Staff told us they felt supported and could approach the manager at any time for support.

#### Right support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's care plans reflected their current needs. People were protected from the risk of infection. People were treated with dignity; their privacy was respected and they were supported to be as independent in their care as possible.

#### Right care:

People's care records were in line with the Accessible Information Standard. People and their relatives were encouraged to participate in making decisions about their care and support. An assessment of people's needs had been completed to ensure these could be met by staff. Staff showed an understanding of equality and diversity. Staff respected people's choices and preferences. The manager knew what to do if someone required end of life care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 12/03/2021 and this is their first inspection.

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

#### Enforcement and recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to quality assurance at this inspection.

Please see the action we have told the provider to take, at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Charlton House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

A single inspector completed the inspection.

#### Service and service type

Charlton House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Charlton House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

The service was required to have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was not a registered manager in post. The provider had made interim arrangements to manage the service and the new manager was in the process of making an application to CQC to become a registered manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts that had been raised. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We sought feedback from commissioners and the local authority safeguarding team. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with two people and one relative of people who used the service about their experience of the care provided. We spoke with four members of care staff, the manager and the quality assurance director. We carried out observations of care provided in the communal areas. We reviewed a range of records. This included two people's care records, five staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a range of records related to medicine management, staff recruitment and training, deprivation of liberties, fire safety and quality assurance records were also reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always managed safely. We saw controlled drugs (CD) were not stored separately, in line with controlled drug requirements but with other prescribed medicine in a lockable cabinet.
- The provider had not used a CD register as required to record the receipt, administration, disposal and transfer of controlled drugs held by the home.
- Monthly medicines audits were routinely carried out, although this did not pick out the issues we raised about controlled drugs.
- We brought these concerns to the attention of the manager, who said they would do it straight away. Supporting documents received after the site visit reflected this has been actioned.
- Staff completed medicine administration records (MAR) as required to ensure people received their medicines as prescribed.
- The service had a medicines policy in place and staff had completed medicines training. Their competency to administer medicines had also been assessed.
- The service had PRN (as required) medicine protocols in place for any medicines that people had been prescribed but did not need routinely.

### Assessing risk, safety monitoring and management

- The manager completed risk assessments and risk management plans that included guidance for staff, where appropriate specialist inputs were sought. For example, about how to manage behaviours that communicate a need, diabetes, manual handling, and the home environment.
- Risk assessments were reviewed periodically or as and when people's needs changed. The senior manager monitored them to ensure they remained reflective of people's current needs.
- Staff knew how to respond to people's situational risks and their needs.
- Each person's personal emergency evacuation plans (PEEP) was not accessible on site, should there be an emergency. When asked at the care home, the manager was not able to access and show us the PEEP or evidence if any fire drills were carried out in the care home during the day and night.
- We brought this to the attention of the quality assurance director and the manager. The manager told us, PEEP's and fire drills would be done this week. However, following the inspection site visit, they sent us supporting evidence to show PEEPs and fire drills were completed regularly.

### Staffing and recruitment

- The provider carried out satisfactory background checks for all staff before they started working. These included checks on staff member's qualifications and relevant experience, their employment history and

consideration of any gaps in employment, references, criminal record checks and proof of identification. This reduced the risk of unsuitable staff working with people who used the service.

- People were supported by effectively deployed staff. Staff told us they felt there were enough staff to meet people's needs safely and appropriately and there was on-call management support available for staff as and when required.
- We saw there were enough staff to support people at the service and to attend appointments when required.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- The provider had a policy and procedure for safeguarding adults from abuse. The manager and staff understood what abuse was, the types of abuse, and the signs to look for. This included staff being aware of the action to take if they suspected someone had been abused and reporting their concerns to the manager and the local authority safeguarding team.
- Staff completed safeguarding training. They knew the procedure for whistleblowing and said they would use it if they needed to.
- The manager confirmed there had been no safeguarding incidents since the service's registration in March 2021.

Preventing and controlling infection

- People were protected from the risk of infection.
- Staff understood the importance of effective hand washing, using personal protective equipment (PPE) and disposing of waste appropriately. This protected people and themselves from infection and cross-contamination.
- The service had infection control procedures in place and records showed that staff had completed infection control training to ensure they knew how to prevent the spread of diseases.

Visiting in care homes

The provider had visiting arrangements in place that was in line with the government guidance and the manager ensured all visitors followed it. The provider screened all visitors to the home for symptoms of acute respiratory infection before they could enter the home. Visitors were supported to follow the government's guidance on hand washing, sanitising, wearing personal protective equipment (PPE), temperature checks.

Learning lessons when things go wrong

- There were systems and processes in place to manage and follow up on accidents and incidents.
- Staff completed accident and incidents records. These included details of the action staff took when responding and when minimising future risks, as well as details of who they notified, such as the manager.
- The manager monitored these events to identify possible learning and discussed this with staff.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's needs.
- People could access a variety of shared living spaces which included a lounge with TV and a garden with sitting furniture.
- People personalised their rooms with appropriate furniture they needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the service was working within the principles of the MCA and appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff training records showed they had received MCA training.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making. Staff knew about people's capacity to make decisions through verbal or nonverbal means and this was well documented.
- Records confirmed capacity assessments had been completed and people and those important to them were involved in best interest meetings.

Staff support: induction, training, skills and experience

- The provider supported staff through supervision and training to ensure they had the appropriate knowledge and skills to meet people's needs.
- Training records confirmed that staff had completed training that was relevant to people's needs. This

training included safeguarding adults, medicines administration, health and safety, fire safety, behaviours that communicate a need, diabetes, learning disability, and equality and diversity.

- Staff told us they received regular supervision and said they could approach the manager at any time for support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed to ensure these could be met. The manager carried out an initial assessment of each person's needs, to see if the service was suitable for them.
- The assessments looked at people's medical conditions, physical and mental health, mobility, nutrition, choices, and people's home environment.
- Where appropriate, people and relatives were involved in this assessment. This information was used as a basis for developing personalised care plans, to meet each person's needs.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support needs. Staff knew people about how to support them to make choices.
- People had health actions plans/ health passports which were used by health and social care professionals to support them in the way they needed and were supported to access healthcare services.

Supporting people to eat and drink enough to maintain a balanced diet.

- Staff supported people to eat and drink enough to meet their needs. People could exercise choice and could access sufficient food and drink.
- Some people had dietary requirements and they were offered in accordance with individual needs. Staff told us, how they supported a person with making food choices. For example, about a person who had specific dietary needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to access healthcare appointments if needed. People's care records included evidence of regular contact with health care professionals for example, the GP, dentist and nurse.
- Staff continued to make efforts to encourage people when they refused to take their prescribed medicine and attend healthcare appointments.
- People's health needs were recorded in their care plans along with any support required from staff in relation to these needs.
- Staff told us they would notify the manager if people's needs changed and if they required the input of a healthcare professional, such as a district nurse or a GP appointment.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives had been consulted about the care and support they received. However, one relative told us they were not consulted about the assessment and planning care for their loved one, and they cannot travel long distance to the care home. The manager told us how they planned to encourage and involve them about their loved one's care.
- Staff respected people's choices and preferences, such as the clothes they wanted to wear, their food and drink preferences, and what activity they wanted to do during the day.

Ensuring people are well treated and supported; respecting equality and diversity. Respecting and promoting people's privacy, dignity and independence

- The service was non-discriminatory, and staff told us they would always support people with any needs they had with regards to their disability, race, religion, sexual orientation or preferred gender.
- We saw staff engaged in conversations with people in a relaxed and natural manner.
- People were supported to maintain their independence. Staff told us they encouraged people to complete tasks for themselves, as much as they were able to and records seen confirmed this.
- Training records confirmed that staff had received training on equality and diversity. One staff member told us, "We all have equal rights at work and other places. We have two people from different ethnic background, we treat them equally."
- People's care records included sections about their cultural and religious backgrounds and relationships that were important to them.
- Staff confirmed that people were supported with their spiritual needs where requested. For example, the provider arranged for people to listen to spiritual teachings of their faith, using an electronic equipment.
- Staff said they made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their rooms.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Some staff had not read and understood what was written in the risk management and care plans prior to delivering safe care at all times to people. For example, two members of staff providing care and support to people with complex needs, told us they had not read the risk management and care plans as yet, but would do it now we had inspected. We brought this to the attention of the manager, who said they would look into it straight away. Despite this, staff supported people safety and in line with their needs.
- Care plans were person centred and contained information about people's personal life and social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals.
- The manager explained how they focused on people's quality of life outcomes. We saw people's outcomes were regularly monitored and adapted as a person went through their life. For example, the manager, family members and health and social care professionals were engaged in review and development of a transition plan, to support a person towards a smooth transition to an alternative placement.
- Care plans were kept under regular review to ensure people's changing needs were met.
- Care plans included the level of support people needed from staff and what they could manage to do for themselves.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs by assessing them. People's care records were made available in formats that met people's needs in line with the Accessible Information Standard. For example, there were objects, photographs and use of gestures.
- Staff offered choices tailored to individual people using a communication method appropriate to that person. We observed staff using different approaches with different people, all were relevant and reflected in care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain contact and spend time with their families. One relative told us, "I speak with my [loved one] every day on phone."

- Staff recognised people's need for stimulation and supported people to follow their interests and take part in activities. These included daily chores, listening to faith oriented audios, shopping and accessing community.

#### Improving care quality in response to complaints or concerns

- The provider had a policy and procedure for managing complaints and this was accessible to people and their relatives.
- The manager told us there was no complaint since the registration of the service in March 2021.

#### End of life care and support

- The provider had an end of life care policy in place. The manager told us that none of the people currently using the service required support with end of life care. They said they would liaise with the appropriate health care professionals to provide people with end of life care and support, when it was required.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider did not have effective oversight of the service. The quality assurance system and processes had failed to identify and correct issues we found at the inspection.
- Monthly medicines audits were routinely carried out, although this did not pick out the issues we raised about controlled drugs.
- Some staff had not read and understood risk management and care plans prior to delivering care and support to a person with complex needs.
- Each person's personal emergency evacuation plans (PEEP) was not accessible on site, should there be an emergency. However, following the inspection site visit, they sent us supporting evidence about PEEPs and fire drills.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a clear management structure at the service. Staff were aware of the roles of the management team. Staff understood their roles and responsibilities.
- The service had an on-call system to make sure staff had support outside of office working hours and staff confirmed this was available to them.
- The service did not have a registered manager in post; the provider had made interim arrangements to manage the home, and the manager demonstrated knowledge of people's needs and the needs of the staffing team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a duty of candour policy and the manager understood their role and responsibilities.
- Staff were encouraged to report all accidents, incidents or near misses and to be open and honest if something went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering

their equality characteristics

- The manager had encouraged and empowered staff to be involved in service improvements through staff supervision.
- Records showed staff encouraged relatives to involve in care reviews and best interests decision making process, as appropriate.
- Staff were positive about how the service was run and the support they received from the manager. One member of staff said, "The manager is excellent, if you have a problem, you can call him and talk to him." Another member of staff said, "The manager is very nice, his management is good because, he will teach you things you seldom know. He will check people's food; he will check staff trainings for refresher courses."
- The manager held staff meetings to discuss areas such as any changes in people's needs, guidance for staff about the day to day management of the service, coordination with health care professionals and any changes or developments within the service.

Continuous learning and improving care. Working in partnership with others

- The manager demonstrated a willingness to provide good quality care to people. They started making improvements following our inspection feedback.
- The senior management team and the manager were committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people.
- They worked closely with local authority commissioners and healthcare professionals.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The quality assessment system and processes in place were not always effective.