

Akari Care Limited

Charlton Court

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Charlton Court is a service providing accommodation with nursing and personal care to up to 55 older people, including people who may live with dementia in one purpose-built building. At the time of inspection 53 people were using the service.

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

Improvements had been made since the last inspection and these included improvements to people's safety and governance.

The service was well-maintained with a good standard of hygiene. We have made a recommendation about following best practice guidance for the design of the environment to ensure people who live with dementia are kept engaged.

Activities and entertainment were available to keep people engaged and stimulated during some parts of the day. We advised of further improvements that could be made to occupy people, when staff were busy.

People were mostly 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.

We have made a recommendation about improvements to the care of people who live with dementia or an associated condition to ensure they receive more person-centred care and are involved in decision making.

People told us they felt safe with staff support and most staff were approachable, kind and caring. Most said their privacy and dignity were respected. Appropriate checks were carried out before staff began work with people. People received suitable support to take their prescribed medicines. Staff said they were aware of their responsibility to share any concerns about safeguarding and the care provided.

People were supported to access health care professionals when required. People had food and drink to meet their needs. People were provided with care by staff who were trained and supported in their roles. Risk assessments were in place which identified current risks to people as well as ways to reduce those risks. Communication was effective. Staff worked well with other agencies to ensure people received appropriate care.

There was a stronger, more effective governance system in place. The management and compliance team carried out a regular programme of audits to assess the safety and quality of the home. There were opportunities for people, relatives and staff to give their views about the service. Processes were in place to manage and respond to complaints and concerns.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 June 2017) with two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. There was also an inspection on 11 and 13 June 2018 however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

Why we inspected

This is a planned re-inspection because of the issue highlighted above.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Charlton Court

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 Care Act 2014.

Inspection team

One inspector, a specialist nursing advisor and an Expert-by-Experience carried out the inspection. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Charlton Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 12 people who used the service and 10 relatives about their experience of the care provided. We spoke with 14 members of staff including the regional manager, the registered manager, the deputy manager, one registered nurse, one senior support worker and five support workers including one agency member of staff, two student nurses and one visiting activities co-ordinator. 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 reviewed a range of records. This included seven people's care records and four medicines records. We looked at three staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the inspection on 18 April 2017 this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At the inspection on 18 April 2017 the provider had failed to ensure the environment was safe to reduce the risk to people's health and safety. Improvements were also needed to infection control. These were breaches of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Preventing and controlling infection

- Staff received training in infection control to make them aware of best practice, as they supported people. Regular checks took place to ensure good infection control was promoted.
- Gloves and aprons were available to staff to reduce the risks of infections spreading.
- The premises were clean and there was a good standard of hygiene. One relative commented, "Bedrooms are kept scrupulously clean."

Assessing risk, safety monitoring and management

- Systems were in place to assess and monitor risk and to keep people safe. One person told us, "It's reassuring that staff are within meters away from you and ready to offer support when you need it." Regular checks took place to ensure people were kept safe. Fluid thickeners for thickening people's drinks, where there was an assessed need, were now appropriately stored. Equipment was regularly serviced and personal emergency evacuation plans (PEEPs) were in place.
- Information from risk assessments was transferred to people's care plans to ensure people were supported safely. For a person who was at risk of pressure damage, the airflow mattress setting was not recorded on the care records. It was set in the middle setting between firm/soft. After the inspection we were informed a weekly check took place to ensure all mattress settings were accurate. Two risk assessments for epilepsy and catheter care required some additional information and this was actioned immediately after the inspection.
- Care plans contained explanations of the measures for staff to follow to keep people safe. However, more guidance was needed to show staff how to respond when people experienced behaviours that may challenge. The registered nurse told us this would be addressed.

Using medicines safely

- People received their medicines safely. One person said, "I take medicines twenty minutes before I eat and staff have never missed or forgotten to give me them then."

- Care plans provided details of how people received their medicines. However, they did not include "when required" medicines were administered. Some other improvements were required for the management of some medicines. We were informed by the registered nurse that this would be addressed immediately.
- Systems were in place for the ordering, storage, administration and disposal of medicines.

Learning lessons when things go wrong

- Any accidents or incidents were recorded and monitored. Reports were analysed, enabling any safety concerns to be acted upon. For example, medicine recording errors.
- Safety issues were discussed with staff to raise awareness of complying with standards and safe working practices.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said people were kept safe at the home. One person said, "Staff are available all the time and that keeps me safe" and "There's always someone passing and shouting hello when walking past my bedroom door, that's reassuring."
- People were protected from the risk of abuse. Staff were trained in safeguarding and had access to guidance about what to do to report any concerns. A staff member told us, "I'd report any concerns to the senior."
- Information was available for people, relatives and staff about adult safeguarding and how to raise concerns.

Staffing and recruitment

- People and staff confirmed there were enough staff to support people safely and to ensure people's needs could be met. One person told us, "Staff are available all the time and that keeps me safe" and "Staff are there almost immediately when you press the call bell."
- The registered manager worked well to ensure staff vacancies and staff absences were filled to assist in the daily running of the home.
- Effective recruitment practices were followed to help ensure only suitable staff were employed. These included satisfactory references and background checks with the Disclosure and Barring Service (DBS).

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.

At the inspection on 18 April 2017 this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 Act 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 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.

- People's care and treatment was provided in line with law and guidance.
- People, or those appointed, were involved in decisions about people's care. DoLS had been appropriately applied for, and care plans contained evidence of MCA assessments and best interests' decisions where needed.
- Where people did not communicate verbally, staff had a good understanding of people's body language and gestures and only supported people when they were sure they were happy.

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

- People's needs were assessed prior to using the service and reviewed on an ongoing basis. These assessments had regard to good practice.
- Assessments included information about people's medical conditions, oral health, dietary requirements and other aspects of their daily lives.

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

- People's nutritional health was assessed and supported to ensure they were eating and drinking enough. One relative commented, "[Name] is now eating like a horse, their appetite has really improved since coming here."

- Where anyone was at risk of weight loss their weight was monitored more frequently as well as their food and fluid intake. Food charts were used but they didn't state what portion size had been served for monitoring purposes. Some people's daily fluid target amount and urine output was not recorded. We discussed this with the registered nurse who said it would be addressed.
- Timely and proactive referrals to dieticians were made for those at risk of malnutrition.
- We received mixed comments about the food. One person told us, "I have no complaints about the food, I eat anything." Another person said, "I'm not too happy with the food, if you don't like mince and mash with gravy, you're on a loser." We discussed people's feedback with the registered manager.

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

- The building was mostly well-decorated, light, spacious and airy. There was a programme of refurbishment and where we identified areas showing wear and tear we received an action plan to inform us when these would be addressed.
- Bedrooms were personalised and homely. One person commented, "I am able to keep my prized possessions in my room." The top floor corridors had been decorated but further work was needed to communal areas and hallways to create interesting and stimulating themed areas, to keep people orientated and engaged.

We recommend the provider follows best practice guidance to ensure environmental design is appropriate to the needs of people who live with dementia to keep them engaged and stimulated.

- There was appropriate signage around the building to help maintain people's orientation.

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

- There were care plans in place to promote and support people's health and well-being.
- Where people required support from healthcare professionals this was arranged and staff followed guidance provided. Information was shared with other agencies if people needed to access other services such as hospitals
- Access to regular primary health services, such as GPs, mental health, chiropody and opticians was well-documented.

Staff support: induction, training, skills and experience

- Staff received training including any specialist training to ensure people were supported safely and their needs were met. A person told us, "I think staff have the right training for my needs." A staff member said, "We do lots of training mostly on-line but also face-to-face training."
- Staff completed an induction programme at the start of their employment, that included the Care Certificate. New staff shadowed experienced staff until they, and the registered manager were satisfied they were competent to work alone. A newer staff member told us, "The staff team have been really welcoming and helpful to me."
- Staff received supervision and appraisal. They told us they were well-supported by the registered manager and other senior staff. One staff member said, "I have supervision very two months and I can have my say."

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.

At the inspection on 18 April 2017 this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect;

Ensuring people are well treated and supported; respecting equality and diversity

- We received predominantly positive comments from people and relatives about the caring nature of staff. One person told us, "The majority of staff do talk to us and show kindness", "The personality of staff is very good" and "Staff are generally caring to me, but some are better than others." We discussed the few less positive comments with the registered manager and were informed that this had already been identified and was being addressed.
- During the inspection staff interactions with people were attentive, kindly, encouraging and appropriate. A person said, "Staff are lovely towards me. We can have a laugh together and it lifts the day for me in the morning."
- Staff had completed equality and diversity training where people are treated as unique individuals with different and diverse needs. One person told us, "The staff are very patient if I have difficulty hearing."

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

- Staff supported people to make decisions about the care and support they received. However, we considered some improvements could be made so people were kept orientated and involved. Information such as activities was not always in an accessible form to people who lived with dementia involved. Some improvements were required to keep people who lived with dementia involved in decision making about their food. People were not shown two plates of food to help them make a choice, by sight or smell, if they no longer understood the spoken word. We saw pictorial menus were available but they were not used at inspection.

We recommend the provider follows best practice guidance to ensure information is accessible to people who may live with dementia and they are encouraged to be involved in all aspects of decision making in their daily lives.

- People could make choices about other aspects of daily living. One person told us, "Staff pop into my room and ask are you ready to get out of bed yet, I have the choice to say yes or no."
- Staff responded to people's individual needs and requests. However, some people commented, this did not always happen. One person commented, "You may get disappointed when you ask staff to do something and they say yes, but it won't be today" and "I've requested various things from staff and they say they will take action but then forget."
- People were directed to sources of advice and support or advocacy.
- Detailed guidance was available in people's care plans which documented how people communicated and about their level of understanding.

- People's families said they were involved in their family member's care.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy were mostly respected. Staff respected people's personal space but were not always observed knocking on people's bedroom door before entering. A person commented, "In general staff treat me with dignity and respect."
- Staff understood the importance of people maintaining their independence and the benefits it had for their well-being. A relative said, "Staff encourage [Name] to get up from bed into their wheelchair if they can to promote a little independence."

Is the service responsive?

Our findings

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

At the inspection on 18 April 2017 this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

At the inspection on 18 April 2017 we found improvements were required to record keeping. This was a breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Improvements had been made to record keeping promoting person-centred care. People had assessments and care plans which provided guidance and covered all aspects of their physical, emotional, psychological and social needs.
- People were supported by staff who had a good understanding of their care and support needs. One person told us, "Staff attend to my everyday needs, such as wash and shower me."
- People's needs were reviewed on a regular basis and any changes were recorded accordingly. Staff handover meetings provided staff with information about people's changing needs and how to meet them.

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 registered manager was aware of the accessible information standard. We observed that advertised information was not always in an accessible form to people who lived with dementia, who may no longer recognise the written word. We discussed this the registered manager who said it would be addressed.
- Staff understood how people communicated. They knew how people expressed themselves, so recognised if people were in pain or how they indicated their choices.
- Information was available in people's care records about how they communicated.

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

- There was a programme of activities. One person told us, "I don't get involved in any activities really, but I like snooker and darts and it would be nice to have these in the home." Another person said, "The home does have activities, but I don't get involved and staff don't push me to do anything I'm uncomfortable

with."

- The Equal Arts Community Project was involved to support with activities. The home was also involved with a Reminiscence interactive Therapy/activities [RITA] project with the clinical commissioning group where technology and reality orientation was used to stimulate people. A benefit was also as people were occupied there was evidence of a reduction in the number of falls.
- We considered further improvements were required to activities for people on the top floor, who may live with dementia, if people wished to be engaged. People and relatives confirmed there was a need for more activities, outings and regular entertainment. We observed, when the visiting activities person and staff were unavailable or busy people were left unoccupied. Games, magazines, jigsaws, rummage boxes or other items of interest were not available for people to use if they wanted. We discussed this with the registered manager who told us it would be addressed immediately.

End-of-life care and support

- People received personalised end-of-life care and support.
- Relevant people were involved in decisions about a person's end-of-life care choices. Health care information was available about the end-of-life wishes of people.
- Information was available about people's cultural or spiritual preferences and how they wished to be supported at this important time
- Staff worked closely with other healthcare professionals, so people could stay in the home rather than being admitted to a hospital if that was their wish.

Improving care quality in response to complaints or concerns

- Systems were in place to acknowledge, investigate and respond to complaints.
- A complaints procedure was available.
- People and relatives told us they would feel confident to speak with staff about any concerns if they needed to. We were aware some complaints were in process at the time of inspection.

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.

At the inspection on 18 April 2017 this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Improvements were being made to the running of the home with stronger and more responsive leadership. Staff and relatives said the manager was "approachable." A long-standing staff team was in place. The recruitment of permanent staff was taking place. The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the right level made decisions about the running of the service.
- Improvements had been made to aspects of the running of the service to ensure people's safety and person-centred care. Further improvements were needed to ensure more person-centred care to people who lived with dementia. We received information straight after the inspection that this was to be addressed.
- Regular audits were completed to monitor service provision and to ensure the safety of people who used the service. Where any incidents occurred, they were analysed individually and then checked for trends to reduce the likelihood of reoccurrence. The quality of service provision was monitored through information collected from comments, compliments and complaints.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Changes were being made to ensure a more positive culture where staff took pride in the care and support that they provided. Stronger arrangements were being made to ensure people were the main focus and central to the processes of the delivery of care.
- There was an ethos of continual improvement and keeping up-to-date with best practice across the service.
- Various stakeholders were tasked with ensuring the organisation was meeting its objectives and that they were providing a safe and effective service for all people who experienced the best outcomes.
- The service was fully committed to provider forums and events that were organised via the local and health authorities. Written evidence and professional's feedback showed the service was outward looking and willing to collaborate with others. A professional commented, "The home's use of the RITA system has added to the reminiscence therapy the activities co-ordinators were already carrying out, which has proven a huge success in improving people's well-being."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The organisation was committed to protecting people's rights with regard to equality and diversity
- People's views were regularly sought.
- The registered manager had an open-door policy and people came with any concerns and other matters. Meetings were held regularly. Meetings provided opportunities for staff, people and relatives to feedback their views and suggestions.
- Staff were encouraged to develop their skills through training and personal development.

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff team were outward looking and had formed links with other organisations. They were members of the Alzheimer's Society and had introduced initiatives such as acknowledging and exploring sex and intimate relationships with people, they worked collaboratively with the local clinical commissioning group, CQC, Equal Arts Community Project and other organisations to improve outcomes for people.
- The service provided placements for students in health and social care. A health care professional commented, "Charlton Court is part of the internship for third year student nurses undertaking their final managerial placements."

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

- The registered manager was aware of their responsibilities with regard to Duty of Candour. They told us of how they were open and honest, but they had not needed to use the Duty of Candour.