Bedford Citizens Housing Association Limited

# Bedford Charter House

## Inspection report

Bedford Charter House
1b Kimbolton Road
Bedford
Bedfordshire
MK40 2PU

Tel: 01234321400
Website: www.bchal.org

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Requires Improvement |
| 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

This inspection took place on 16 May 2017 and was unannounced.

Bedford Charter House is a substantial, purpose built care home providing a service for up to 72 people who have a range of care needs including dementia and physical disabilities. Short term (respite) care is also provided. During this inspection 64 people were using the service, and no one was receiving respite care.

A registered manager was 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 2008 and associated Regulations about how the service is run.

We found some areas that required improvement:

There were sufficient numbers of suitable staff to keep people safe and meet their needs. However, some people told us they were left waiting when they called for assistance, particularly before and after the lunch time meal. The registered manager had made changes to the way staff were deployed in the home to ensure additional support in the evenings and new staff had been employed. It was therefore hoped that this would improve as the new staff gained confidence and experience. The registered manager also told us about changes he planned to make to enhance people's dining experience in the future.

The provider carried out checks on new staff to make sure they were suitable and safe to work at the service. The majority of the required checks were in place however, we found some checks had not been carried out for all staff, such as obtaining a full employment history. The registered manager confirmed after the inspection that changes would be made to the existing recruitment process, to ensure all required checks were obtained in future.

We also identified many areas during the inspection where the service was doing well:

Staff had been trained to recognise signs of potential abuse and keep people safe. People felt safe living at the service and staff were confident about reporting any concerns they might have. Processes were in place to manage identifiable risks within the service to ensure people were supported safely and did not have their freedom unnecessarily restricted.

Systems were in place to ensure people's daily medicines were managed in a safe way. Improvements reported on at the last inspection had been sustained and as a result medication errors had decreased significantly.

Staff received the right training to ensure they had the necessary skills and knowledge to meet people's needs.

Systems were in place to ensure the service worked to the Mental Capacity Act 2005 key principles, which state that a person's capacity should always be assumed, and assessments of capacity must be undertaken where it is believed that a person cannot make decisions about their own care and support.

People had a choice of food, and had enough to eat and drink. Assistance was provided to those who needed help with eating and drinking, in a discreet and helpful manner.

The service worked with external healthcare professionals, to ensure effective arrangements were in place to meet people's healthcare needs.

Staff provided care and support in a caring and meaningful way. They treated people with kindness and compassion and respected their privacy and dignity at all times. Personalised care plans had been developed to record how people wanted to receive their care and support, and they were supported to have choice and control of their lives as far as possible.

People were given opportunities to participate in meaningful activities and further improvements were planned in this area.

Arrangements were in place for people to raise any concerns or complaints they might have about the service. These were used by the service as an opportunity for learning and improvement. We saw that people were given regular opportunities to express their views on the service they received and to be actively involved in making decisions about their care and support.

The management team provided effective leadership at the service, and promoted a positive culture that was open and transparent.

Systems were in place to monitor the quality of the service provided and drive continuous improvement.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe

There were sufficient numbers of suitable staff to keep people safe and meet their needs; however, people were sometimes left waiting for assistance.

The provider carried out checks on new staff to make sure they were suitable to work at the service however; improvements were required to ensure all legally required checks were carried out.

Staff understood how to protect people from avoidable harm and abuse.

Risks were managed so that people's freedom, choice and control was not restricted more than necessary.

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

### Is the service effective?

**Good**

The service was effective

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

Systems were in place to ensure the service 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.

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.

### Is the service caring?

**Good**

The service was caring

Staff treated people with kindness and compassion.

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

People's privacy and dignity was respected and promoted.

## Is the service responsive?

Good

The service was responsive

People received personalised care that was appropriate for them.

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

## Is the service well-led?

Good

The service was well led

The service promoted a positive culture that was inclusive and empowering.

A registered manager was in post who provided effective leadership.

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 unannounced and was carried out on 16 May 2017 by two inspectors and two Experts 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.

Before the inspection we 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.

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 asked for feedback from the local authority who have a quality monitoring and commissioning role with the service.

During the inspection we used 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 spoke with 16 people living at the service and observed the care being provided to a number of other people during key points of the day, including lunch time and when medicines were being administered. We also spoke with the chief executive, the registered manager, the deputy manager, the head chef, 12 care staff, an activity coordinator, the receptionist, hairdresser, beautician and three relatives.

We also 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 then looked at care records for three people, as well as other records relating to the running of the

service. These included staff records, medication records, audits and meeting minutes; so that we could corroborate our findings and ensure the care being provided to people was appropriate for them.

Requires Improvement

# Is the service safe?

## Our findings

People provided mixed feedback about whether there were enough staff to keep them safe and meet their needs. For example, one person told us, "I always find staff if I want them." Another person added, "I think there are enough staff and they are all very good to me. I love all of them." A relative commented on improvements in staffing due to a reduction in the use of agency staff. They said, "There are more permanent staff now who are very good; less agency used which we have had problems in the past with."

In contrast, some people told us they were often left waiting for help when they called for assistance. A particular frustration was the waiting time before and after the lunch time meal, for those who needed staff assistance to get to and from the dining rooms. One person told us after lunch, "I want someone to push me home (to their bedroom). We always have to wait now." Another person added, "Staff look after me very well. Usual problem, not enough staff. Not a complaint; a frustration. Can wait an hour sometimes." A relative echoed these comments by adding, "I can't fault here, but there is not enough staff, the staff are so busy I feel sorry for them."

Staff confirmed there were times when they had left people waiting for support because they were busy. One staff member told us, "We have more residents now who need more attention and that means hoists which means two staff, so there are more calls on staff in terms of change of needs." However, staff also commented on the fact that agency staff usage had decreased which was having a positive impact. One member of staff said, "There is enough staff. Sometimes we have agency staff but it's usually the same staff, which is best for the residents." The registered manager told us there had been a period of time when staff recruitment and retention had been an issue, but they had since recruited new staff. He told us that changes had taken place to ensure staff were deployed in the most efficient way and that the use of agency staff had decreased significantly in the last month.

Records showed the number of staff planned to work often exceeded the numbers of required staffing hours, which the registered manager calculated based on the number of people and their assessed needs. On the day of the inspection the planned number of care staff were on duty supplemented with additional support from the Chief Executive, the registered manager, deputy manager, catering, activity, reception, housekeeping, administrative and maintenance staff.

The registered manager showed us that they were able to monitor how long staff took to respond when people called for assistance using their call bells. We looked at a sample of call bell response times over a period of days, including a weekend and at night. We found in all cases that call bells were responded to in less than four minutes, with the majority being answered in less than two minutes. We then observed staffing levels during the inspection and found that people had call bells close by, enabling them to summon assistance when required. Overall people's needs were met in a timely way.

However, we observed people's lunch time experience on all of the three floors that provided accommodation, and we noted variations between the different floors. On two of the floors, some people did have to wait for their meals to arrive, or to be taken back to their room. This did not make for a

pleasurable dining experience and led to frustrations amongst people. One person was seen waiting 50 minutes before they received their meal, partly due to the fact that they were also given the wrong meal initially. In contrast, on the remaining floor, we saw that people only came to the dining room 15 minutes before meals were served up, and staff sat with them chatting to pass the time; providing positive interactions and a more sociable experience for people. The registered manager acknowledged our findings and after the inspection confirmed that he had spoken with the care and catering management team to identify ways to improve the dining experience for everyone in the future. He said that this would include more focussed training for staff and closer observation of staff practice.

The registered manager described the processes in place to ensure that safe recruitment practices were being followed and to confirm new staff were suitable to work with people living in the home. We were told that new staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service [DBS] certificate had been obtained. We found that the majority of legally required checks were being carried out, although there were some gaps in employment histories for two staff members. This had the potential to place people living at this service at risk of harm, although there was no evidence of this. The registered manager advised that they would review the existing recruitment process to ensure all legal requirements were fully met in future.

Everyone we spoke with confirmed that they felt safe living at the service. One person said, "I do feel safe because of the number of people around, and they seem to be willing to help." A relative added, "I can walk away at night and feel happy that [name of person] will be safe." Staff told us they had been trained to recognise signs of potential abuse, and understood their responsibilities in regards to keeping people safe. They confirmed that they had received recent safeguarding training and were clear about the various forms that abuse may take, and the potential impact on people living at the service. They told us that if they ever suspected abuse, they would report their concerns straightaway. One staff member told us, "I would report any concerns to my senior." We saw that information was shared with staff and visitors about safeguarding procedures, including who to contact in the event of suspected abuse. Records we looked at confirmed that staff had received training in safeguarding and that the service followed locally agreed safeguarding protocols.

People told us their personal preferences and choices were respected in terms of how staff managed identified risks; minimising potential restrictions on their freedom, choice and control. For example, one person said, "I come and go as I please. I can't bear to be in a box. I sign in and out at reception." We noted that people, including those at risk if they were to leave the service on their own, could easily access the garden if they wished to, and that this was well maintained with a secure boundary line, to keep them safe.

Staff spoke to us about how risks to people were assessed to ensure their safety and protect them from harm. They described the processes used to manage identifiable risks to individuals such as not eating or drinking enough, falls and pressure damage to the skin. We saw that equipment was in place to support those at risk from pressure damage, such as pressure cushions and mattresses. Records showed that additional support was provided from the local district nursing team to help staff in maintaining healthy skin for those identified at risk. We observed staff on a number of occasions supporting people as they moved about the home. They demonstrated safe techniques and supported people in a reassuring manner.

We noted that staff were observant of potential hazards in rooms or corridors. On one occasion, we heard a member of staff reminding someone about the use of appropriate foot wear; to minimise the risk of them falling. People were seen to react well to staff, and appeared comfortable with the support provided. Care records showed that risk management plans were in place to promote and protect people's safety, and separate daily observational charts recorded the care provided by staff in order to mitigate identified risks.

For example, we saw records that showed how often someone had received food and fluids, in order to reduce the risk of them not eating and drinking enough.

Systems were in place to ensure the premises and equipment was managed in a way that ensured the safety of people, staff and visitors. On arrival, we found that the reception area was staffed and all visitors were asked to sign in and out of the building for security and safety purposes. We later observed the registered manager reminding some visiting contractors of the potential dangers of leaving tools unattended which could pose a risk to people living at the service. We saw that checks of the building were carried out routinely, and servicing of equipment and utilities had also taken place on a regular basis. In addition, individual personal emergency evacuation plans and a business continuity plan were in place; to support staff in the event of an emergency or a major disruption to the service.

Systems were in place to ensure people received their medicines when they needed them and in a safe way. Since our last inspection, action had been taken to make improvements to the medication system and we found that this had been embedded in staff practice. Daily stock checks were taking place and PRN (as required medicines) protocols were more detailed and guided staff as to possible side effects, risk factors and what to look out for when administering medication. In addition, fridge and room temperatures were being recorded and monitored as part of a monthly audit check on all aspects of medication.

We observed medicines being administered to people at lunch time. People were not rushed and the staff member administering understood the purpose of the medicines they were giving to people and how best to take it. They also checked with people to see if they needed 'as required' (PRN) medicine, such as pain relief. They staff member confirmed they had received training to be able to administer medicines and demonstrated a good awareness of safe processes in terms of medicine storage and administration. They told us, "I had a very good induction and training, especially with regards to medication." Training records supported this and we saw that competency checks had also been carried out by senior staff, to ensure staff responsible for administering medication were safe to do so. The staff member went on to talk about the actions they would follow in the event of a medicine error being made and said, "I do feel confident now but know that accidents can happen. If I thought an error had been made I would inform immediately, make the phone call for immediate medical advice and keep observing the patient."

Clear records were being maintained to record when medicines were administered to people and we saw that medication administration records (MAR) were only signed when people had taken their medicines; minimising the risk of someone's medicines being missed if signed for in advance. We also saw that medicines were stored securely, with appropriate facilities in place for temperature sensitive medicine.

Good

# Is the service effective?

## Our findings

People told us they were supported to have their assessed needs met by staff with the necessary skills and knowledge. One person told us, "The staff do have training because they tell me they are going on a training session." Another person added, "I think they all know what they are doing so they must have had the right training."

Staff confirmed they received the right training to do their jobs. One staff member told us about their induction and explained they were shadowing a permanent member of staff as part of their training. Another member of staff confirmed that the provider was supportive of them developing their knowledge and skills, and had even agreed training that went outside of their job role, but was still of benefit to the service. The registered manager talked to us about the home's approach to staff training. A training matrix had been developed which enabled him to review all staff training and see when updates or refresher training was due. This confirmed that staff had received training that was relevant to their roles such as safeguarding, dementia awareness, manual handling, pressure area care, nutrition and hydration, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager told us the provider was in the process of sourcing some more in-depth dementia care training for staff, to reflect the needs of people using the service.

Staff told us that meetings were held to enable the provider and registered manager to meet with them as a group, and to discuss good practice and potential areas for staff development. Recent minutes showed areas such as staffing, respect and choice, dignity and medication training had been discussed. Records also showed that staff had received individual supervision; providing them with additional support in carrying out their roles and responsibilities.

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. The application procedures for this in care homes and hospitals are 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 were being met. We found that systems were in place to assess peoples' capacity to make decisions about their care and appropriate DoLS applications had been completed by the registered manager.

Staff were seen supporting people to make their own decisions. They were clear when we spoke with them that if someone refused care or support they would respect this. For example, one staff member told us, "I say good morning do you want a wash? If they decline I wait and try again." Throughout the inspection we observed staff seeking consent from people and supporting them to make their own decisions as far as

possible.

Where DNARCPR (Do Not Attempt Cardiopulmonary Resuscitation) arrangements were in place, there was evidence that these had been discussed with people and their involvement recorded. Information about people's advanced decisions about their care had also been included within their care plans.

People told us they had enough to eat and drink. They commented positively on the quality and quantity of food provided. They also confirmed that if something was not to their taste, they could request something different. One person told us, "I get a cup of tea in the morning when I use my buzzer and I have bottles of water in my room. The food is OK, the cook does his best. I get the menu to choose in the morning." Another person told us, "My family member was here yesterday and had a meal with me." They told us how much the meal had been enjoyed. A relative added, "Meals are good and if mum doesn't fancy the meal she is given, staff are very happy to fetch her omelette or salad to suit." We saw this happening during the inspection. There was a rotating weekly menu in place which offered people a choice of meals. People were involved in menu choices and their suggestions and comments were acted upon. For example, people had requested salmon and this had happened. A member of staff also told us about a monthly supper club that had been introduced and said, "We have a monthly event when people get to taste food from other cultures."

Catering staff had a genuine passion to ensure that people received good quality nutrition. The chef told us about changes that had been introduced since he had commenced employment at the service. For example, we saw how vegetables were used to thicken food and produce was locally sourced. The chef told us, "We taste all the food before it leaves the kitchen; it's not fit for anyone else it's not fit for me." Records showed that dietetic intervention and SALT (speech and language therapy) input had been requested where concerns had been identified with someone's weight or ability to swallow food safely. For those people who required nutritional support, we found that fortification took place to reduce the risk of weight loss; pureed diet and thickened fluids were provided and staff showed a good awareness of who required these options and why. The registered manager showed us a certificate had been awarded to the service by the local Food First Team, who work with care homes to promote the detection of, and provide support in managing, those at risk of malnutrition using everyday foods.

At lunch time dining tables were arranged in a way that provided a visual clue for people living with dementia that it was time to eat. We saw that staff supported people when required to eat their food, and this assistance was provided in a discreet and helpful manner. Meals we saw looked and smelt appetising, and people were observed to eat well. One person was heard commenting on the lamb they were eating, "It's beautiful."

There were numerous opportunities throughout the day for people to have drinks and snacks; people were offered fresh fruit and biscuits on a frequent basis throughout the day and received a choice of drinks including squash, water, tea and coffee. One person said, "The next meal will be supper at 6pm, but there is tea and cake at 2.30pm and a drink and biscuit before bedtime."

People confirmed they were supported to maintain good health and have access to relevant healthcare services. One person told us, "The doctor has been in here to see me and I have had blood tests here. As far as I can say I am well looked after, they do me very well." A relative told us, "All medical needs are met here." Another relative told us about an occasion when their family member had become unwell and told us, "Staff had done their best to ensure mum was looked after. They communicated with me throughout the process."

Staff were clear about the importance of monitoring people's health needs and seeking additional support and advice as required. They also told us they felt well supported by external healthcare professionals, who

they called upon when they required more specialist support, such as the local Complex Care Team. Records showed that people were seen by relevant healthcare professionals, such as the district nursing team and GPs when they needed to, and clear records were maintained from the outcome of these appointments.

Good

# Is the service caring?

## Our findings

People told us that staff treated them with kindness and compassion at all times. One person said, "I love it here, the staff are very friendly. The night staff are nice; I don't see much of them, but if I call them they do come." Another person added, "Staff are really good. Anything you want or need they get. In the middle of the night too." A relative echoed these comments by saying, "We sometimes bring [name of person] back here when it is the night staff on and visitors have gone. I over hear the staff speaking so nicely as they try to get the residents ready for bed. Some of the staff do not know we are here." This was the case too during the inspection when we overheard staff checking with people to make sure they were okay and that they had everything they needed. We saw that when instant support could not be given, staff responded positively and provided an explanation for the delay and ensured they returned as quickly as possible.

Staff demonstrated a person centred approach in the way they spoke about people and through their actions. A regular visitor told us they had worked in a number of other care homes and talked about their experience of this service. They said, "I have never seen anything other than good communication and support between staff and residents. I would recommend the home." We observed positive interactions between staff and people, and the approach from staff was meaningful and personalised.

Staff took time to talk with people about issues that mattered; for example, family members who had visited, or music that they had enjoyed. We heard staff telling people jokes and laughing with them; offering reassurance to them when this was needed and being patient when people became agitated, calling for support and assistance. We saw that staff responded to requests for support in a timely manner, with a smile and in a kind and compassionate manner. During activities, staff were seen encouraging people's efforts which made them feel good about themselves and they looked comfortable and relaxed as a result. Practical action was taken too, to relieve people's distress or discomfort. For example, one person was heard reporting their frustrations with broadband access at the service. The person's concerns were treated seriously and we saw that a member of staff went immediately to work on the problem, which was resolved quickly.

People confirmed they were able to express their views and be actively involved in making decisions about their care and daily routines. One person told us, "Bedtime depends on when I want to go." Another person said, "I can eat my meal in my room if I want to." A third person added, "Yes there is choice day to day, like if I want to go to an activity or stop in my room." This showed that people felt listened to and their wishes respected. Staff were seen offering people choices, and trying to involve them in making decisions about their care as far as possible such as where they wanted to spend their time or what they wanted to eat or drink.

Without exception, everyone told us that their privacy and dignity was respected and upheld. One person told us, "I do not want male carers, just girls or women, so that is what I have." Another person added, "They do respect my dignity and ask me what I want doing." We noted that staff ensured people's dignity was upheld in a number of ways. This including making sure people's mouths were clean or their clothing was changed following eating.

People were supported to maintain important relationships with those close to them. Everyone we spoke with confirmed that friends and family could visit at any time and we observed a number of people receiving visitors during the inspection. One person told us, "I like it here. I like it very much. Family come in." We noted that the building provided lots of space on each floor to enable people to spend time with friends and relatives in private if they wished to do so. In addition, we saw that homely touches such as fresh flowers in the communal areas and people's personal possessions enhanced a feeling of well-being. This showed that the provider was committed to providing people with comfortable and dignified surroundings.

Good

# Is the service responsive?

## Our findings

People confirmed that they, or those acting on their behalf, were encouraged to contribute to the assessment and planning of their care. Some people told us they had been able to try out the service before making a decision to move in. One person told us, "I had respite here first. I am used to it now and like it here." Another person added, "I have to decide whether to stay here or not. I think this is going to be the best option. I feel at home now. We have a meeting arranged for my care plan and paperwork. I can't see a reason not to stay."

Other people confirmed they had a care plan in place which reflected how they wanted to receive their care and support. We looked at care records and found that people had been asked for information about their preferences and needs prior to using the service. This information had then been used to develop care plans that reflected how they wanted to receive their care and support. Care records contained useful and personalised information to support care staff to meet individual people's needs. Additional records and monitoring charts were being maintained to demonstrate the care provided to people on a daily basis. We found that people's needs were routinely reviewed; to ensure the care and support being provided was still appropriate for them and that their needs had not changed.

Staff supported people to retain their independence and have as much choice and control as possible. For example, when one person needed to use the lift, staff provided guidance at an appropriate pace for them and offered plenty of encouragement. When other people needed help at lunch time, staff offered to cut up their food; to make it easier for them to eat independently. We observed people at lunch who did not want to eat. We saw that staff tried hard to encourage them to eat as much as they felt able to, but they respected people's decisions when they said they had had enough. One person was seen having difficulty eating their main course, even with staff assistance. The member of staff then offered some ice-cream which the person responded positively to, even managing to eat the ice-cream without help. This showed that people received personalised care that was responsive to their individual needs.

We checked to see how people were supported to follow their interests and take part in social activities. It was clear from the facilities provided and the activities team in place, that the provider recognised this as an important part of people's lives. We saw that a number of different areas had been created in the home for people to enjoy and spend time in including: a clubhouse, gym, library with computer facilities, activity room, a sensory room, a snooker table and a hairdressing salon. In general, people provided positive feedback about the activities provided. One person told us, "I mostly sit and do my jigsaws, but there is always something to do." Another person added, "I have a lot to do. I'm not playing Pairs with them this morning because I came late and they had started. I'm writing and listening to them. We had a lady singing and that was very good. I do all the activities."

We also read some written feedback from someone who had used the service. They had written, 'It was lovely to have a variety of activities, fun celebrations and your staff entertainment in the week before Christmas. I appreciated hearing carols and singing them too.'

An activity plan was on display which provided a choice of activities each day. We spoke with one of the activity coordinators employed by the service who told us, "I make the activity plan. I just pick an activity that is popular. Sometimes the residents will ask for a different activity and I put that on the plan. I have also had family members contact me by email and ask for a different activity to be tried." They added, "I have been asked to run social media classes and a gentleman comes in to do some exercises with the residents."

During the inspection we saw that staff encouraged people to join in with activities; for example, reading the paper, singing and playing dominos. This was a source of great enjoyment for people, with staff working hard to ensure everyone was engaged and included. Photographs showed people enjoying themselves during other activity sessions such as dressing up, children visiting, dancing, Holy Communion and handling small animals. There was also evidence of external outings taking place, and meeting minutes showed that more were planned. We spoke with someone who wanted to do an activity that was not currently offered by the service. After the inspection, the registered manager confirmed that this had been arranged for them. He also advised of further improvements that were planned, to ensure activities focused on individual preferences and interests as far as possible as well as maximising the existing space and facilities provided.

Information had been developed for people outlining the process they should follow if they had any concerns with the service provided. People we spoke with were aware of the complaints procedure and who they could raise concerns with. One person told us, "If I had a complaint I would tell the nurse here, I see them every day." Most of the people we spoke with had very few complaints about the service and told us the staff were caring, helpful and that they felt well looked after. A small number of people told us about occasions when they had raised concerns with the registered manager, but said these had been dealt with to their satisfaction.

The registered manager showed us that a record of concerns, complaints and compliments was being maintained. We noted from this that feedback was taken seriously and dealt with in a timely manner. The records we saw provided a clear audit trail of any actions taken in response, including apologies where necessary. This showed that systems were in place to ensure people were listened to and to provide opportunities for lessons to be learnt from their experiences, concerns and complaints; in order to improve the service.

Records showed that people had taken the time to compliment the service too. For example one person had written to thank staff for the care provided to their relative. They had written, 'You kept him safe, comfortable and well fed throughout. He was always treated with dignity'.

Good

# Is the service well-led?

## Our findings

People confirmed that the service promoted a positive culture that was person centred, open, inclusive and empowering. They told us there were opportunities to be involved in developing the service, which included completing satisfaction surveys and attending meetings. One person told us, "At our meetings the staff listen to our views and I have my say." Another person added, "There was a meeting and the new chef came and talked about food, they were very helpful."

We saw minutes from a recent meeting for people using the service, which showed that areas such as food, activities and maintenance issues had been discussed. Action points had been recorded and there was evidence that these were followed up at the next meeting. Similarly, surveys had been used to gain feedback from people, including respite users, relatives and staff. The results had been collated with clear action points in response to any suggested areas for improvement.

We saw that useful information had been displayed around the building too, including information about safeguarding, general activities, meeting minutes and fire procedures. Clear information had also been developed for prospective users of the service, setting out what they could expect from the service, their rights and information about fees and the cost of any extra services. Contact numbers had been provided for people, so that they could contact the different teams within the service such as reception, catering, finance, the registered manager and provider, directly. This demonstrated an open and transparent approach in terms of how information was provided to and communicated with people. After the inspection, the registered manager told us they planned to make further improvements regarding communication with people and their relatives, through a new bulletin aimed at notifying them about upcoming events and other important information. In addition, we were told that the new chef was in the process of photographing meals, in order to develop more accessible and inclusive menus for people using the service. This would be particularly useful for people needing a visual prompt to help them make choices.

The service demonstrated good management and leadership. 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 knew who the registered manager and chief executive were and told us they were approachable. One person told us, "[Name] is the manager; they do a good job and is very friendly." A member of staff echoed this by adding, "It is a good organisation, and well managed. The managers support me." We observed the registered manager interacting with people living at the service. We saw that he made eye contact with people; often getting down to their level if they were sitting, asking how they were doing or feeling. He gave people time to respond and where appropriate, shared a joke or friendly banter. We saw that people were familiar with this approach and that they were at ease in his company.

Staff told us they were happy working at the service and enjoyed their roles. They felt that improvements had been made at the service since the last inspection, especially in respect of the medication systems and processes. The registered manager explained that a lead person had been identified for different aspects of the service such as care, medication, catering, housekeeping and maintenance, and each lead had clearly defined responsibilities. Staff were observed working cohesively together and it was clear they understood

their individual roles and responsibilities. One staff member told us, "There is a good team here, very supportive and we are encouraged to question and ask for reassurance. Management are very good and supportive. We have regular meetings and are very open." Records we looked at supported the fact that regular meetings took place, attended by the senior management team, to ensure responsibility and accountability was understood at all levels. Additional communication systems were also in place, which included a regular staff bulletin to share important information and updates.

We found the management team to be open and knowledgeable about the service and the needs of the people living there. They responded positively to our findings and feedback, in order to improve the quality of service provided. The registered manager confirmed he felt well supported by the provider, and that appropriate resources were available to drive improvements at the service.

We met the new chief executive who assisted throughout the inspection. She shared information that demonstrated effective communication systems and oversight of the service at provider level. It was also clear from this that the senior management team had a clear focus on the development and sustainability of the organisation in the future, for the benefit of the people using it. A number of people confirmed that they would be happy to recommend the service to others. One person said, "I think you will go a long way before you find somewhere better. I am lucky to be here."

The registered manager talked to us about a variety of quality monitoring systems in place to check the service was providing safe, good quality care. For example, he told us about internal audits, satisfaction surveys, and observation of staff practice; to check their understanding and competence. Records showed that audits and checks took place on a regular basis and we noted that audits had been developed to correspond with the Care Quality Commission's five key questions which we focus on when inspecting services - is a service safe, effective, caring, responsive to people's needs and well-led?

In addition, regular thematic reviews had been carried out to look at particular areas including those where improvements had previously been required such as such as medication and respite service provision. This provided evidence of lessons being learnt and a willingness to drive quality across the service. In all cases, each method used to assess the quality of service provision had resulted in an action plan, where areas for improvement had been identified. There was evidence that identified improvements were being made, and action plans updated accordingly. This demonstrated that there were arrangements in place to monitor the quality of service provided to people, in order to drive continuous improvement.

Systems were also in place to ensure legally notifiable incidents were reported to us, the CQC in a timely way and records showed that this was happening as required.