

Mrs Sylvia Ann Jones

# Charnwood Park Residential Home

## 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

What life is like for people using this service:

People felt safe living at Charnwood Park. People were supported by a staff team who were kind and caring and treated them in a considerate and respectful manner.

People's risks had been assessed and people had been involved in creating their care plans. Staff knew the needs of the people they were supporting well. People accessed healthcare services when they needed them and they were supported to eat and drink well. People were involved in making decisions about their care and support and their consent was always obtained.

Appropriate recruitment checks had been carried out to ensure staff were suitable to work at the service and relevant training and support had been provided. The staff team felt supported by the manager and involved in how the service was run.

There were systems in place to monitor the quality and safety of the service being provided. People's views of the service were sought through regular meetings, surveys and informal chats. A complaints procedure was in place and people knew what to do if they had a concern of any kind.

The manager understood their roles and responsibilities as a registered person. They worked in partnership with other agencies to ensure people received care and support that was consistent with their assessed needs.

More information can be found in the detailed findings below.

Rating at last inspection: This was the first rated inspection since the provider changed registration in December 2017.

About the service: Charnwood Park Residential Home is a residential care home that provides personal care and support to up to 11 older people. At the time of the inspection 11 people were using the service.

Why we inspected: This was a planned inspection following the new registration.

## 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 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.

# Charnwood Park Residential Home

## **Detailed findings**

### Background to this inspection

The 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 checked 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.

Inspection team: The inspection was carried out by an inspector and an inspection manager.

Service and service type: Charnwood Park is a 'care home'. People in care homes receive accommodation and nursing or personal care for up to 11 people. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection: The inspection was unannounced.

What we did: Before the inspection we reviewed information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. We viewed information the provider is required to send us at least annually that provides some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority who monitor the care and support people receive. We used all this information to plan our inspection.

During the inspection we spoke with five people using the service and one relative. We also spoke with the manager, care staff and a visiting healthcare professional. The manager of the service is the registered individual (the provider); there is no legal requirement for them to have a registered manager. For the purposes of this report we refer to the registered individual as the manager throughout the report.

We observed support being provided in the communal areas of the service. We reviewed a range of records

about people's care and how the service was managed. This included three people's care records. We also looked at associated documents including risk assessments and a sample of medicine records. We looked at records of meetings, staff training records and the recruitment checks carried out for three support workers. A sample of the providers policies and procedures and the quality assurance audits the management team had completed were also checked.

# Is the service safe?

## Our findings

People were safe and protected from avoidable harm.

Good - People were safe and protected from avoidable harm. Legal requirements were met.

### Systems and processes

- The manager had systems and processes in place to safeguard people using the service.
- Staff had received safeguarding training; they demonstrated they knew their responsibilities for keeping people safe. One staff member explained, "I would go straight to management or to CQC if I needed to."
- The manager followed safe recruitment and selection processes.
- Staff recruitment files contained all relevant information to demonstrate that staff had the appropriate checks in place.

### Assessing risk, safety monitoring and management

- People were provided with a safe place to live. Regular safety checks had been carried out on the environment and on the equipment used.
- Emergency plans were in place to ensure people were supported in the event of a fire or untoward event.

### Staffing

- Staff rotas showed staffing levels were suitable to meet people's needs.
- The manager was routinely on-site and provided support to staff and people; they were also available on-call during the evening.
- Staff confirmed there were enough staff on each shift to support people in a way they preferred.

### Using medicines safely

- People were provided with their medicines in a safe way. Staff received training and their competencies were checked.
- Staff administered people's medicines in line with the provider's policies and procedures.
- Protocols were in place and followed with regards to medicines prescribed 'as and when required'.

### Preventing and controlling infection

- Staff received training in infection control and were provided with personal protective equipment (PPE) to help prevent the spread of healthcare related infections.
- A named member of staff led the staff team for good practice in PPE and infection control. Good practice of infection prevention was shared as part of team meetings or when required.

### Learning lessons when things go wrong

- The staff team were encouraged to report incidents that happened at the service.
- The manager ensured lessons were learned and improvements were made when things went wrong. Evidence of this was seen within team meeting minutes and supervision records.

# Is the service effective?

## Our findings

People's care, treatment and support achieved good outcomes, promoted a good quality of life and was based on best available evidence.

Good - People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's individual and diverse needs had been assessed prior to them moving into the service.
- Risks associated with people's care and support had been assessed, and reviewed regularly, or as people's needs changed.
- People using the service were supported to make choices about their care and support on a daily basis.
- Staff provided care and support in line with national guidance and best practice guidelines. For example, for a person living with diabetes, the signs and symptoms to look out for were included in their plan of care. The actions required to support the person appropriately were also identified and included.

Treatment and support.

- People were supported to access their GP and other health professionals.
- Staff knew people well; they recognised when people's health changed; prompt and appropriate referrals were made to healthcare professionals when required.

Staff skills, knowledge and experience

- People received care from a staff team that had the skills and knowledge to meet their individual needs.
- New staff received an induction and training to enable them to carry out their roles.
- Staff received regular updates in training; staff demonstrated their knowledge and understanding around such things as whistleblowing, safeguarding, equality and diversity and human rights.
- Staff received support from the manager with regular supervisions and an annual appraisal.

Supporting people to eat and drink enough with choice in a balanced diet

- People were assessed for their risk of not eating and drinking enough to maintain their weight. People were referred to health professionals and staff followed their advice. Staff ensured people received food that met their dietary and cultural needs.
- People were supported to eat and drink and maintain a healthy balanced diet.
- Staff offered people choices at mealtimes; drinks and snacks were offered throughout the day.

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

- The premises were adapted to meet people's needs; people could access all areas of the home with ease.
- People living with dementia were assisted to orientate themselves by use of clear signage.
- People could choose to spend time in communal areas suitable for a large group or quieter areas where people could be alone.

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. The manager and staff team understood their roles in ensuring people's capacity to make decisions was assessed and staff ensured they received people's consent before delivering care.

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). The manager was working within the principles of the MCA.

- Staff had received training in the MCA and DoLS and they understood their responsibilities.
- People who did not have capacity to make decisions were supported to have maximum choice and control of their lives.



## Is the service caring?

### Our findings

The service involved and treated people with compassion, kindness, dignity and respect.

Good - People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People experienced positive caring relationships with the staff team. A visiting professional told us, "They know and really care about the people here, the care provided to people is of a very high standard, it is a pleasure to visit here."

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

- People were encouraged and supported to express their views and make decisions about their day to day routines and personal preferences. During our visit we saw staff supporting people to make choices about how they spent their day, whether to be involved in an activity and what to eat and drink.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect. One person told us, "Yes I must say they [staff] do, [treat them with dignity and respect] very much so."
- Staff were aware of their responsibilities for maintaining people's privacy and dignity when supporting them. One staff member explained, "I always ask people if they are happy for me to carry out a task. I always knock doors before entering and cover people when providing personal care."
- People were encouraged and supported to maintain their independence whenever possible. One person using the service was taken by staff to a family celebration at a local restaurant.
- People were supported to maintain relationships with people who were important to them. Relatives and friends could visit the home at any time and told us they were made welcome by the staff team.
- Staff understood their responsibilities for keeping people's personal information confidential. People's personal information was stored and held in line with the provider's confidentiality policy.

## Is the service responsive?

### Our findings

People received personalised care that responded to their needs.

Good: People's needs were met through good organisation and delivery.

Personalised care.

- People received care and support based on their individual needs.
- People's needs had been identified, including those related to the protected characteristics under the Equality Act.
- People, and where appropriate their relatives, had been involved in the development of their care plans, making them personalised.
- People were involved in completing information themed on 'this is me' which provided staff with insight into people's life histories and what was most important to them.
- People's plans provided staff with the information they required to provide care to meet their current needs; plans of care had been regularly reviewed or as people needs changed.
- The manager understood their responsibility to comply with the Accessible Information Standard and could access information regarding the service in different formats to meet people's diverse needs. Staff knew people well and knew how each person communicated.
- People were supported to enjoy a range of activities and were offered choice about both being involved in activities and what type of activities would take place.

Improving care quality in response to complaints or concerns.

- People knew who to talk to if they had a concern or complaint of any kind. One person told us, "Well I've never made one [complaint] but I know I could find out how to make one because there's plenty of information."
- The manager had a complaints process in place; this was displayed for people's information.
- There were no complaints registered against the service at the time of our visit nor any record of complaints being received.

End of life care and support.

- Staff had received training in how to support people at the end of their life and had a good understanding of this subject.
- There were no people receiving end of life care or support at the time of our visit.

# Is the service well-led?

## Our findings

Leadership and management assured person-centred quality care and a fair and open culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Leadership and management

- People using the service spoke positively about the manager and staff and they knew who to speak with if they had any issues. They felt the service was well managed and the manager and staff were friendly and approachable.
- Staff felt supported by the manager and one told us, "The manager is always available to support us and helps whenever we need help, whatever it might be."
- Procedures were in place which enabled and supported the staff team to provide consistent care and support.

### Promotion of person-centred, high-quality care and good outcomes for people.

- The staff team were aware of people's individual needs. They provided care and support that ensured good outcomes for people. For example, new profiling beds had been purchased along with pressure relieving mattresses for people who were at risk of developing pressure ulcers. This demonstrated the provider was proactive in managing risks related to people's care and treatment.
- The manager and staff focussed on people using the service with clear recognition given to the fact that it was their home.

### Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The service was well led. Staff at all levels understood their roles and responsibilities and the manager was accountable for the staff and understood the importance of their roles. The staff team were held to account for their performance where required.
- The manager had systems in place to monitor the quality and safety of the service and were using these to check the service on a regular basis. Regular audits on the paperwork held had been carried out. These included looking at the medicines and corresponding records, people's care plans and records of people's weights, falls and accidents and incidents. Records showed that where issues had been identified, appropriate action had been taken.
- The manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events. They were also aware of their responsibility to display their rating when the report is published.

### Engaging and involving people using the service, the public and staff

- Staff were given the opportunity to share their thoughts on the service and be involved in how the service

was run. This was through formal staff meetings, supervisions and day to day conversations with the management team.

- People and their relatives or friends had been given the opportunity to share their thoughts on the service being provided. This was through informal chats and regular meetings. During these meetings people were reminded of how to make a complaint, of what to do if there was a fire and what to do if they didn't feel safe.
- Surveys had also been used to gather people's thoughts.

Working in partnership with others

- The manager worked in partnership with commissioners, the local authority safeguarding team and other healthcare professionals to ensure people received care that was consistent with their needs.
- The service had received the gold Quality Assessment Framework (QAF) award from the local authority. The QAF is a tool used by the local authority to measure the quality of services being delivered and ensures providers deliver services to an acceptable standard and accordance with their contractual expectations. The manager had also worked with the local authority's quality improvement team to look for ways to continually improve the service being provided.