Sirona Care & Health C.I.C.

Charlton House Community Resource Centre

Inspection report

Charlton House Community Resource Centre
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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

Overall summary

The inspection took place on 12 August 2015 and was unannounced. The service was last inspected in April 2013 and met with legal requirements.

Charlton House is registered to provide personal care for up to 31 people. There were 31 people at the home on the day of our visit.

The previous registered manager had recently left. There was an acting manager for the service. They were being well supported by senior managers. They had worked at the home before they were appointed in a senior position. This meant they knew the people who lived there and the staff team they were managing. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People said that they always felt safe at the home and the staff always treated them properly. When risks to people were identified suitable actions were put in place to reduce the likelihood of them occurring.

There were systems in place to help keep people safe from abuse. The staff had been on safeguarding training to help them to understand abuse and how to report concerns.

People were supported by enough staff to meet their needs. Staffing numbers were adjusted when they needed to be, for example when people's needs changed and they required more support with their care.

Staff were caring in their approach to people when they assisted them with their needs. One person said "They are fantastic every one of them". Staff were polite and respectful to the people they supported with their care.

People were supported to eat and drink enough to be healthy and menus were planned based on what people liked. People spoke positively about the food that they were served at the home.

Peoples legal rights were protected by the provider's system for implementing the requirements of the Mental Capacity Act 2005. This legislation protects the rights of people who may not have capacity to make informed decisions.

People were able to choose to take part in a number of different individual activities and groups that they enjoyed.

People's care plans were informative and they clearly explained how to provide people with the care they needed. If people were able to and chose to, they were involved in devising their care plans. Families were also asked for their views to help to ensure that people received care and support in the way they preferred.

People were well supported with their physical health care needs and the staff consulted with external healthcare professionals to get specialist advice and guidance when required.

Staff felt they were well supported in their work. People who lived at the home and the staff said they felt they could approach the manager at any time if they needed to see them.

There was a system in place to properly check and improve the quality of the service. Audits demonstrated that regular checks were undertaken on safety and quality.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe

Risks to people were identified and acted upon and staff knew what to do to keep people safe.

People were protected from abuse and harm in a way that was not restrictive on their freedom and independence.

Medicines were managed and given to people safely.

Good

Is the service effective?
The service was effective

People told us staff provided them with assistance and care that met their needs. Staff knew people very well and had an in-depth understanding of the care they required.

People were well supported with their physical health care needs by specialist health care professionals.

People's rights were protected because they were supported by staff who understood about The Mental Capacity Act 2005 code of practice and Deprivation of Liberty Safeguards.

Good

Is the service caring?
The service was caring.

Staff treated people in a caring and respectful way and their privacy was maintained at the home.

Care plans demonstrated that people and their families were involved in deciding how they wanted to be assisted with their needs.

Good

Is the service responsive?
The service was responsive.

Care plans clearly showed how to support people with their range of care needs.

People were supported to take social and therapeutic activities that they said they enjoyed.

Peoples views and those of their families about the service were used to improve the way the home was run.

Good

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

The new acting manager was being well supported by other senior managers.

The care and service people received was properly checked and monitored.

Staff understood the visions and values of the organisation they worked for. and they followed them in the way they cared for people at the home.

Good

Charlton House Community Resource Centre

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.

This inspection took place on 14 August 2015 and was unannounced. Our inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of service. Our expert by experience had experience of caring for people who lived with dementia.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public.

We spoke with 13 people who used the service. Some people due to their dementia type illness were unable to provide us with detailed information about their care. 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 spoke with the relatives of three people.

We spoke with seven members of staff and a senior manager who was working at the home.

We looked at four people's care records and a number of records to do with how the service was run. We looked at records relating to the management of the service, including quality audits staff records and training information.

Good

Is the service safe?

Our findings

Everyone we spoke with said they felt safe living at the home. Examples of comments people made included "I feel safe and none of the staff are ever unpleasant", and "I feel very safe here".

There was a system in place to minimise the risks of abuse in the home. Staff were able to tell us what the different types of abuse were that could happen to people. The staff also knew how to report concerns about people at the home. The staff said they felt very able to see any of the managers if they were ever concerned for someone.

Staff told us they had attended training about safeguarding adults. Staff told us that safeguarding was also discussed with them at staff supervision sessions. This included making sure that staff continued to know how to raise concerns.

There was a copy of the provider's procedure for reporting abuse displayed on a notice board in shared areas of the home. The procedure was easy to understand so that people were able to follow it if needed. There was guidance from the local authority advising people how to safely report potential abuse.

The manager reported safeguarding concerns appropriately to The Care Quality Commission and referrals were made to the local safeguarding team when required.

Staff understood what whistleblowing at work meant and how they would do this. Staff explained they were protected by law if they reported suspected wrongdoing at work. They had attended training to help them understand this subject. There was a whistleblowing procedure on display in the home. The procedure had the contact details of the organisation's people could safely contact.

The people we spoke with told us they thought there was enough staff on duty to care for them. Due to some staff having recently left, new staff were being recruited . We met a candidate being shown around the home and meeting people who lived there. This was evidence that new staff were being recruited.

One of the senior managers told us the numbers of staff required to meet the needs of people at the home were adjusted whenever it was required. For example when people were physically unwell and required extra care. The numbers of staff needed to provide each person with their care were worked out based how much support each individual required from staff.

Staff told us they were able to tell the managers when they needed more staff and this was responded to and acted upon.

Our observations showed there were enough staff to meet the needs of people living at the home. This was evidenced in a number of ways. Staff provided one to one support to people who needed extra assistance with eating and drinking. Staff were readily available when people needed two staff to assist them with their mobility needs. Staff also sat with people and engaged them in social conversation when they were not directly involved in providing personal care.

Incidents and accidents in the home were properly evaluated and actions put in place to ensure people were safe. The records we looked at showed staff recorded what they had done after an incident and occurrence to keep people safe. Risk assessments had been updated after any incident where a risk was identified. For example, one risk assessment had been updated after one person had experienced a fall. Actions taken to support the person to move safely were clearly explained in their risk assessment .The manager looked into each incident and occurrence to look for patterns and trends and better ways to reduce risks to people. This showed they were monitoring safety effectively.

Medicines were managed safely and staff ensured people were given them at the times that they were needed. We saw staff gave people their medicines and they followed a safe procedure when they did this. The staff member checked they had given the right person their medicines. They also spoke to each person and explained what they wanted to give them and what it was for. The staff member stayed with each person while they took their medicines. The staff who gave out medicines had been on training in medicines management to ensure they knew were competent to do so. Medicine administration records were accurate and had been kept up to date. They were accurate records of when people were given their medicines or the reasons why they had not had them. Medicine supplies were kept securely and regular checks of the stock were carried out.

Good

Is the service safe?

Potential environmental health and safety risks were identified and suitable actions put in place to reduce likelihood of harm and to keep people safe. For example, there was guidance in place that was prominently displayed about how to keep safe when on the balcony.

Regular checks were carried out on the safety of the premises. Actions were put in place when needed to keep the premises safe and suitable. Checks were carried out to ensure that electrical equipment and heating systems were safe. Fire safety records showed that regular fire checks had been carried out to ensure fire safety equipment worked.

Good

Is the service effective?

Our findings

People we spoke with were positive about how they were being supported at the home. One person told us "They are can't do enough for you". Another person said "I have found them all lovely".

We saw staff provided people with suitable support with their care. Staff talked to people they were assisting and asked them if it was a convenient time for them. Staff helped people who had reduced mobility and ensured they had the equipment they needed and their wheelchair. Staff prompted people discreetly about washing and bathing, if memory meant they had difficulty remembering. Staff also made sure people were sat in a comfortable position before they had lunch.

There was information in people's care records about their preferences in relation to their care and their personal life history. Staff told us this information helped them to get to know the person and their needs. The information in the care records we saw clearly explained what care each person required and what actions were needed to support each person to meet them. The staff had identified people's nursing care needs and written what actions were required. For example, people whose skin integrity was vulnerable to breaking down had a care plan in place to show how to try and keep it healthy. This included nutritional guidance, what type of mattress the person needed and how to assist the person to move when they were in bed. We saw that care plans were being reviewed and updated regularly. This helped show peoples' needs were reviewed and monitored and staff were able to meet people's full range of care needs.

The staff we spoke with understood the needs of people they were looking after. They were able to explain to us about people's individual preferences and daily routines. These included when people chose to get up and how they liked to spend their day. Staff were heard asking people what time they wanted to get up, where they wanted to reside during the day and what they wanted to have for lunch.

We observed staff offering people a choice of drinks and snacks during the day. One person chose a piece of fruit cake to have with their coffee. The staff who were serving the drinks said "They don't like the bits in cake, but if that is what they want to have, that's fine". The person ate their cake but left the fruit pieces. This showed that their choices were respected by staff.

People had chosen their lunchtime meal from a menu of two choices. People said if they didn't want either option that alternatives would be provided. The food looked and smelt appetising and people said "The food is good and hot" and "I can't usually remember what I ordered, but it's always nice".

People ate in one of the shared dining areas or in their rooms if they preferred. The atmosphere was calm and unhurried. There were drinks available and people were offered condiments to go with their meals.

Where risks of malnutrition or dehydration were identified staff acted appropriately and sought professional advice. A member of staff discussed one person who had lost weight following a hospital admission. They said they had made a referral to the dietician and that a meeting had been held with the chef to create a high calorie diet for the person. We heard them discussing their concerns with the GP and asking for the person to be reviewed.

Staff were knowledgeable about people's needs and spoke confidently about the care people required. We saw that people's care records contained guidance about how to support people with their nutritional needs and provide them with effective support to eat healthily. One person required a high protein diet for their particular health needs. The person was assisted with their nutritional needs in the way that was explained in their care plan at lunchtime and were offered a high protein lunch.

Staff were able to tell us about the Mental Capacity Act 2005 and confirmed they had attended training. The Mental Capacity Act 2015 protects people who may not be able to make some decisions for themselves. It also enables people to plan ahead in case they are unable to make important decisions for themselves in the future. The staff told us how the principals of the Act included respecting the right of people in care to make unwise decisions and assuming they had capacity unless they had been assessed otherwise. People's care plans contained signed mental capacity assessments that related to people's needs.

Staff understood about the Deprivation of Liberty Safeguards (DoLS) and how these applied to the people they supported at the home. DoLS would be put in place to

Good

Is the service effective?

try and ensure sure people who lived at the home were looked after in a way that did not inappropriately restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty in the best interests of the person and there is no other way to look after them safely. We saw that, where necessary applications for DoLS had been made and the records confirmed that best interest meetings were held.

Staff said they received supervision sessions from a senior member of staff every month and an annual appraisal. Several staff said they were due their appraisal and there were notices informing staff when the appraisals were due and the associated paperwork they needed to complete in preparation. All staff said they felt well supported and felt able to go to colleagues or senior staff if they had any concerns.

One member of staff said they had recently completed a six month course at Dorothy House hospice. They explained how important it was that people were offered the choice of dying at Charlton House rather than having to go into hospital or a hospice. They said "This is their home and if people choose to die here we can support them to have a peaceful and pain free death". Training records showed that staff had been on regular training courses on subjects that related to the needs of the people who lived at the home. These included courses about dementia care, care of the older person and a number of health and safety subjects.

Good

Is the service caring?

Our findings

Everyone we met had positive views of the care they received at the home. One person said “how lovely staff are and what a wonderful place it is to be in”. Another person said “you will not find better anywhere”.

One person’s visitor told us “I am more than happy with the care my loved one receives, staff are amazing; definitely kind and caring; they take time to understand what my loved one wants”

The staff were kind and caring in their approach to people they assisted. The staff spoke in a calm and respectful way to people and anticipated people’s needs. For example, staff prompted people who needed help with personal care in a discreet way.

There were positive interactions between people and the staff. They laughed and joked with people in a gentle way. People looked animated and relaxed in their responses.

All of the staff treated people with kindness and compassion, including the agency staff. Staff spoke to people by first name and clearly knew them well. We observed staff reacting swiftly if people showed any signs of distress and they provided reassurance, for example sitting with them and holding their hand.

Staff spoke proudly of their work and the home in general. They said “I chose to work here because of the way people are cared for” and “This is the resident’s home and I’m passionate about providing high quality care to people. We treat and speak to residents as if they are extended family”. One said “I would like to live here when I get old”.

We saw lunch was taken to some people who chose to stay in their rooms. The staff knocked on doors and were caring in the way they spoke to people and explained what their meals were. One person did not want the choices of meals offered to them and a member of staff who was caring and kind in their manner provided them with an alternative.

The staff demonstrated in conversations with us that they had an understanding about each person’s needs. Staff were observed assisting people in a way that demonstrated they were caring when they helped people to meet their needs. This was evident in a number of ways, for example the staff used a calm approach with people who were anxious. They also used gentle humour and encouragement to motivate people with their care

People told us they spoke with the staff and the managers about their care and support. Care plans reflected these discussions and showed people were involved in planning and deciding what sort of care and support they received. There was also confirmation that families were consulted about their care where it was appropriate to do so.

There was an enclosed garden and a balcony where people could walk safely. There were quiet rooms and different lounge areas. People were seated in the different shared areas in the home. This showed people were able to have private space. There were adaptations put in place to support people with mobility needs and to help promote their independence throughout the home.

Bedrooms were personalised with people's own possessions, photographs, artwork and personal mementoes. This helped to make each room personal and homely for the person concerned.

Care plans contained information that explained what name people preferred to be known by, and we saw that staff used these names.

Information about a local advocacy service was prominently displayed in shared areas of the home. Advocacy services support people to help to ensure that their views and wishes are properly heard and acted upon.

Care plans included information about people’s preferences for when they reached the end of their life. There were funeral plans in place to make sure staff knew what peoples wishes were after their death.

Good

Is the service responsive?

Our findings

People knew how to make a complaint about the home. One person told us "I would not like it but I would complain if I had to when it happened, you can talk to staff, they are human beings". Every person who we asked said they had never had reason to make a complaint but would tell staff if they were unhappy about something, and would feel quite comfortable in doing this.

Staff also demonstrated that they knew how to support people to complain. A member of staff explained how they would enable a person to make a complaint by following the correct procedure which was listed in the back of the persons care plan. Staff also said they would offer to deal with any concern directly or ask the person if they would prefer to speak with another member of staff or the manager.

Staff told us how they responded to complaints and understood the complaints procedure. A relative told us that if they did have a concern they were confident the registered manager would address the matter promptly. People and their relatives were given a copy of the complaints procedures when they came to the home. We saw people were relaxed in manner when approaching the registered manager. We heard people talk about a range of matters with them. This showed the registered manager was approachable if people needed to make a complaint. There had been one complaint since our last visit this had been properly investigated and addressed by a senior manager. People said they would make a complaint to the manager or staff. We saw a copy of the complaints procedure in the hallway. The procedure included the contact details of the providers of the service. This meant people could contact the provider if they need to complain.

The staff and some people told us that activities were now organised spontaneously depending on peoples' moods and needs on the day. People also told us they made use of the garden when the weather was appropriate and had free access to this.

People took part in a variety of social activities and events. We saw staff and people participated in a musical activity using a variety of musical instruments. There was a lively and positive atmosphere. This was followed by a viewing of a film that people had chosen in one of the lounges. People were also engaged in one to one activities with a member of staff. These included art work, sitting chatting together and walking together. There was confirmation that an outing to a local garden centre was planned for people at the home. People had access to exercise DVD's and were able to exercise using this if they wanted to. There was also an extensive collection of music that we saw people choose from.

The staff were able to explain to us about people's individual preferences and daily routines. These included when people liked to get up and how they liked to spend their day. The staff provided support to people using different approaches and at different times during the day. We heard the staff ask people when they wanted to be assisted and what sort of help they would like.

Care plans were comprehensive and contained guidance for staff to follow in order to meet people's needs. The plans we looked at were person centred. For example, plans contained "Personal Choices" sections which gave staff an insight into people's preferences. One plan stated "I have always been a smart casual dress type of person" and "I like to be the last person to bed so that I can make sure the lights and TV are switched off". Further guidance within the plan stated "Staff are to be aware that (person's name) is a proud and intelligent person". Another plan contained information for staff on the impact of dementia on the person's life and how this had affected their behaviour. The care plans were all being reviewed at the time of our inspection. The deputy manager told us that a lot of changes to care planning had been implemented during the previous four weeks. They said "We have been working with residents to get their life histories, and we try really hard to understand their version of their lives so far; this helps us to plan person centred care".

Where people had previously displayed behaviour that had the potential to distress or cause harm to others, there was clear guidance in place for staff on how to deal with this. For example, one person's plan informed staff how to identify "triggers" and how to diffuse potentially aggressive situations. ABC (Behaviour charts) were in place for staff to log incidents and identify triggers and resolution techniques.

Staff knew about the people they were caring for. They said they all attended "handover" during shift changes and said "Communication between staff is really important". All of the staff confirmed they had access to the care plans and had read them. Support workers said they were soon to be

Good

Is the service responsive?

involved in writing the content of plans too. One said "The care plans tell staff a lot about people, for example, their life history and their needs, but you get a lot more information from speaking to people" and another said "I have read the care plans, but I also talk to people to find out about them".

Care reviews had been carried out with people at the home. The care reviews showed that the service had asked people for feedback on the overall care they received. For example, people were asked for their feedback on their experience of living at Charlton House, the range of activities and the quality of the food. Although not all of the people using the service had been involved in a review, the service had started to make progress. People using the service and staff, told us that they had complained previously about the quality of food. The provider had changed their food supplier recently based on the feedback, and people had commented "The food is very nice now, very good" and "Seems like the food has been upgraded".

The daily routine at Charlton house was person centred rather than task led. This was evidenced to us in a number of ways, staff said people chose to get up when they wanted to, and went to bed when they chose. They said "We wait for people to ring the buzzer and say they want to get up; there's no rush". Another member of staff said "A lot of people like to have a bath before they go to bed; a nice bath to relax them and clean sheets on the bed". Staff spoke confidently about providing person centred care and how they spent time with people getting to know them.

Resident meetings were not being held at the time of our inspection, although they had been held in the past. A manager said the meetings were going to be reinstated as resident and relatives meetings. They said that a letter was being drafted to send out to relatives asking for their preferred frequency and timings of meetings. They also said they were planning to set up a "Friends of Charlton house" group. There were several thank you cards on display on communal notice boards and there was a "Compliments file" in place that included a number of compliments about the care people received.

Good

Is the service well-led?

Our findings

The registered manager had very recently left. A new acting manager had been in post for two weeks .They already worked at the home in a senior position. The acting manager was being well supported by senior managers. A senior manager who we met had specialist knowledge of dementia care. They shared some examples of current new practise they had researched. They had made an extra quiet dining area for people along one of the corridors. This was an area that people were able to sit in if they wanted to be somewhere quiet.

We observed people were relaxed and comfortable to go to the office at any time. Staff responded attentively when people wanted to see them and gave them plenty of time. People's visitors went to the office to speak to staff and were welcomed in. We read in the care records how the managers met with people and or their relatives on a regular basis. They had used these meetings as an opportunity to find out what people felt about the services they received. We saw people were offered the chance to meet with a manager regularly.

The manager completed a monthly audit of a different aspect of the home such as care planning, and management of medicines. This process was to identify any shortfalls and put in place action to address them. We saw the information that had been obtained from a recent quality-monitoring audit. For example, the number of falls which had happened each month was monitored.

The provider had a quality checking system in place to monitor the quality of the service people were receiving. There were regular audits undertaken looking at the quality of care people received and how the home was run. Areas that had been audited included care planning, the staffing levels, staff training, management of medicines, and health and safety. Where shortfalls were identified, we saw that the provider and manager devised an action plan to address them. For example, reviews were carried out and care plans updated after people had a fall at the home.

Monthly visits had been completed by a senior manager to check on the quality of the service and ensure planned improvements were put in place. For example, it had been identified that there was a need to check that all staff supervision was up to date. This had been acted upon and staff were supervised and supported regularly.

Staff were aware of the visions and values of the organisation they worked for. They told us a key value was to provide a personalised service and to care for people in the way that they wanted to be looked after. Each member of staff was given their own copy of the visions and values in a pocket size card to help them remember what they were