

Caram (CHWD) Limited Charnwood

Inspection report

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Tel: 01902424579

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

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 26 September 2016 and was unannounced. At our last inspection in July 2013 the service was meeting the regulations of the Health and Social Care Act 2008.

Charwood provides accommodation for up to 19 older people who require personal care. On the day of our inspection there were 17 people living at the care home. We were advised that one person was in hospital at the time of our visit.

There was a registered manager in post but she was on annual leave on the day of our inspection. Therefore the inspection was undertaken with the support of the senior staff on duty. 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 and associated Regulations about how the service is run.

People were positive about the care they received and they told us they felt safe. People told us that staff knew them well and supported them in their preferred way. We saw that staff had developed a good rapport with people who used the service. People commented on the homely atmosphere within the home.

The staff had a clear awareness and understanding of potential abuse and knew how to protect people from the risk of harm. There was enough skilled and experienced staff to meet people's needs.

Risk assessments and care plans had been developed with the involvement of people. Staff had information on how to minimise identified risks to ensure people were supported in a safe way. People had equipment in place when this was needed, so that staff could assist them safely.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We found that staff were not aware which people had DoLS authorisations in place to ensure they worked in accordance with these. People told us that their consent was sought before staff provided their support.

Staff told us they felt supported in their role, and that they were provided with the training they needed to meet people's needs. People were supported to access healthcare services to ensure their healthcare needs were met. People enjoyed the food that was provided and told us they were provided with sufficient quantities of food and drink.

There were warm and friendly interactions between people and staff and we observed staff talking to people respectfully. We saw that staff maintained people's dignity.

People were happy with the support they received and with the activities that were provided. People told us they did not have any complaints but felt confident any issues they raised would be listened to and dealt

with.

People and their relatives were asked for feedback about the quality of the service and any suggestions for improvements were welcomed. There was an open and transparent culture in the home, and people thought the service was well managed. A range of audits was available to monitor the safety, effectiveness and quality of the service provided.

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.

People told us they felt safe, and staff had been trained to recognise and report concerns.

Potential risks to people's health and welfare had been assessed and actions to minimise these were recorded.

People received their medicines when they needed them.

There was enough staff available to meet people's needs.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff were not aware of which people were having their liberty restricted and had DoLS authorisations in place. However staff understood the principles of the Mental Capacity Act 2005 and gained people's consent before providing support.

Staff had received the training they needed to support people effectively.

People received support to stay healthy and well.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect by staff who knew them well.

Staff were described as caring and compassionate.

People's privacy and dignity was respected and their independence promoted.

Is the service responsive?

Good ●

The service was responsive.

People were involved in developing their care plan which was updated when their needs changed.

People were supported to follow their interests and take part in social activities.

People did not have any complaints but they were aware of the procedure to follow.

Is the service well-led?

Good ●

The service was well led.

People and their relatives were consulted about the quality of the service provided.

Staff understood their roles and responsibilities and were given guidance and support by the management team.

Systems were in place to monitor the quality of the services provided.

Charnwood

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 26 September 2016 and was unannounced. The inspection was undertaken by one inspector.

We asked the provider to complete 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. The form was completed and returned so we were able to take the information into account when we planned our inspection. We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We also contacted the local authority who monitor and commission services, for information they held about the service. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with 10 people, three care staff, the cook, two seniors, a therapist and social care professional who were visiting the service. We looked at the care records for three people, and looked at the way three people's medicines were managed. We looked at records to see how the quality of the service was monitored.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at this home. One person said, "I feel very safe here much safer than when I lived at home. The staff are lovely and keep me safe. I have a locked drawer in my room so my personal belongings are all safe too". Another person told us, "I like living here and I feel safe, the staff are very kind and treat us well so there are no concerns about that". We saw that people felt comfortable in the company of staff and we saw that when people became anxious staff provided reassurance and support to help reduce their anxieties.

Staff confirmed they had received training to ensure they were able to recognise when people may be at risk of harm. They were able to describe the different types of abuse which may occur and told us they would not hesitate to report any concerns. One staff member told us, "We have had training on this and we receive regular refresher training. I feel very confident about raising any concerns and I know the manager would take action straight away to ensure people are safe". Information provided to us, and the records we saw showed that the registered manager had reported concerns appropriately to the relevant external agencies and had taken the appropriate actions to ensure people were kept safe.

Staff we spoke with knew about people's individual risks and actions they would take to keep people safe. For example staff knew which people required support to stand and what equipment they needed to move around the home safely. Staff knew which people they needed to support with their meals due to risks of them choking. Staff told us about the recommendations they had received from healthcare professionals about supporting these people with their food and drink. For example adding thickener to their drinks. People we spoke with told us that staff knew about what support they needed to ensure they were safe. One person said, "The staff are very proactive I have this cushion I sit on to make sure my skin does not become sore as that would not be good". We saw that people had individual risk assessments in place which identified any risks to their safety which were reviewed on a regular basis.

People told us and we saw there was enough staff available to meet people's needs. One person said, "We don't have to wait for support the staff are around when we need them". Another person told us, "I think there is enough staff to help us, I cannot think of any times when I or other people have had to wait for support". Visitors we spoke with also told us they thought the staffing levels were sufficient to meet people's needs.

We observed that staff were available when people needed them. We saw staff continually checking on people in the lounge areas to ensure that people's needs were being met. People who chose to stay in their bedrooms told us that staff did come and check on them throughout the day. When people required assistance we saw that staff responded in a timely manner. Staff told us they had sufficient staffing levels to enable them to provide people's care safely. One staff member said, "I think the staffing levels are fine and if I felt we were rushing people I would raise this with the manager". We spoke with the registered manager after our inspection and we discussed how she monitored the staffing levels. The registered manager told us that she had a dependency tool that she used to ensure the staffing levels met people's needs. She also told us that staffing levels were kept under review on a daily basis through her own observations and discussions

with people and staff. The registered manager confirmed that the staffing levels could be increased when this was needed provided in response to people's changing needs.

All of the staff we spoke with had worked at the home for a long time. They all confirmed that they had provided recruitment information when they commenced employment. One staff member said, "It was a long time ago when I started but I do remember providing references and completing an application and a police check before I could start work in the home". The senior staff were not able to access recruitment records during our visit. The registered manager provided this information following our visit for three staff members. This demonstrated that all of the required recruitment checks had been undertaken to ensure only suitable staff worked at the home.

People we spoke with told us they received their medicines when they needed them. One person told us, "I take too many tablets to take them myself so I have asked the staff to do this for me. They give them to me on time and always make sure I take them". Another person said, "They [the staff] give me my medicines when I need them and I have pain relief when I ask for it".

We were advised that only the senior staff administered medicines. We saw that records had been signed to confirm people had received their medicines. We checked the balances of three people's medicines and these were accurate with the record of what medicines had been administered. We found medicines were safely secured and the ordering, storing and checking of medicines was safe. We found some people were prescribed 'as required' medicines. Senior staff we spoke with had the knowledge about what to look for so they knew when this medicine was needed. We found that protocols were not in place to underpin this practice but a senior staff member confirmed that these would be implemented. We saw that body maps were used to guide staff on where creams should be applied, but these were not in place for people who had medicine patches applied. The senior advised that these would be introduced immediately. We observed a senior staff member administer medicines and we saw that this was done safely and in accordance with the procedures in place. Senior staff we spoke with confirmed they had received medicines training and they had been observed to ensure they practiced in a safe manner. The registered manager was able to provide written evidence of this following the inspection.

Is the service effective?

Our findings

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.

Staff understood it was unlawful to restrict people's liberty unless authorised to do so. We saw the registered manager had taken appropriate action to restrict people's movements for their safety and had applied for DoLS authorisations for some people. Staff we spoke with were uncertain about which people were subject to a DoLS authorisation and the reasons for this and if any conditions were in place. When we checked the records for these people we saw that no conditions were in place. It is important that staff were aware of which people had a DoLS authorisation, to ensure they work and support people in accordance with this. The registered manager agreed to address this and ensure that staff were provided with this information.

Staff we spoke with understood the principles of the MCA and we saw that they gained people's consent and respected people's decisions when they declined support. Staff confirmed they had received training in relation to MCA and DoLS. One staff member told us, "I always ask people if it is okay for me to support them, and I explain what I am going to do. If people cannot give me this consent verbally I look for facial gestures to ensure they are indicating that they agree for me to provide the support". People we spoke with confirmed that staff ask for their consent before providing support. One person said, "The staff always say, is it okay for me to help you with this or that and they explain what they are doing. We have choices and the staff respect what we say and our decisions". We saw that where people were unable to make decisions for themselves best interests decisions had been made with the involvement of the person's representative and health professionals, for example when using bed rails.

Information provided in the PIR told us that some people's family member's had Lasting Powers of Attorney (LPA) over either their financial affairs or in relation to health and welfare. This is a legal document with enabled representatives to make decisions on behalf of people who lacked capacity to make the decision themselves. The registered manager had a good understanding about the legalities of these documents, and she confirmed that she had seen and had copies of these placed on people's files.

People we spoke with felt that staff were skilled and competent in their role. One person told us, "You couldn't ask for better staff they know what they are doing and they are good at it, we are lucky to have such good staff to care for us". Another person said, "The staff are trained well as they look after us very well indeed".

We saw that staff had the skills and knowledge to meet people's needs and promote their wellbeing. Discussions with staff demonstrated that they were knowledgeable about people's needs and they knew which people required support. For example we saw that staff ensured people who needed walking frames had these close by to enable them to walk safely around the home.

Staff told us they received the training they needed to care for people effectively. One staff member said, "I have completed all key training so I have the skills for my job, and we have regular updates to ensure our knowledge is refreshed. We have completed training which is specific to the needs of the people here, such as dementia and pressure care training. The manager is very good and will source training to help us develop and gain further knowledge". The registered manager provided evidence following our inspection which confirmed that staff had received the training they needed for their role.

All the staff we spoke with had worked at the home for a long period of time. The registered manager told us about the induction that would be provided to new staff. This included working through the Care Certificate and working alongside experienced staff. The Care Certificate is a set of standards designed to equip staff with the knowledge they need to provide people's care.

Staff we spoke with told us they felt supported in their roles and they confirmed they received regular supervision and an annual appraisal. One staff member said, "The office door is always open and the manager will always provide advice and guidance when I need it. I also have regular supervision to discuss my role and development, and I have had an annual appraisal. I feel very well supported". We saw a system was in place which ensured staff received regular supervision.

People we spoke with told us they enjoyed the food provided. We saw menus were displayed in the dining area and people had choices at each meal time. One person said, "The food is nice and we get choices. I always enjoy the cakes we are very spoilt". Another person said, "I like the food it is always tasty and presented nicely. If there is something I don't like I can have something else".

Discussions with the cook demonstrated their knowledge of people's preferences and dietary needs. She confirmed that she received up to date information about people's likes, and dislikes, and we saw these were recorded in people's care records. We saw people were provided with regular drinks and snacks throughout the day, and people were offered a variety of drinks with their meal. We saw that where people that had been assessed as at risk of not eating or drinking enough they were monitored and referrals were completed to healthcare professionals when necessary. We saw that people who needed some encouragement and support to eat their meal received this in a dignified and respectful manner.

The people we spoke with told us they were supported to access various healthcare professionals as and when required. One person said, "The staff make sure all my routine appointments are planned such as dentist, opticians and having my toe nails cut. If I need the doctor or the nurse they arrange this for me". Another person told us, "I have all my healthcare needs met. I attend eye clinics when I need to and the chiropodist visits. If I ever feel unwell the staff call the doctor". Information provided in the PIR confirmed that the service worked well with healthcare professionals to ensure people's needs were met. We saw that records were in place to record any visits that had been undertaken by a healthcare professional and any recommendations or action that the staff had to be aware of.

Is the service caring?

Our findings

People made positive comments about the staff and the care they provided. One person said, "The staff are lovely here, so caring, kind and patient, they do look after us very well". Another person told us, "The staff are really good, and very helpful they provide really good care". A visitor we spoke with told us, "The staff are very approachable and caring towards people, they are very dedicated to their jobs and ensuring people are well looked after".

We saw a positive and caring relationship between people and staff. We saw staff treated people with respect and in a kind and compassionate way. Staff had individualised relationships with people which showed they understood their personality and sense of humour. We saw that staff understood when a soft touch and gentle encouragement was the best approach. For example a person was anxious about an appointment they were due to attend. We saw a staff member provided reassurance to the person and spent time sitting with the person to talk through their concerns. We saw the person responded well to this approach and they appeared more relaxed after they had spent some time talking with the staff member. We saw staff assisting people to stand up from their chair, and they gave lots of encouragement and reassurance to people enabling them to do as much for themselves as possible.

Staff we spoke with had a good knowledge about people's preferences and life history. This information was available in people's care plans. We saw that staff engaged positively with people whilst providing them with support throughout the day. One staff member told us, "I really enjoy my job and we do get some time to spend with people so we can get to know more about them and their life".

People were involved in making decisions and planning their own care where possible. People told us that staff respected any choices they made. One person told us, "I choose how I spend my day from the time I get up to the time I go to bed. My routine is dictated by me and not the staff". Another person said, "I have control here, as well as being looked after. I can spend my day how I choose and get up and go to bed when I choose". People told us that they felt listened to by staff. One person said, "The staff do listen to us and our preferences. I have my tea served to me in my china cup and saucer I brought from home this is what I wanted so this is what I have".

People told us they were treated with dignity and respect by staff and that their right to privacy was upheld. One person told us, "I choose to spend time in my room and this is respected by the staff. They always knock my door before entering which is respectful". Another person said, "The staff are very considerate and they always make sure I am covered up when they support me with any personal care tasks. I always feel respected by the staff".

We observed that staff were polite and respectful and treated people in a dignified manner. When people needed support with personal care, staff spoke to them discreetly about this and ensured the care was provided in a private area. The staff we spoke with knew the appropriate ways they should support people to maintain their dignity.

People told us that there were no restrictions on visiting times. One person said, "My visitors can come when they like. They obviously try not to come at meal times or late at night but other than that there are no restrictions". This was confirmed by the staff we spoke with.

We saw that information was displayed in the hall area about how to access an advocacy service. We were advised that no-one was using this service at the moment. An advocate is an independent person who can assist and provide a voice to people who otherwise may find it difficult to speak up.

Is the service responsive?

Our findings

The people we spoke with told us they received the care they needed and it was provided in accordance with their individual needs. One person said, "The staff meet my needs and they support me in the way I want them to. I tell them what help I need and they provide it. I prefer to have a shower rather a bath so that is what I have". Another person told us, "The staff are very responsive and if I feel down about things they come and have a chat with me, which always makes me feel better".

We saw that people were involved in the way their care was provided. One person told us, "I have a care plan which tells the staff all about me, I am involved with this and I have signed it. They regularly come and review it with me so that it's up to date with the support I need". Another person said, "I am involved in my care and I was asked lots of questions when I first came here about the support I would like. This is all recorded in my care records which I have signed and agreed to". The Information provided in the PIR told us that care records were reviewed regularly and the records we looked at confirmed this. Staff told us and we saw that there was a detailed handover between shifts to ensure that staff was aware of how each person had been, and to share important messages.

People we spoke with told us about some of the activities that were provided. One person said, "We do lots of different things here to keep us active, I have made lots of lovely jewellery which I love wearing and feel very proud that I have made these". The person showed us all the different jewellery they had made with the staff. Another person told us, "There is enough for us to do, we go out sometimes or we have bingo and quizzes and I enjoy a good movie". We saw that many people had a hand massage from a visiting therapist. One person responded really well to this and we could see from their facial gestures how therapeutic this was for them, as they were smiling and appeared relaxed. We saw that some people participated in a Thai Chi session which they told us they had enjoyed. People also told us about the church services they participated in each week. We saw that the weekly activities were displayed in the dining room so that people knew what was planned for each day. We saw that people had been provided with their daily newspapers, and people had access to a variety of books. Some people chose not participate in any activities. One person said, "I know there are lots of activities but I would rather listen to my music or watch my films, which suits me best".

People we spoke with told us they did not have any complaints about the service. One person told us, "I am happy here and I can honestly say I have no complaints. If I did I would speak to any of the staff or the manager and I know it would be dealt with". Another person said, "I have no complaints I am very happy here and I am cared for well. I speak my mind so if I had any concerns I would soon raise them". People told us they were confident that any issues they raised would be listened to and dealt with by staff or the registered manager.

We saw there was a copy of the complaints procedure displayed on the wall in the hall area. This was out of date and the senior staff advised it would be updated to include the contact details for the Local Authority and other key agencies. A senior staff member advised us that the service had not received any complaints since our last inspection. We saw that a system was in place to record and respond to any concerns that

were received.

Is the service well-led?

Our findings

The people we spoke with felt the service was managed well and the culture was open and transparent. One person said, "This is our home and the manager listens to us and makes sure we have everything we need. It is very homely here, and it has a lovely atmosphere". Another person told us, "We all get on well here and we have a laugh, everyone is open and we are involved in everything. The manager does a good job and I feel very comfortable and happy here". People told us that the manager was approachable and managed the service well. One person said, "She is lovely and so easy to talk to. She always comes and says hello and has a chat which is nice". Another person said, "She cares about us and makes sure this home is managed well for us. I think she does a fantastic job".

The staff we spoke with felt there was an open and transparent culture in the home. One staff member said, "I feel supported and the manager is approachable and always has her door open if we need advice or any support. We have good team work here". Another staff member told us, "We all work as a team, we have regular staff meetings and I feel able to make suggestions and feel listened to. The service has improved loads since this manager took over. She is really focused on the people that live here, they come first".

We saw that there were clear lines of accountability in the way the service were managed. The registered manager was supported by a senior team who had key areas they were responsible for. For example one senior was responsible for overseeing the medicines and undertaking audits and another senior completed care reviews and audits to support the registered manager. Tasks were clearly delegated to ensure the service was monitored effectively and staff support systems were in place. Staff demonstrated that they understood their roles and responsibilities and told us they enjoyed working at the home.

We heard from people that regular meetings were held to enable them to talk about their experience within the home. One person said, "We have meetings and we discuss things about the home and we get feedback about anything that is happening". Another person told us, "Some of us get together and we talk about the home and make suggestions". We saw records of the meetings that had been held and these demonstrated that people were asked for their views about the care provided, the menus, activities and the environment. People were asked if they had any suggestions for improvements but no suggestions were made in the last meeting, as people said, "We are happy with everything".

In addition to these meetings we saw that people's views were sought and surveys had been sent out as part of the quality assurance systems to gain feedback from people, their relatives and professionals. We saw that positive feedback had been received following the last survey which has been conducted in September 2015. We saw that the survey covered a variety of areas including the quality of the care provided, communication, and activities. Records showed the improvements that would be made based on the feedback the registered manager had received.

Relatives and professionals were also asked to complete testimonials about the service. A folder was available by the entrance with many of the completed responses. We saw that positive comments had been made. These included, "The staff are very attentive and ensure people needs are met to a high standard",

and "We are extremely pleased with the level of care provided to our relative. Nothing is too much trouble for the staff. The staff are amazing, patient and very caring".

We saw that the registered manager had systems in place to monitor accidents, and incidents, which were analysed to identify any patterns or trends. We saw that when a pattern was identified the registered manager had taken action to minimise the risks of a re-occurrence. For example referring people to the falls team.

The registered manager had a range of audits in place to monitor the safety, effectiveness and quality of the service provided. For example audits were completed to ensure care planning documentation was up to date, and medicine audits were completed to ensure staff were following the procedures in place. We saw that where shortfalls were identified action was taken, which included speaking to staff about their performance. The registered manager was aware of her legal responsibilities to notify us of events that they were required to by law.

We asked the provider to complete 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. The form was completed and returned to us within the timescale we agreed.