

Mr Stephen Poynton

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

We inspected the service on 7 January 2016

Charnwood Park Residential Home provides accommodation for up to 11 older people with physical difficulties and sensory impairments. There were 11 people using the service on the day of our inspection.

There was a registered manager. 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.

People were protected from harm. People told us they felt safe and that there were enough staff available to meet their needs. There was a recruitment policy in place which the registered manager followed. We found that all the required pre-employment checks were being carried out before staff were to commence work.

Risks were assessed and managed to protect people from harm. Staff had received training to meet the needs of the people who used the service. People received their medicines as required and medicines were managed and administered safely.

People's independence was promoted and staff encouraged people to make independent choices.. People remained part of the wider community if they wished to and they were supported to maintain links with people important to them.

People were supported to make decisions about the care they received. People's opinions were sought and respected. The provider had considered their responsibility to meet the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager was clear of their role in ensuring best interest decisions were made for people.

The registered manager had assessed the care needs of people using the service. Staff had a clear understanding of their role and how to support people who used the service as individuals.

Staff knew people well and treated them with kindness and compassion. People enjoyed the meals provided and where they had dietary requirements, these were met. People were offered adequate drinks to maintain their health and wellbeing.

Systems were in place to monitor the health and wellbeing of people who used the service. People's health needs were met and when necessary, outside health professionals were contacted for support.

Staff felt supported by the registered manager. The registered manager supervised staff and regularly checked their competency to carry out their role. People who used the service felt they could talk to the registered manager and had faith that they would address issues if required. Relatives found the registered manager to be approachable.

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 the staff team knew how to keep people safe from harm. Regular safety checks had been carried out on the environment and the equipment used for people's care. People's medicines were managed so that they received them safely.

Is the service effective?

Good ●

The service was effective

We saw that staff received appropriate training to enable them to meet the requirements of their role. The service catered for individual dietary needs and staff were aware of how to provide these. People told us that they enjoyed the food provided. The provider had considered people's capacity to make informed decisions around aspects of their care and sought their consent. Consideration had been given to the responsibility of the service to meet the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring

People were encouraged to make choices and independence was promoted. Staff treated people with kindness, dignity and respect.

There were no restrictions on visiting times which enabled relatives to maintain frequent contact with people.

Is the service responsive?

Good ●

The service was responsive.

Feedback from people who used the service and visitors was actively sought. People were aware of the complaints procedure and felt able to raise any concerns.

Care plans contained information about people's preferences and chosen routines. This included information about what was important to them, details of their life history and information about their hobbies and interests.

Is the service well-led?

Good ●

Staff had a clear understanding of the aims and objectives of the service. Staff felt supported by the registered manager. People using the service felt able to contact the registered manager and discuss any issues with them.

The registered manager kept robust records to enable them to monitor the smooth running of the service.

Charnwood Park Residential Home

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 took place on 7 January 2016. It was an unannounced inspection.

The inspection team consisted of an inspector 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 care service.

Prior to the inspection we reviewed notifications that we had received from the provider. A notification is information about important events which the provider is required to send us by law. We contacted the local authority who had funding responsibility for some of the people who were using the service.

We spoke with six people who used the service. We also spoke with a visiting health professional and three visitors during our inspection.

We spoke with the registered manager and three care workers. We looked at the care records of two people who used the service and other documentation about how the home was managed. This included policies and procedures, medication records, staff records, training records, staff rota and records associated with quality assurance processes.

Is the service safe?

Our findings

People told us that they felt safe at Charnwood Park. One person told us "I have no problems with safety." Another person told us "It's small and safe here."

People told us that there were enough staff to keep them safe. One person said "There always seems to be someone about, you don't have to wait long for anything." The registered manager told us about the staffing levels that they had in place. This was confirmed by looking at the rota. We were told that the service's own staff covered other staff's sickness or holidays. This ensured that people were only supported by staff who knew them well. The provider also employed a domestic staff member five days per week. Meals were currently provided by an additional member of support staff daily.

There was only one member of staff working at night in the service. The manager had assessed people's support requirements at night and this staffing level met their needs. We were assured that at times when extra staff were required, they were available. Staff members confirmed this. We were told that the staffing structure could be flexible to meet people's needs and one staff member told us that it had been arranged with them to stay after their shift to support a person to settle back into the service after having returned from hospital.

We saw that there was a policy in place that provided staff, visitors and people using the service with details of how to report safeguarding concerns. Staff were aware of this policy and how to report and escalate concerns if required. They told us that they felt able to report concerns. One said "If there was a problem with [registered manger] which there isn't, I feel I could go to the provider or CQC." The registered manager was aware of their duty to report and respond to safeguarding situations and had ensured that the Provider was also aware of how to report issues when the registered manager was temporarily away from the service. There was a recruitment policy in place which the registered manager followed. This ensured that all relevant checks were carried out on staff members prior to them starting work. We looked at the recruitment files for two staff members. The registered manager was in the process of employing a new member of staff. We found that all the required pre-employment checks were being carried out before they were to commence work.

People could be assured that they would receive their medicines as prescribed by their doctor. Medicines were all stored securely, However the temperature of the medicines cabinet was not regularly checked and recorded and eye drops and creams had not been labelled with opened on dates. This meant that staff could not be sure that medicines were safe to administer or would be effective as the correct temperature for storage could not be confirmed. The manager advised us that they would ensure that temperatures were regularly taken and recorded. The opening date of all drops and creams would also be recorded. This would comply with the safe and appropriate storage of medicines..

We saw that Medication Administration Record (MAR) charts were used to inform staff which medicine was required and this was then used to check and dispense the medicines. We saw that a stock check of medicines was taken regularly. We observed staff administering medicines. Once a person had taken the medicine the MAR chart was then signed. We saw that the time that PRN [as required] medicines were taken were not always recorded. This meant that people were at risk of not receiving their medication in line with prescribing guidelines. Staff told us that they were aware of what times medicines were administered. The registered manager informed us that they would ensure staff recorded times as per the homes medication protocol.

We looked at two people's plans of care and found risk assessments had been completed on areas such as moving and handling, nutrition and skin care. Completion of these assessments enabled risks to be identified and guidance for staff to be put in place to minimise the impact of these risks.

People's money was kept safe and those responsible for handling money were made accountable for any transitions. We saw that there were systems in place, in line with the service policies and procedures to ensure that

Risk associated with the environment, tasks carried out and equipment used had been assessed to identify hazards and measures had been in place to prevent harm. Where regular testing was required to prevent risk, such as electrical safety testing, these were recorded as having happened within the required timescales. We saw records to show that the provider had asked an external contractor to check that people were not subject to the risks associated with Legionella. The contractor had identified a risk and advised the provider to change the water tanks. We saw that this work had been carried out promptly so that people were no longer at risk.

There was an accident book where accidents or incidents were recorded. These included details about dates, times and circumstances that led to the accident or incident. We saw that changes care plans as a result of the accident or incident. The registered manager had systems in place that enabled them to look for trends in incidents or accidents. Risks associated with people falling were recorded and monitored at least monthly.

The help that people would need if there was a fire had been formally assessed. Fire safety checks were carried out and there were procedures in place for staff to follow. There was a business continuity plan in place to be used in the event of an emergency or an untoward event and regular servicing on equipment used was undertaken. This was to ensure that it was safe.

Is the service effective?

Our findings

People told us that staff knew how to care for them and understood how to meet their needs. One person said "The girls seem to know what they are doing." Another person said "I've been here quite a few years now and they know my little ways, how I like to manoeuvre myself in a way that is comfortable as well as safe."

Staff told us that they received training when they started working at the service that enabled them to understand and meet people's needs. This included manual handling and health and safety training. Staff records showed that new staff had shadowed more experienced staff members and undergone competency checks with the registered manager before they had been allowed to support people on their own.

The staff training records provided after the inspection showed that most staff had received regular refresher training. The registered manager informed us that further training had been booked to ensure that staff had the necessary knowledge and skills to meet people's needs including Mental Capacity Act 2005 (MCA) training. Staff told us that they had attended courses such as diabetes management, dignity in care, safeguarding and some practical sessions in the use of hoists and slings.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), is legislation that protects people who are not able to consent to their care and support. It ensures people are not unlawfully restricted of their freedom or liberty. The registered manager was aware of the legislation and had considered these requirements during care planning. The registered manager informed us that they believed that all of the people who used the service had the capacity to consent to their care and treatment. We discussed how they might support people whose capacity might be affected by ill health, such as an infection. The manager advised us that they would discuss this with the appropriate people and document how best interest decisions would be made if such a situation occurred.

The registered manager conducted regular supervision with staff members. During supervision staff's progress, training and support needs were discussed, this enabled the registered manager to evaluate what further support staff required from them. Supervisions took the form of formal meetings as well as observations and competency checks. Staff also received an annual appraisal with the registered manager. We saw that people had regular appointments with a variety of health professionals. One person told us "They [staff] are always on the ball, doctor-wise if there is anything wrong." Staff told us that they contacted GP's or emergency health professionals as required. We were told by a staff member that they had contacted the hospital to obtain clearer guidance on how to support someone who used a particular type of equipment. We saw that records reflected this. A visiting health professional told us that staff followed medical advice when it was given. We also saw from records that emergency care had been obtained in a timely manner when a person had become ill.

People told us that they could make decisions about their lives and the things that they did. One person told us, "I'm always being asked about my care and if they are providing what I want." Staff understood the need to support and encourage people and knew to ask people's consent before they supported them. People were also asked to sign to give consent to the care they received. The care needs of people had been assessed and documented. This enabled staff to know how best to support people. We were able to see that people's preferences and wishes had been taken into account.

People told us that they enjoyed the food provided. One person told us, "That was delicious" after having finished their meal. Another said "The food is lovely too, tasty and well presented." We were told by the

registered manager that the menus were put together based on what people told them they liked to eat. The meals looked to be appetising. A variety of both hot and cold drinks as well as fresh fruit were offered throughout the day. We saw that most people were able to make choices of what they would like to eat when asked. The registered manager regularly asked people using the service if there was anything they would like adding to the menu. This was so that people could try new things. We saw that tables were laid in a welcoming style and napkins and condiments were available.

The service was able to demonstrate that it maintained high standards in relation to food hygiene.

Individual dietary needs were catered for such as for those with diabetes and staff were aware of how to provide these. Staff had a good understanding of individual's preferences. People were consulted on what they would like to eat. People had chosen to have fish and chips from the local chip shop on a Friday rather than home cooked, staff provided this.

The registered manger told us that during a heat wave they had taken additional measures to ensure that people remained hydrated. These included buying a smoothie maker to provide cool smoothies and organising drinks tasting events to encourage people to drink more.

Is the service caring?

Our findings

People told us that staff were kind and caring. One person told us, "They are very caring and attentive." Another person said "The girls are absolutely lovely here. You wouldn't want a better place to be." One visitor told us, "The girls [staff] are absolutely lovely with my Mum – very respectfully." And another said that, "Staff talk naturally to my relative, as though they are family."

We observed warm interactions between people and staff. People did not feel rushed. One person said "They don't rush me. They let me go at my own pace." During activities staff engaged in jokes and light banter and these were reciprocated by people. People were referred to by their preferred names. We saw that staff knew people's individual needs well and had engaged in communicating with them and ensuring that people experienced meaningful interactions.

Staff supported people to remain as independent as possible. One person told us "What I like is they [staff] don't take over. They let me do as much as I can myself. I suppose you can say it's 'promoting independence'." People's support plans indicated to staff what level of support people required and how much they wished to do for themselves. Staff had adapted to people's needs and wishes. For example we saw that one person preferred to spend time in their bedroom in the morning before settling in the lounge. The information that the service maintained about how to support people was kept confidentially. Where people were able to, they signed to say that they agreed to their private information being shared with necessary professionals.

People's care plans contain information about their life history and their preferences. We saw in one person's care plan there were details around their preferred bedding. We were able to see that this was in place in their bedroom. Other details included which soap someone preferred to use. This helped the service to recognise what may be important to people. People's belongings were respected and we saw that staff asked permission to enter their bedrooms. In a response to the provider's survey one person had said "All staff are polite and knock on doors before entering." We saw that people's bedrooms had been personalised with their own belongings.

We saw that people were encouraged to maintain links with people who were important to them. We observed that there was a private booth where people could make or receive phone calls. Visitors told us that they were welcomed at any time. We saw from the visitor's book that people often visited. One visitor told us "They have told visitors not to come around mealtimes and we try our best to adhere to that and can understand the reasoning behind it. However one day, mistakenly, I arrived during lunchtime and they didn't turn me away. In fact, they asked me to go in the lounge and gave me a cup of tea!" We observed that staff greeted visitors warmly and knew them by name.

The registered manager held regular meetings for the people using the service. People told us that these were important to them as they felt they could express their feelings and they felt included. During these meetings people were updated on events happening at the service they were asked their opinions on matters concerning them. We saw that the majority of people attended the meetings. Records showed that people had been asked what they would like to do for their Christmas party and had agreed the menu for the festive season.

The service had been awarded the Leicestershire County Council's Quality Improvement Team (QIT) Gold

award in April 2015, a Quality Award Framework (QAF) silver award as well as A Dignity in Care award in November 2015. Three staff had achieved individual dignity awards in 2015. These are independent awards set out by the care industry that are given to services or individuals who are able to demonstrate that they consistently provide high standards of care and dignity.

Is the service responsive?

Our findings

People told us that they would feel comfortable making a complaint. One person told us "If I had any concerns at all, I would immediately go to [the registered manager] as she is so approachable, and if it could wait, there is always the more formal residents meeting, I could bring up something." Visitors told us that they knew that the home had a complaints policy and that they would feel happy to use it if they needed to. We saw that the complaints procedure and book was available to all people who used the service and visitors.

We saw from the meeting minutes that the registered manager had reminded residents of where they could find the official complaints procedure as feedback was that some people did not know where to find it, they had said that despite not knowing where the official procedure was, they would feel able to make a complaint.

We saw that people's needs had been assessed and care plans had been put in place for staff to follow to ensure that their needs were met. The registered manager conducted assessments of needs for new residents and implemented clear guidelines so that staff were clear how to meet people's care needs. On the day of our inspection we were told that a resident had moved in to Charnwood Park the previous day. Staff were able to tell us what support that person needed and how to deliver it. We found that most people had been involved in the initial implementation of the care plans and were routinely involved in the review of these.

Important information about changes in care needs for people were shared with carers via the communication book. This was important so that staff coming on to a shift were made aware of the wellbeing of each person and any important information relating to their care. We saw that changes in one person's needs on return from hospital were clearly documented in this book and staff had signed to say that they had read and understood these.

Care plans contained information about people's preferences and usual routines. This included information about what was important to them, details of their life history and information about their hobbies and interests.

We observed people who used the service engaging in some activities during our visit such as singing and bingo as well as watching television. Care plans reflected people's interests and hobbies and it was clear how most people were being supported to engage in these. We saw that people engaged in activities both in their rooms as well as in communal spaces. One person told us that they generally didn't like to mix with others but did go to the lounge when they were playing bingo.

People engaged in their preferred activities. Staff members were responsible for providing activities as part of their role. We saw that some people who used the service accessed community facilities with family members or with support from staff. People told us that they had access to a number of activities including adult colouring books and knitting and were visited by Age UK three times a week. Another resident told us that they loved to read and her family brought her books. They also liked to watch TV in their room in the early evening and this was respected by the care staff. We were also told that outside entertainers were brought in regularly and that people enjoyed them.

People were supported to practice their chosen faith. Some people attended church, for others spiritual leaders from different denominations visited people at Charnwood Park.

Is the service well-led?

Our findings

People told us that they had confidence in the registered manager, knew who they were and would feel comfortable to address issues with them. One person told us "The manager is a lovely woman – so approachable. You can ask her anything." Another person said "She listens, that's what I like.", "[Registered manger], She's a busy woman but always has time for you." Visitors that we spoke with also confirmed this. One visitor told us "I feel I can go to her if I have any concern and she'll take note of what you're saying and do something about it." We observed people calling the registered manager by their name and chatting with them throughout our inspection.

Visitors told us that they regularly saw the registered manager and that they were approachable. They felt that communication between themselves and managers was good and that they were kept informed of events or concerns. One visitor told us that whilst they had no concern whatsoever about the home, they felt management was open enough to listen. "They keep me informed anyway. I visit regularly and they tell me things that are important but I've also had phone calls discussing my relative's condition. This is very reassuring."

The provider conducted surveys with people who used the service to try to establish their views on whether they like living at Charnwood Park and what things could be improved. At the last survey taken in May 2015 nine of the 11 people who used the service or their relatives responded to the survey. The registered manager used the next residents meeting to feedback the results of the survey and to address any issues raised.

The provider had a statement of purpose. Staff had a clear understanding of the provider's aims and objectives. Staff told us about the recent food hygiene inspection that they had and that they had received the highest grade. They told us that they were proud of this achievement. This indicated that there was a culture of staff motivation and a drive for improvement.

Staff understood the need to communicate concerns to the manager straight away. One staff member said "I know if I have an issue that she'll listen." Another said "I have no issue whatsoever about whistleblowing – that's the culture of this place – open to any scrutiny."

Staff told us that they felt supported by the registered manager and would be confident to discuss issues as and when they arose. One staff member said "I regularly get supervision and all the feedback about me is given in a constructive manner. She builds you up, not puts you down."

Staff knew what was expected of them. We saw that staff meetings took place. During these the registered manager informed the staff team of any changes, new systems of working or updated them on policies and procedures. This demonstrated a transparent method of management support.

There were policies and procedures to guide the registered manager and staff. Where shortfalls in staff performance were identified, the registered manager followed these policies to ensure that staff were treated fairly. We saw from staff personal files that poor performance was challenged by the registered manager. The registered manager told us that the staff member's performance had improved as a result.

The registered manager had implemented systems to ensure the smooth running of the service. All of the necessary health and safety checks were seen to be carried out in a periodic and timely manner. The registered manager completed monthly audits of systems within the home. The provider also conducted

regular 'spot checks' to ensure that systems were in place and were working appropriately. The registered manager was aware of the requirement for them to notify the Care Quality Commission or other agencies of all significant events within the service. We saw that where outside agencies had identified risks or required upgrades for improvements to the service, these had been addressed and implemented. For example the height of the banister had been increased to comply with changes to current legislation.