

Choice Support Charlton Road

Inspection report

30a Charlton Road
Blackheath
London
SE3 8TY

Website: www.mcch.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

30 Charlton Road is a care home providing accommodation and personal care support for up to four people with learning and physical disabilities. At the time of the inspection the home was providing care and support to four people.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

We found the outcomes for people using this service reflected the principles and values of Right support, right care, right culture. These included promotion of choice and control, inclusion and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Right support

People's care and support needs were assessed before they started to use the service. Risks to people had been assessed to ensure their needs were met safely. Staff supported people to achieve their aspirations and goals. Staff supported people to take part in activities and pursue their interests in their local area.

Right care

People received kind and compassionate care. Staff respected people's privacy, dignity and promoted their independence. Staff understood and responded to people's individual care and support needs. People had a choice about their living environment and were able to personalise their rooms. They had access to health care professionals when they needed them.

Right culture

People received good care, support and treatment because staff were trained in areas related to their care and support needs and they received regular supervision from the registered manager. People and those important to them were involved in planning their care. People, their relatives and staff views were considered through questionnaires and meetings. There was a complaints procedure in place in formats that people could understand.

We found breaches of our regulations because staff were not always following Government COVID 19 Guidelines (current on the first day of our inspection) by wearing appropriate PPE and ensuring visitors had completed COVID 19 tests.

We also found that records essential for the running of the service were not readily available to demonstrate people's care needs and safety was always effectively managed. We found no evidence during this inspection that people were at risk of harm from this concern.

The provider had safeguarding and whistleblowing procedures in place and staff had a clear understanding of these. People's medicines were managed safely. Appropriate recruitment checks took place before staff started working at the service. There were enough staff available to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's preferences for their end of life care was held in their care records.

The registered manager and staff worked in partnership with health and social care providers to deliver an effective service. There were systems in place to monitor the quality and safety of the service and any learning was identified and acted on. Staff said they received good support from the registered manager and deputy manager.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The last rating for this service was good (published 12 October 2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Charlton Road on our website at www.cqc.org.uk.

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 not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Charlton Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

One inspector carried out this inspection on both days of the inspection.

Service and service type

Charlton Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Charlton Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the relatives of three people who used the service about their experience of the care provided. We spoke with two members of staff., the area manager and the registered manager. We reviewed a range of records. These included three people's care records and medication records. We looked at staff records in relation to recruitment, training, supervision and other records relating to the management of the service, including policies and procedures and quality assurance records.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- People and staff were at risk of the spread of infection. Personal protective equipment (PPE) was available for staff and training records confirmed that staff had received training on COVID 19 and infection control. However, we observed that two staff were not wearing masks when we entered the home and a third staff member wore a mask underneath their chin.
- Although the inspector's body temperature was checked and recorded, they were not asked if they had completed a lateral flow test before or after entering the home on the first day of the inspection. At the time of the inspection the government guidance required lateral flow tests to be completed.

The failure to ensure people were protected from the risks of infection was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had an infection control policy in place.
- The provider was accessing testing for people using the service and staff.
- We observed the home was clean and there was a cleaning schedule in place.
- On the second day of our inspection we observed staff wearing masks appropriately during the time of our visit.

Visiting in care homes

There were no restrictions placed on people's relatives or health and social care professionals at the time of this inspection.

Assessing risk, safety monitoring and management

- Risks were managed safely. We checked people's care records and found risk assessments that ensured their needs were safely met. These included guidance from health care professionals advising staff how to support people with their needs safely. These guidelines referred to supporting people with risks relating to road safety, being left alone, support outside of the home, planning activities and communication.
- The registered manager was not available on the first day of our inspection however the deputy manager and another staff member demonstrated a good understanding of the risks people faced and the support they needed to stay safe.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Relatives told us their loved ones were safe and well looked after.

- There were safeguarding adults' procedures in place and staff had received training on safeguarding adults. Staff told us they would report any concerns about abuse to the registered manager. They also told us they would report to a safeguarding adult's helpline or the CQC if they needed to.
- The registered manager understood their responsibilities in relation to safeguarding and told us they would report any concerns immediately to the local authority and CQC.

Staffing and recruitment

- Staff were deployed effectively to meet people's needs. We observed people's needs were being met by the number of staff on duty. The registered manager told us they used a dependency tool to assess the number of staff that was appropriate to meet people's care needs safely.
- Relatives and staff told us there was enough staff to meet people's needs. A staff member said, "If people's needs changed the registered manager would make sure we have more staff."
- Appropriate recruitment checks were carried out before staff started to work at the service. This ensured people were protected from the risks of unsuitable staff.

Using medicines safely

- The provider had systems in place that ensured people received support from staff to take their medicines safely and as prescribed by health care professionals.
- People had individual medicine administration records (MAR) that included details of their GP and any allergies they had. Medicines stocks and balances were checked daily by staff and MAR were audited monthly by the registered manager to make sure they were completed in full and there were no gaps in recording.
- Records showed that staff responsible for administering medicines had received training and they had been assessed as competent to administer medicines safely.

Learning lessons when things go wrong

- The provider had systems for monitoring, investigating and learning from incidents and accidents.
- Incidents and accidents were recorded and monitored to identify any trends and actions were taken to learn lessons and to reduce the possibility of the same issues occurring again. For example, where a person had several falls the registered manager worked with the Community Learning Disability Team and made a referral to the local authorities falls team.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. The rating for this key question has remained Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's care and support needs, and preferences were carried out when they started using the service. However, staff did not have access to information relating to a person's care needs. This person had moved to the home in February 2022. We looked in this person's care records on the first day of our inspection and saw information that referred to the management of risks however, we found there were no care plans relating to oral health care, personal care, activities or eating and drinking available to staff to follow.
- The registered manager was not available on the first day of our inspection however the deputy manager and another staff member demonstrated a good understanding of this person's care and support needs. They told us about the support the person required for example with eating and drinking, cooking, oral hygiene and accessing the community. They confirmed there was nothing available for staff to follow advising them how to support the person with these tasks.
- On the second day of the inspection the registered manager told us the person's care and support needs had been assessed and documented but they had inadvertently been held on a private computer drive and staff did not have access to these records. This had placed the person at risk as staff may not have been fully aware of how to support the person with their assessed care and support needs. The registered manager showed us a file with detailed care plans and support guidelines for this person and confirmed that staff had access to these on the shared drive.
- Records showed that relatives and the community learning disability team and health care professionals had been involved in the care and support planning process. Relatives confirmed with us that they had been consulted about their loved one's care needs. This ensured the service could meet people's care and support needs.

Staff support: induction, training, skills and experience

- Staff had received the training and support they needed to perform their roles.
- Staff had completed an induction in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Training records confirmed that staff had completed training that was relevant to people's needs. This included supporting people with learning disabilities, epilepsy awareness, safeguarding adults, eating and drinking safely, medicines administration, health and safety, food hygiene, fire safety and equality and diversity.
- A health care professional (visiting to provide refresher training for staff related to a person's care needs)

told us, "This is quite a good home, we don't get many calls from them. The staff are confident and competent and know what we are doing. They are proactive in requesting further training."

- Staff told us they received regular supervision from the registered manager.

Supporting people to eat and drink enough to maintain a balanced diet

- People were encouraged to maintain a healthy balanced diet. A relative told us, "The staff make sure our loved one eats properly, they are helping them to have a proper diet."
- People's care records included assessments of their dietary requirements and the support they required from staff with eating and drinking.
- People were involved in choosing their food, shopping and planning for their meals. People received support from staff in preparing and cooking their own meals in their preferred way.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible. We saw that speech and language therapists had put plans in place advising staff on supporting people with eating and drinking. Staff told us in detail how they prepared people's meals and drinks so that they could enjoy their meals safely.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The home worked in partnership with GP's and other health and social care professionals to plan and deliver an effective service. Records showed these professionals were involved in developing support plans and guidelines to ensure people's care was delivered safely.
- People had health action plans and hospital passports which outlined their health care and support needs for professionals. This information was available and shared with health care services such as hospitals when this was required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's capacity to make decisions was assessed and retained with their care records. Best interest decisions were made, documented appropriately and followed by staff.
- The registered manager demonstrated a good understanding of the MCA. They provided us with evidence confirming they were working closely with the local authority DoLS team where applications had been made to deprive people of their liberty.
- Staff had completed MCA training. They told us they sought consent from people when supporting them and they respected people's decisions.

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

- The service was suitably adapted to meet people's needs. People were encouraged to decorate

communal areas and their bedrooms with items specific to their individual taste and interests. Relatives told us their loved one's rooms were decorated to reflect their personalities.

- People were accommodated in a building designed specifically for their needs. The home was wheelchair accessible, there was an adapted vehicle to support people out into the community, some people used ceiling hoists in their bedrooms and bathrooms, and we saw people's names and photographs on their bedroom doors to aid orientation
- There was a garden at the rear of the service with suitable furniture for people to enjoy.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. The rating for this key question has remained Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's care records referred to their likes and dislikes, cultural and religious needs and their gender preference for personal care and support.
- A relative told us, "There are plenty of kind and caring staff here. Our loved one is well cared for." Another relative told us, "Our loved has everything they need and is very happy here. They seem to be settling well which is a big relief to us."
- Training records confirmed that staff had received training on equality and diversity. Staff said they were happy to support people with their diverse needs. A member of staff told us they were happy to support people no matter what their needs were, and they would never discriminate.

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

- Assessment records showed that people and their relatives had been consulted about the support they received.
- Care records included monthly keyworker documents. These recorded discussions between people and staff about their wishes and plans on how to achieve them.

Respecting and promoting people's privacy, dignity and independence

- We observed people and staff looking comfortable in each other's presence. Staff treated people with care and respect, and it was clear that staff were communicating with people in way they understood.
- Staff told us they made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their rooms. They explained to people what they were doing whilst carrying out personal care tasks.
- Staff told us they encouraged people to be independent by supporting them to manage as many aspects of their own care that they could.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Good. The rating for this key question has remained Good.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that met their needs. People had care plans that described their health and social care needs and included guidelines for staff on how to best support them. Care plans reflected the principles and values of right support, right care, right culture. Care records referred to promoting people's independence and their inclusion within the local community.
- Care plans were person centred and evidenced that people, their relatives and health care professional had been involved in the process. The plans were kept under review and changed as people's needs changed. One relative told us, "We planned for our loved one's care needs with the day service and the home before they moved in. The staff asked us, and we told them all about our loved one and what they needed." Another relative commented, "I always give my opinion on my loved ones needs."
- Staff had a good understanding of people's care and support needs. They were able to tell us in detail about people's individual needs and how people liked to be supported. For example, a member of staff told us how they supported a person with eating and drinking safely and another staff member told us how they supported people in the community.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in a range of activities that were of interest to them. A relative told us the staff were helping their loved one to become more independent with their personal care tasks. Their loved one was going out into the community with staff and was getting to do more things. Staff told us how they supported people to take part in activities of daily living such as cooking, laundry a keeping the home tidy.
- We saw people had individual activities planners. Activities for people included attending social clubs, visiting with family, personal shopping, cooking, cinema and trips out in the home's wheelchair adapted transport. In house activities included puzzles, games and movie nights. We observed people reading and using computer tablets. People were supported to go to venues in the local community such as the barbers and hairdressers, cafes, library and garden centres.
- On the second day of the inspection people were preparing to attend a barbeque arranged by a person's family member.
- The registered manager and relatives confirmed with us that people had planned together with staff to go away on holiday in November and all the arrangement had been made.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to

do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed when they started to use the service.
- We observed that information was provided to people in ways they understood. We saw that the providers complaints procedure and activities plans were provided in an easy read and picture format.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place.
- Records showed that when a complaint was raised it was investigated and responded to appropriately. Discussions were held with the complainant to ensure they were satisfied with how their complaint was handled.

End of life care and support

- The provider had systems in place to support people with end of life care. The deputy manager told us none of the people currently using the service required support with end of life care. They told us, when required, advice was available from the GP and a local hospice to help ensure people received appropriate end-of-life care.
- We saw people's care records included completed sections on how they would like to be supported at the end of their lives.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a lack of consistent oversight of the service in the registered managers absence. On the first day of the inspection we found records essential for the running of the service were not available to staff, the deputy manager, the area manager or the providers quality team. Records relating to a person's care needs, DoLS, auditing and staffing records were either locked in a cabinet or held in the registered managers computer. This inhibited the safe administration of the service.
- The governance systems in place had not identified or addressed that staff were not adhering to good IPC practice.

The failure to ensure records essential for the running of the service were readily available to staff placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had a registered manager in post. Staff were positive about how the service was run and the support they received from the registered manager. A staff member told us, "I feel well supported by the registered manager, he always tries to help. He communicates well with the team."

Continuous learning and improving care

- The registered manager recognised the importance of regularly monitoring the quality of the service. They undertook regular monthly managers checklists that covered areas such as people's support plans, risk assessments, medicines, health and safety and staff training.
- The registered manager told us they were well supported by the provider. There were regular team meetings with the area manager and the other registered manager talk about any issues or concerns and to share good practice.
- The provider had a business continuity plan in place for managing the service in an emergency or in case of an infectious disease outbreak.
- The registered carried out unannounced 'night-time spot checks' on staff to make sure that care was provided for people safely. During spot checks they checked if staff carried out the tasks recorded in people's care plans.
- The provider carried out annual quality assurance audits at the service. We saw a quality review report with an action plan following an audit in August 2021. This had identified areas for improvement. These included for example, building on monthly keyworker meetings to help identify and develop goals for

individuals. These were used link with any objectives set at staff supervision.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives spoke positively about the service. One relative told us, "The home seems to be well run and organised. We didn't know what to expect when our loved one moved in as I had never been to a care home before but it is nice here."
- The provider sought people and their relative's views about the service through questionnaires and meetings. A person's relative had commented they were happy with the way staff were interacting with their loved one and they were happy with the service provided by staff.
- A monthly service user meeting in September 2022 was attended by people and staff. Items discussed included activities and preparing and cooking meals. The minutes included people's comments which confirmed they were happy with the service.
- The provider also sought the views of visiting professionals. A visiting professional commented that staff were always helpful and attentive. People using the service were always engaged and being cared for.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated a clear understanding of their responsibility under the duty of candour. They told us they were always open and honest with family members and professionals and took responsibility when things went wrong.

Working in partnership with others

- The registered manager told us they were worked in partnership with other agencies, including the local authority and health and social care professionals to ensure people received safe and effective care.
- The registered manager regularly attended provider forums run by the local authority where they learned about and shared good practice. They told us they found the forums helpful and had used their learning to improve the service. For example, they learned about and had used a service that provides a digital projector with programmes for activities for people to use in the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The failure to follow government guidance on COVID 19 placed people using the service and staff at risk of the spread of infection.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The failure to ensure records essential for the running of the service were readily available to staff placed people at risk of harm.