Mr & Mrs J Addle

# Charlton House Residential Care Home

## Inspection report

High Street
Wickwar
Wotton Under Edge
Gloucestershire
GL12 8NP

Tel: 01454294167

Date of inspection visit:
14 July 2016

Date of publication:
19 August 2016

## 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? | Requires Improvement |

# Summary of findings

## Overall summary

The inspection was unannounced. Charlton House Residential Care Home is registered to provide accommodation and personal care for up to four older people. At the time of our inspection there were four people in residence. The service was also the family home for the provider/registered manager. Three of the bedrooms had en-suite facilities and the forth bedroom was located next to the bathroom.

There was a registered manager in post. One of the registered providers was also the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. They were available on the day of our inspection.

Although the service was well led and the registered manager provided good leadership and management, the arrangements in place to assess, monitor and improve the quality of the service were unsatisfactory. There had been no consideration given to how people would be looked after if the registered manager was unwell and could not work. Although people were satisfied with the service they received, there were no records of any feedback they had provided about the service they received.

Both the registered manager and the one member of staff were aware of their responsibilities to protect people from coming to harm and knew how to raise and report concerns. The registered manager would benefit from refresher training with the local authority. The registered manager was 'on duty' each day and overnight and during weekday mornings there was one other care assistant. The people in residence at the time of the inspection were fairly independent and these staffing levels were sufficient. The registered manager administered people their medicines as prescribed by the GP and arranged for the repeat prescriptions when these were due. Medicines were well managed.

The induction training programme for the care assistant was basic and did not meet the requirements of the Care Certificate that was introduced in April 2015. The Care Certificate is a set of standards that social care and health workers must work to in their daily working life. However, the care assistant worked with the registered manager at all times and had already commenced a diploma in health and social care.

Any risks to people's health and welfare were assessed as part of the care planning process. People received the care and support that met their specific needs. People were assessed to check they were able to give consent and made decisions about their day to day life. The registered manager was familiar with the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This is legislation to ensure people were not deprived of their liberty when they could not give consent. Those people in residence at the time of the inspection were able to consent to be looked after at Charlton House.

People were satisfied with the meals and the drinks they were served with. Any preferences and dislikes of food they had were taken in to account. Where there were concerns about how much a person ate or drank they consulted with the person's GP. Arrangements were made for people to see their GP and other health

and social care professionals as and when they needed to.

Both the registered manager and the care assistant had good relationships with the people they looked after. We found both to be kind, caring and friendly. People were encouraged to express their views and opinions but records were not kept of any feedback people provided. They said they were listened to and were involved in making decisions about their care and support.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## 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.

The two staff were aware of their responsibilities to safeguard people and to report any concerns. The staffing levels were sufficient. People's care and support needs could be met.

Staff recruitment procedures were safe and ensured unsuitable staff were not employed. The management of medicines was safe.

### Is the service effective?

Good

The service was effective.

People were looked after by staff who had the necessary skills to meet their needs. The training programme covers the basics only but is adequate as people have minimal care needs.

People were asked for their consent before being offered care and support. The service was aware of the principles of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.

People were provided with sufficient food and drink. They were supported to access healthcare services and to maintain good health.

### Is the service caring?

Good

The service was caring.

People were treated with kindness and patience. They were satisfied with the way they were looked after and were at ease with the staff.

People were generally independent but were provided with the level of support they needed. Their personal choices and preferences were taken account of and they were involved in making decisions about their care.

### Is the service responsive?

Good

The service was responsive.

People received the care and support they required and wanted. Their care needs were kept under review and the care provided changed as and when needed.

There was currently no social events arranged for people to participate in but this was at the request of those in residence. People were listened to and said the staff responded to any comments they made.

## Is the service well-led?

**Requires Improvement**

The service was not well-led in all areas.

There was no formal procedures in place to assess and monitor the service and ensure it met the legal requirements.

The registered manager provided good leadership and management for the other staff member and was in day to day charge of the service. No consideration had been given to how the service would continue if events occurred that stopped the smooth running of the service.

# Charlton House Residential Care 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

When we inspected the service in September 2013 we found there were no breaches of the legal requirements.

We inspected this service on 14 July 2016. The inspection team consisted of one inspector. Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We had asked the provider to submit their Provider Information Record (PIR) and this was done in November 2015. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

During the inspection we spoke with three of the four people who lived in the home. Each person was able to express their views verbally and tell us about their experience of living at Charlton House. We spent time with the provider/registered manager and the one member of care staff. We looked at four people's care records, one staff recruitment file and the training records and other records relating to the management of the service.

Following the inspection we contacted three healthcare professionals and asked them to share their views about how their patients were looked after. You can see what they told us in the main body of the report.

Good

# Is the service safe?

## Our findings

People said, "I am perfectly safe here. I can always call for help", "I don't have to worry about a thing living here" and "Everyone is very kind to me. The young girl is very gentle and caring". One of the healthcare professionals said they were not at all concerned about the safety of their patients.

Both the provider/registered manager and the one member of care staff had completed safeguarding training. However the registered manager had not done any recent safeguarding training (first in 2002 and then again in 2008). We would recommend the registered manager contact South Gloucestershire Council and arrange to attend the safeguarding training aimed at managers of care services. The registered manager and the staff member were aware of their responsibility to protect people from being harmed. They would report any concerns they had to the local authority, the Police or the Care Quality Commission. The contact details were kept in the general information file along with other day to day paperwork.

We looked at the recruitment procedures the registered manager used and found these to be safe. This meant unsuitable staff could not be employed. An application form had been completed and written references obtained. A DBS check (Disclosure and Barring Service) was in place. The DBS allows employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people.

The four people in residence had minimal care and support needs and to a certain extent were independent. Generic risk assessments had been undertaken in respect of things like using the stair lift, having a bath and using the bath seat and being in the communal areas of the home. These provided adequate information. Each person needed minimal support with bathing, occasional help to get up from a chair or to use the stair lift. Personal emergency evacuation plans (PEEP's) were in place for each person and recorded what support they would need in the event of a fire. These documents were kept with the person's care records but not kept altogether in a designated place for example by the fire panel.

The fire risk assessment report for the premises was written in 2008 but had been reviewed on a yearly basis. The fire officer who visited in February 2016 had been satisfied with the fire risk assessment. In addition a fire service familiarization and safety visit had taken place on 3 May 2016 and they reported "a satisfactory standard of fire safety was evident".

The premises were well maintained and there were no obvious health and safety risks. The registered manager made visual checks of the premises every day and arranged for repairs and maintenance to be carried out when needed. The fire records were all in order. Weekly checks of the fire alarm system, the automatic doors and the smoke/heat detectors had been completed. The fire alarm system, emergency lighting and fire extinguishers had been serviced in February 2016. The care assistant told us they had received fire training. All hot water outlets were fitted with temperature valve regulators and water was delivered at a maximum of 43°C. The temperature of the bath water was checked before each person had a bath to ensure the water was not too hot.

At the time of the inspection the needs of the people in residence were minimal and their care and support needs were able to be met by one member of staff. The service was also the home of the provider/registered manager and they were available 24 hours per day, seven days a week. There was one care assistant employed who covered day time hours. Two of the people we spoke with said when they needed help they received the support they required. Overnight the four people were able to call the registered manager if they needed assistance. There was no use of agency staff. This meant that people were looked after by staff who were familiar with their needs and preferences.

The management of medicines was safe. The registered manager was in sole charge of the medicines and administered people's medicines according to the GP's prescription. They were responsible for re-ordering medicines on a four weekly basis, for their safe storage and also for the disposal of any medicines no longer required. People told us they received their medicines when they were due. The service had a homely remedy policy and this listed four specific 'over the counter' medicines the registered manager could administer to people without a prescription. This had been agreed by a GP, was last reviewed in 2014, however that GP no longer had patients at the home.

Good

# Is the service effective?

## Our findings

People said, "I get the help I need", "The food is very good", I am helped to have a bath" and "I have lived here a long time, this is my home. I get regular visitors and they are happy I am well looked after".

The service employed one member of care staff who received a basic induction training programme at the start of their employment. The programme covered instructions about the premises, fire safety, health and safety issues, work routines and cleaning schedules. The government had introduced the Care Certificate in April 2015 to be completed by all 'new to care' care workers but the registered manager was not familiar with this. The programme had to be completed within 12 weeks of the start date of their employment and ensured all social care and health workers worked to a set of standards in their daily working life. However because of the size of this service and the fact the care assistant always worked with the registered manager, the level of training was adequate. The care assistant was working towards achieving their level two diploma in health and social care qualification. The registered manager is a qualified nurse and has completed the registered manager's award training. However their training record showed they had not done any training since 2014 (food hygiene).

It was evident the registered manager and the care assistant had a good working relationship and supported each other to do their jobs. When the care assistant came on duty they were advised of any changes in peoples' health or welfare and any events that were happening during their shift. The supervision and support for the care assistant was provided on an informal basis by the registered manager and they felt this was sufficient.

The registered manager was aware of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) but had not attended any training. They had guidance documents that set out the principles of the Act. MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. DoLS is a framework to approve the deprivation of liberty for a person when they lacked the capacity to consent to treatment or care. The care assistant was aware of the need to ask for a person's consent before they provided any care. People in residence at the time of the inspection were able to consent to be looked after at Charlton House.

As part of the assessment and care planning process, the person's ability to make their own decisions is determined. Throughout the inspection we heard people being asked to give consent and to make decisions about things that affected their daily lives. In our discussions with people we found them each to be fully compus mentus.

People were assessed to find out what they would like to eat and drink and their preferences were recorded. The registered manager planned a weekly menu and took into account each person's dietary requirement. The registered manager talked about one person whose dietary intake was giving cause for concern. They had been weighed regularly and there was a slight weight loss noted each month. The GP and family were fully aware of the situation. The registered manager and care assistant monitored how much was eaten throughout the day as often they declined to eat at lunch time. We heard this person being offered

alternatives during our visit.

People said they were provided with plenty of food and drink. They said, "X (the registered manager) is a very good cook. I am really enjoying my meals", "We can ask for a cup of tea at any time" and "I enjoy the meals and I have asked if I can have my midday meal a little later than the others". People were able to choose whether they had their meals served in the room or in the dining room. One person told us, "They bring all my meals up to my bedroom, they know this is what I want".

Each person was registered with the GP practice of their choice. If people were unwell, arrangements would be made for the person to attend the surgery or the GP would be asked to make a home visit. One healthcare professional told us the registered manager was always available, was helpful and knowledgeable about their patients. People were supported to see opticians, dentists and chiropodists, social workers, occupational therapists and physiotherapists as needed. District nurses visited when people had nursing care needs, for example blood tests, wound care management or catheter care.

Good

# Is the service caring?

## Our findings

The aim of the service was to provide a homely atmosphere with individual attention, care and dignity to each person. People said, "The staff are very nice", "I am quite content. I have lived here a long time and am quite settled. The manager is lovely to me" and "The young girl comes in and chats with me which is nice".

Both the registered manager and the care assistant spoke about the four people in a kind and respectful manner. They were aware of the different ways people liked to be looked after. They called people by their first name and said they had been asked by what name they wanted the staff to use. Staff provided support that took account of people's specific wishes and what was important to them. Both were committed to treating people well and respected the decisions they made.

The four people who lived in the service were fairly independent and had minimal care needs. They each spent most of their day in their own private bedroom and there was no social interaction between the four individuals. The registered manager was concerned that people did not use the communal lounge and only two had their meals served in the dining room (at separate times at the request of one person) however respected their decisions. One person told us, "I don't want to do a lot of things now. I am quite happy doing nothing". Another person said, "They respect my need for privacy". As a result of this the home was very quiet and calm. We did however observe a number of caring interactions between the registered manager and the care assistant and the people living in the home.

Although the service was also the provider's home, people's families and friends were able to visit at any reasonable time. The registered manager explained three people had family who visited regularly whereas the forth person did not.

The registered manager said they would aim to continue looking after people if their health deteriorated and they had end of life care needs as long as this was feasible. Healthcare professionals would need to support the registered manager to be able to achieve this and families would be asked to help out if this was needed.

Good

# Is the service responsive?

## Our findings

The most recent new admission to the service had been in February 2016. A pre-admission assessment of a person's care needs had been undertaken before they were offered a placement to ensure the service was able to meet their care and support needs. This also ensured that any specific equipment was available. The registered manager showed us the equipment that had been placed in the person's bedroom to enable them to get out of bed independently. Information gathered in the assessment process was used to develop a plan of care. Care plans provided details about people's personal care needs, mobility, eating and drinking, any personal safety issues and night care needs.

We looked at the care plans for each person who lived at the service. Although they only recorded very basic information they provided sufficient detail about how the person's particular care needs were to be met. Two people told us they were,"more than satisfied with the way I am looked after" and "I was asked how often I wanted to have a bath and I said weekly". The third person just said, "I get all the help I need". The plans were kept under review. One person who had lived at the service since 2010 had a new care plan that had been written in January 2016.

People were asked about what was important to them and any personal preferences they had. The registered manager had tried to organise more social interaction between the four people but this was not what they wanted. One person told us they had previously lived in another care service where a lot of social activities were arranged each day. They chose not to participate in them and said, "At Charlton House it is quiet and peaceful and much more to my liking". The registered manager did not arrange 'residents' meetings as these were not appropriate. However, they did make sure they heard the person's voice and acted where needed. Because of the smallness of the service each person was seen and spoken with every day by the registered manager. One healthcare professional said the service had responded well to a change in one person's condition and called the surgery appropriately for advice and to request visits.

People we spoke with felt able to raise any concerns or complaints they had with the registered manager. They said they were listened to. One person said they had told the registered manager about the hot water tap they were having difficulty using. This was discussed with the registered manager during the inspection who said arrangements had already been made to look at the tap. Comments we received included, "I am quite content but would say if I wasn't happy", "We are looked after very well and there is nothing to complain about". The registered manager told us people were asked to share their views or make comments whilst they were being attended to. People and their families were provided with a copy of the complaints procedure and this was also displayed in the hallway. The service had received no complaints in the last 12 months.

Requires Improvement

# Is the service well-led?

## Our findings

This is a small residential care home for up to four older people run as a family business. One of the named providers is also the registered manager and they provide the main bulk of the care and support to the four people. They are 'on duty' 24 hours per day, seven days a week. There is one employee who works from 8am-1pm each weekday. The leadership and management of the service was provided by the provider/registered manager.

Prior to our inspection, the provider/registered manager had submitted the provider information return (PIR). This is a document that asks the provider to give some key information about the service, tells us what the service does well and the improvements they planned to make. The PIR submitted by the provider lacked any details. Although the registered manager was aware of the Health and Social Care Act 2008, they were unfamiliar with the key lines of enquiry we use as a framework for our inspections. There was no information in the PIR to show that the registered manager had assessed their performance against the regulations. For example the improvements they had planned to make the service better led just said "ongoing". The completion of the PIR was the providers opportunity to tell us how they met the regulations of the Health and Social Care Act 2008. The provider had a legal responsibility to assess the quality of the service and to monitor progress against their improvement plans.

Improvements were needed to ensure that the service was well led. The service did not have a business continuity plan in place. The provider/registered manager had not considered what would happen in the event of fire, flood, or loss of utility services. Since the registered manager delivered the majority of care and support to the four people in their care, there was no plan in place if they were unwell and could not work.

The policies and procedures manual was disorganised and contained significant amounts of out of date information. Many of the policies had not been reviewed since 2014 and before then had only been marked as 'reviewed' and dated. The complaints policy and procedure referred to the previous Commission (Commission for Social Care Inspection) and stated they would investigate any formal complaint. This was incorrect information as the provider was responsible for dealing with any complaints made about their service. The policy in respect of the suspected abuse of vulnerable adults contained the incorrect contact details for the local authority. The policies were not aligned to the fundamental standards and the Health and Social Care Act 2008.

In the manual there was a document titled 'annual development plan for quality assurance' but this was blank. There were no processes in place to assess and monitor the quality of the service and to make improvements where needed. No evidence of any health and safety audits of the premises had been carried out however the building was also the family home of the providers. No accidents or incidents had been logged in 2016 and there had only been one in the whole of 2015. The previous two years there had only been one recorded accident in each year. Despite the low level of accidents the registered manager did not have systems in place to analyse these events or other happenings and then drive any improvements needed.
This is a breach of regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Good Governance

Despite there being no formal process of audits and checks in place there was no impact upon the people who lived in the service. They were satisfied with the level of support they were receiving.

The registered manager was aware when notifications had to be sent to CQC. A notification is information about important events which had happened in the service and providers were required to send us by law. CQC used the notification process to monitor the service and to check how any events had been handled. In the last 12 months the service had not needed to send in any notifications.

A copy of the complaints procedure was displayed in the hallway. The procedure stated how any complaint would be handled and the timescales in which a response would be made to the issues raised. The registered manager had not received any complaints in the last 12 months and CQC had not been notified of any concerns either. However the registered manager did not record any grumbles or minor concerns raised and may be missing an opportunity to make any changes based on people's views and opinions. However people were satisfied with the service they received and the way they were looked after.

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 17 HSCA RA Regulations 2014 Good governance<br><br>The registered person must have systems in place to assess, monitor and improve the quality and safety of the service provided. There were no formal processes in place meaning that shortfalls may not be identified and improvements not implemented.<br><br>Regulation 17) (1) and (2) (a). |