

Songbird Hearing Limited

Charing Court Residential Home

Inspection report

Charing Court
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Charing
Kent
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21 September 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 19 and 21 September 2018 and was unannounced.

Charing Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Charing Court can accommodate 33 people. At the time of our inspection there were 30 people living at the service.

Accommodation is spread over two floors in a large detached property. There were two communal lounges, a dining room and conservatory where people could choose to spend their time.

There was no registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run. A new manager had been appointed in February 2018, they had applied to CQC to become registered as the manager at the time of this inspection.

Charing Court was last inspected January 2018. At that inspection it was rated as 'Inadequate' overall. We inspected two of our key questions; Is the service safe and Is the service well-led. Previously, the service was inspected in August 2017 and was rated required improvement in each key question.

A number of new and continued breaches of regulation were found during our inspection in January 2018 and the service was placed in special measures. Following the last inspection, we met with the provider to confirm what action they would take and by when to improve all of the key questions to at least good. Subsequently the provider sent us an action plan, detailing the improvements they were making.

At this inspection we found many improvements had been made, however some areas continued to require improvement.

At this inspection we found that recruitment systems were not consistently robust. We reviewed recruitment records for staff, and found that safe processes had not always been followed. During the inspection the manager acted to address the shortfalls.

People were encouraged to eat and drink enough and were offered choices around their meals and hydration needs. Staff understood people's likes and dislikes and dietary requirements and promoted people to eat a healthy diet. Some people required their food intake to be monitored; staff were completing this but not consistently. This is an area for ongoing improvement.

Quality assurance audits had been introduced and were carried out to identify any shortfalls within the service and how the service could improve. Action was taken to implement improvements. Their

effectiveness to ensure they are embedded into the service is an area for ongoing improvement.

People were supported to have maximum choice and control of their lives. In addition, the registered persons had taken the necessary steps to ensure that people only received lawful care that was the least restrictive possible. However, we have recommended that the manager follows national guidance when submitting Deprivation of Liberty Safeguard (DoLS) applications.

The management team were not aware of, and therefore had not considered the Accessible Information Standard (AIS). AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We have recommended that the provider seeks advice and guidance from a reputable source on implementing AIS.

The care and support needs of each person were different, and each person's care plan was personal to them. People had detailed care plans, risk assessments and guidance in place to help staff to support them in an individual way.

The service was not currently supporting anyone at the end of their life. The service had begun to discuss and record people's end of life wishes, however, improvements were needed to ensure they were person centre and detailed.

At our previous inspection medicines were not consistently managed safely. At this inspection we found that improvements had been made and medicines were now managed safely.

There were sufficient staff on duty to meet people's needs. People told us they felt there were enough staff and they didn't have to wait long when they needed help.

At this inspection we found that people were protected from the risk of abuse. Staff had received safeguarding training. They were aware of how to recognise and report safeguarding concerns. Staff knew about the whistle blowing policy and were confident they could raise any concerns with the provider or outside agencies if needed.

Equipment and the premises received regular checks and servicing to ensure it was safe. The manager monitored incidents and accidents to make sure the care provided was safe. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do. Suitable arrangements were in place to prevent and control infection and lessons had been learned when things had gone wrong.

Staff completed induction training when they first started to work at the service. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs. Staff continued to receive training to ensure their skills and knowledge were current.

At this inspection staff worked well together and ensured that clear communication between themselves and external health professionals took place; for example, with care managers, commissioners, GP's and district nurses. There were staff meetings, so staff could discuss any issues and share new ideas with their colleagues, to improve people's care and lives.

Care was delivered in a way that promoted positive outcomes for people and care staff had the knowledge and skills they needed to provide support in line with legislation and guidance. This included respecting people's citizenship rights under the Equality Act 2010. Suitable steps had been taken to ensure that people

received coordinated care when they used or moved between different services. People had been supported to access any healthcare services they needed. The accommodation was designed, adapted and decorated to meet people's needs and expectations.

Staff encouraged people to be involved and feel included in their environment. People were offered varied activities and participated in social activities. Staff knew people and their support needs well. Staff were caring, kind and respected people's privacy and dignity. There were positive and caring interactions between the staff and people and people were comfortable and at ease with the staff.

Staff told us they felt supported by the manager to make sure they could support and care for people safely and effectively. Staff said they could go to the manager at any time and they would be listened to. People who lived in the service and members of staff were engaged in developing the service. There were systems and procedures to enable the service to learn, improve and assure its sustainability. The manager was working in partnership with other agencies to support the development of joined-up care.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

We found a continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of this 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?

The service was not always safe.

Recruitment systems did not consistently ensure staff were recruited safely.

People were protected from the risks of avoidable harm and abuse. Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe.

Accidents and incidents were documented and analysed to look at ways of reducing the chance of them happening again. Risks to people were assessed and managed to ensure their health and safety.

Since our last inspection the management of medicines had improved and people now received their medicines when they needed them and in a way that was safe. They were stored safely.

There were enough staff appropriately deployed to keep people safe.

Requires Improvement 

Is the service effective?

The service was mostly effective.

People were provided with a range of nutritious foods and drinks; improvement was needed to ensure the consistent completion of monitoring charts.

Deprivation of Liberty applications were submitted but not always in line with national guidance.

Staff understood the importance of gaining consent and giving people choice. People's health was monitored and staff ensured people had access to external healthcare professionals when they needed it.

Staff received training and support to enable them to carry out their roles effectively.

Requires Improvement 

Care was delivered in line with national guidance and people needs were assessed.

The premises were designed, adapted and decorated to meet people's needs and wishes.

Is the service caring?

Good ●

The service was caring.

Staff spoke with people in a caring, dignified and compassionate way.

Staff supported people to maintain contact with their family.

People were treated with kindness, respect and dignity.

Staff took the time needed to communicate with people and included people in conversations.

Is the service responsive?

Requires Improvement ●

The service was mainly responsive.

The service was not supporting anyone at the end of their life; improvements were needed to ensure end of life care planning was person centred.

The management were not aware of, and had not considered, the Accessible Information Standard.

People's care and support was now planned in line with their individual care and support needs. Staff had a good understanding of people's needs and preferences.

People were supported to take part in a wide range of activities that they chose.

There was a complaints system and people knew how to complain.

Is the service well-led?

Requires Improvement ●

The service was mostly well-led.

Regular audits and checks were now undertaken at the service to make sure it was safe and running effectively. They had identified

most shortfalls.

There was a manager in post, they had applied to be registered with the CQC.

Feedback had been sought and responded to.

The manager understood their regulatory responsibility and had submitted statutory notifications as needed.

People, their relatives and staff were positive about the leadership at the service. Staff felt supported by the management.

Charing Court 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.

This inspection took place on 19 and 21 September and was unannounced. The inspection team consisted of two adult social care inspectors and an expert-by-experience on the first day. The expert-by-experience had personal understanding of older people and those living with dementia. On the second day there was one adult social care inspector.

Before our inspection we reviewed the information we held about the service including previous inspection reports. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. As part of our monitoring of services in special measures, the provider had been submitting an action plan each fortnight, we also used this to form part of our planning.

We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met and spoke with 11 people who lived at Charing Court and observed their care, including the lunchtime meal, medicine administration and activities. We spoke with three people's relatives throughout both days. We inspected the environment, including communal areas, bathrooms and some people's bedrooms. We spoke with five staff, the manager, the provider and the providers consultant. After the inspection we spoke with one healthcare professional.

During the inspection we reviewed five people's care plans and associated records. We also looked at other records, these included staff training and supervision records, staff recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures.

We displayed posters in the communal areas of the service inviting feedback from people and relatives. Following this inspection visit, we did not receive any further feedback.

Is the service safe?

Our findings

At our last inspection in January 2018 we had ongoing significant concerns about the safety of the service in many areas. The registered provider had not established suitable arrangements to assess, manage and reduce risks to people's health and safety so that they consistently received safe care and treatment. In addition, medicines had not been safely managed, suitable steps had not been taken to ensure people were protected from abuse and improper treatment, robust recruitment systems were not in place and lessons had not been learnt when things had gone wrong.

At this inspection we found many improvements, although some areas required further improvement.

At our last inspection staff had not always been recruited correctly and the required checks had not always been fully completed. Despite some improvements at this inspection, this remained an area for ongoing improvement. For example, gaps in employment histories had not been explored in two files and one member of staff did not have appropriate references on file.

The failure to operate a robust recruitment process is a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection the manager acted to rectify these issues, and showed us a new application form designed to reduce the chance of these shortfalls occurring again. Files contained the required health checks and Disclosure and Barring Service (DBS) background checks. DBS checks help employers to make safer recruitment decisions.

Medicines were not safely managed at our last inspection. At this inspection we found many improvements; issues we had highlighted at our last two inspections had been addressed, or were in the process of being addressed. Medicines were stored securely in a small but tidy room. A cooler unit had been installed; this helped to ensure that the temperature did not rise above acceptable levels. Temperatures were monitored and recorded daily. The medicines fridge had also been replaced.

People received their medicines when they needed them and in the way they preferred. Medicines were properly labelled, prescribed to individuals, in-date and where appropriate, dated upon opening. Stock was managed well so that people were not left without medicines they needed. Medicine records were completed fully and accurately and contained photos to help staff ensure the right person received their medicines. Charts were in place for people who required transdermal patches (medicine applied by an adhesive patch on the skin), they were clear and showed that patches were rotated in line with guidance.

Some people had 'as and when required' (PRN) medicines; the manager and senior staff were in the process of implementing directions for staff to follow, to help ensure people were regularly offered pain relief or laxatives, with proper time gaps between doses. Lockable storage had been ordered for people's en-suites or bedrooms to ensure that prescribed creams and lotions could be stored securely. These areas continued to require improvement and is something we will follow up at our next inspection.

At this inspection we found that the manager was clear about their responsibility around protecting people from harm and they had contacted the local authority safeguarding team where appropriate. Safeguarding and whistleblowing policies and procedures remained in place for staff to follow and staff had received training. Staff could tell us how they would recognise and respond to abuse, and were confident that any concerns they raised would be taken seriously and investigated by the management team, to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly. People and their relatives told us they felt safe living at Charing Court, one person told us, "I felt safe from the moment I came here. There is 24/7 service. Nothing makes me feel unsafe." A relative commented, "I feel my mother is one hundred percent safe since the changes this year. There are now a lot more staff."

At our last inspection, people were at risk from unsafe care and treatment because there was not clear and specific guidance for staff to follow. At this inspection, we noted that care plans and risk assessments had been reviewed and updated and considered a number of risks including falls, skin integrity and communication. There was guidance for staff regarding how to support people who were living with potentially unstable healthcare conditions such as diabetes or epilepsy. For example, when people were living with diabetes there was information for staff regarding signs if people's blood sugar levels were too high or too low and what action they should take. There was now clear guidance for staff to follow when supporting people with epilepsy, this included potential triggers, signs and symptoms and what the persons epileptic seizure may look like. There was clear guidance about what action to take to support the person during and after a seizure. At our last inspection catheter care plans were in place, although they only provided generic guidance for staff. At this inspection there was clear and specific guidance for staff to follow.

We reviewed staffing rotas for the four weeks prior to our inspection and found that levels matched those that we had been told about. During the inspection the staffing levels matched the number of staff on the duty rota and there were enough staff available to meet people's individual needs and keep them safe. Staff were not rushed during the inspection and told us they felt staffing levels were appropriate. At times gaps on the rota were covered by agency staff, the manager told us that they had asked the agency to provide consistent staff to cover shifts, this helped to ensure continuity for people.

The manager told us that they did not use a formal dependency tool, however, staffing levels were determined according to the needs of people, and were flexible to allow for supporting people to appointments or different events. We recommend that a formal dependency assessment tool be introduced in order that the registered persons can clearly demonstrate that assessed staffing levels meet individual needs.

At our last inspection we had concerns that people were not sufficiently protected by robust measures to prevent the spread of infection. At this inspection we found that the premises were clean and well maintained. Measures were in place to prevent and control the spread of infection. These included the manager assessing, reviewing and monitoring practice to ensure that good standards of hygiene were maintained in the service. Many improvements had been made to the environment since our last inspection, for example, several bedrooms and the main communal areas had been completely redecorated and a small room had been made into a computer room with laptop for people to make use of. We were told about ongoing plans for further works.

Accidents and incidents involving people were recorded and the manager reviewed these reports to ensure that appropriate action had been taken following any accident or incident to reduce the risk of further occurrences. People had a personal emergency evacuation plan (PEEP). A PEEP sets out specific physical

and communication requirements that each person has, to ensure that they can be safely evacuated from the service in the event of an emergency. The business continuity plan detailed the steps staff should take to keep people safe in the event of emergencies.

There were records to show that equipment and premises checks took place to help ensure the safety of people, staff and visitors. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they had been reported. Portable electrical appliances and firefighting equipment were properly maintained and tested. Health and safety audits were completed and that these were reviewed by management to see if any action was required. These checks enabled people to live in a safe and suitably maintained environment.

Is the service effective?

Our findings

Staff completed regular assessments of people's ongoing needs using recognised tools. These included Waterlow assessments (to assess the risk of people developing pressure wounds or skin breakdown) and a malnutrition universal screening tool to identify people at risk of losing weight. Specialist mattresses and cushions were used to help support people who were at risk of developing pressure wounds. Where concerns were identified around how much people ate or drank, records were made. This enabled staff to track how much people ate and formed a starting point for dieticians to decide if fortified or food supplements were required. Although these were being completed, staff were not completing them consistently with the same information. For example, some staff were recording the exact meal whereas others were only recording the amount eaten. Recording both the meal and amount eaten would provide more consistent and helpful information. We discussed the need for these charts to be completed consistently with the manager, to ensure the risks associated with poor hydration and nutrition and were sufficiently monitored and managed. This is an area for ongoing improvement.

At our last inspection we found that the service was not operating within the principles of the Mental Capacity Act 2005 (MCA). The 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.

At this inspection we found that staff understood the principles of the MCA and people were offered choices throughout the inspection, like where they would like to spend their time and what they would like to drink. When important decisions needed to be made on people's behalf, best interest meetings had taken place with people who knew the person well.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications were made, but not consistently in line with the requirement of DoLS. For example, some applications had been submitted stating that people had capacity. This meant they would be rejected as people can only be subject to DoLS authorisations if they are assessed as lacking capacity. We recommend the manager reviews applications in line with national guidance.

Staff had received training in a range of courses relevant to their roles, such as medicines administration, fire safety, infection control and safeguarding. At our last inspection, staff had not completed training about epilepsy, at this inspection most staff had completed this training and others were booked to complete it.

New staff completed an induction to the service, this included working alongside experienced staff whilst getting to know people, staff and the environment. During this time, they would review care plans, and be signposted to relevant policies and procedures, along with completing online and practical training. Staff that did not have a qualification in healthcare completed the Care Certificate. The Care Certificate is a

nationally recognised system for ensuring that new care staff know how to care for people in the right way. Staff were also supported to complete qualifications in health and social care.

Staff received ongoing support through regular updates, supervision and appraisals. Supervision in care settings is a process whereby through regular, structured meetings with a supervisor, care staff can develop their understanding and improve their practice. Competency checks and observed practice was taking place, for example regular competency checks were recorded for staff administering medicines.

People's needs were assessed using an assessment tool. This supported the manager to consider if the service could meet people's needs and review if any additional staffing or training was required. The assessment would be used to formulate the person's care plan. Where possible people and their relatives were involved in planning their care delivery and were aware of risks to be monitored and managed.

People told us that they enjoyed their meals. Comments included, "The food is very good and much better than the care home I was in before", "We get plenty to eat and drink. Drinks at breakfast, mid-morning, dinner, mid-afternoon, teatime and mid evening, whenever we want one" and "there are cold drinks and fresh fruit available in the lounge." We found that people were being supported to eat and drink enough to maintain a balanced diet. The menu was displayed in large print in the dining room and showed that there was a choice of dish served at each meal time. The meals that we saw served at lunchtime were attractively presented and the portions were a reasonable size. We observed that staff were attentive to people's needs, one member of staff noticed that a person had not eaten much, and asked them, "You have not eaten much, would you like something different?" Another said, "I saw you struggling to take your cardigan off, would you like me to help you?"

At our last inspection people did not always receive care that was designed to meet their needs. At this inspection we found that people were being supported to live healthier lives with access to healthcare services and ongoing support. Records confirmed that people had received all the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dietitians. One person told us, "The doctor visits once a week. I saw him three weeks ago." A relative commented, "The GP comes every Wednesday. I get a call so I can be there with my relative if she is going to be seen."

Timely referrals had been made to Speech and Language Therapy (SaLT), and the guidance issued was being followed by staff. At our last inspection, documentation relating to SaLT assessments and guidance had been inconsistent, care records now contained clear guidance for staff to follow.

The accommodation was designed and adapted to meet people's needs and expectations. There was sufficient communal space to enable people to move about in safety and comfort. People had their own bedrooms that were decorated with their own personal possessions. Many areas of the home had undergone refurbishment, with an ongoing plan in place for further works. The manager told us they were waiting for a delivery of some signage they had ordered to help people orientate themselves around the home. Although the gardens were on different levels, they were well maintained, accessible and there were areas where people could sit.

Is the service caring?

Our findings

We received positive feedback from people and their relatives about the care and support at Charing Court. People told us they found the staff kind, caring and thoughtful. Comments included, "The carers are very patient; they are gentle, kind and caring" and "The staff have all been most considerate, they are almost like a second family." A relative told us, "The staff are always kind and caring."

Staff knew about people's background, their preferences, likes and dislikes and their hopes and goals. There were descriptions of what was important to people and how to care for them in their care plan. Staff talked about people's needs in a knowledgeable way and explained how people were given the information they needed in a way they understood so that they could make choices. During the inspection we observed many kind and caring interactions, where it was evident that staff knew the person well. A member of staff knelt down to chat with one person, asking what they would like to drink, whilst another member of staff carefully and gently supported a person to move from their wheelchair to an armchair. A passing member of staff light heartedly commented, "Put your feet up for me, {person}"

Staff spent time with people to get to know them, and supporting them in a way they preferred. People told us that staff had the time to sit and chat with them. During the inspection we observed staff sitting and chatting with people. At one point a discussion about the days lunch developed into a conversation between people, visitors and staff about Christmas time. We observed, and people confirmed that staff called them by their preferred names. One person told us, "The carers refer to me by my surname because that is what I prefer." A relative also said, "The staff know and always use my relatives first name when talking to her."

People's privacy was respected. We observed, and people confirmed that staff knocked on doors before entering. During lunch staff were polite, referred to people by their name, offered choices and bent down to the persons level when talking to them.

When people were at the service they could choose whether they wanted to spend time in communal areas or time in the privacy of their bedroom. One person told us, "It is my choice to spend most of the time in my room and the staff respect that. They also knock before entering and ask if it is convenient."

Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. When people had to attend health care appointments, they were supported by staff that knew them well.

People told us they could have visitors when they wanted. One person told us, "I usually have five visitors a week; they can come any time." Some people had mobile phones, computers and internet access so they could contact family and friends whenever they wanted to. Staff told us that people were also supported by their families or their care manager, and no one required any advocacy services. Information about advocates and how to contact an advocate was held within the service, should people need it. An advocate

is someone who supports a person to make sure their views are heard and their rights upheld to ensure that people had the support they needed.

Some people required additional support to communicate. Staff used some signs and symbols to assist people's understanding where possible. There were pictures and signs displayed of the activities on offer and of the menu to reinforce people's understanding.

People's care plans and associated risk assessments were stored securely and locked away so that information was kept confidentially. Within people's care records there had been consideration to any additional provision that might need to be made to ensure that people's citizenship rights under the Equality Act 2010 were fully respected. An example of this was the manager establishing if people had cultural or ethnic beliefs that affected how they wanted their care to be provided.

Is the service responsive?

Our findings

The management team were not aware of, and therefore had not considered the Accessible Information Standard (AIS). AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Providers of health and social care services are required to follow the standard. Making sure that people have every opportunity to understand and be involved in their care plans and documents on an individual basis is an area we have identified as needing improvement. We recommend that the provider seeks advice and guidance from a reputable source on implementing AIS.

At our last inspection people did not receive sufficient social stimulation. At this inspection we found improvements had been made. Increased staffing levels had resulted in staff having more time to spend with people. Activities were planned around people's preferences. People had been asked what type of activities they would like and from this planned events and less formal activities were organised. For example, there was a list of planned social events on the wall, this included a variety of visiting entertainers, aromatherapy and reflexology sessions, bingo and activities linked to special or famous events throughout the year such as an 'FA Cup supper', 'Royal Wedding lunch' and a 'Bonfire Night Supper'. There were also visits from local clergy and church singers.

During the inspection staff supported people to play indoor bowls, which we could see they enjoyed taking part in, and encouraged chat and banter between people and staff. The registered person had invested in a 'virtual assistant' system, people and staff could ask it to play different music tracks. Throughout the inspection we heard people giving instructions as to what type of music they would like to listen to, this was then followed by some people singing along, and some dancing, to a variety of music. One person told us, "We like to join the activities and especially when the musicians come." Relatives were positive about the activities, comments included, "My relative loves it when the musicians come. They now come a lot more often" and "We had a summer fayre. We had cream tea, entertainment and some stalls. There are also special events like the Royal wedding. This kind of activities started this year."

There was a wireless internet connection available throughout the home and a small room had been made into a 'computer room'; with a laptop available for people to use. People were supported to contact family who were not able to visit often, via social media platforms or video chat software. One person had their own internet connection installed and liked to use their own computer in their bedroom. They told us they were 'very happy with their set up at Charing Court'.

At our last inspection we had concerns about the lack of a robust complaints system. At this inspection we found improvements had been made. Complaints since the last inspection had been investigated and responded to. People and their relatives told us they felt management and staff were approachable and that they were listened to and changes were made in response to their concerns raised. People commented, "If I had a concern or complaint I would talk to the manager" and "When I raised a concern it was dealt with quickly." Relatives told us, "The manager is friendly and I am confident to speak to them" and "I recently raised a concern with a member of staff, it was immediately escalated up and dealt with. I am totally

satisfied with the outcome." The manager was working to introduce an easy to read guide, to ensure that the procedure was available in a format that suited people with communication or sensory difficulties.

People's end of life wishes had begun to be discussed and recorded in their care plans together with any Do Not Attempt Resuscitation (DNAR) decisions. A Do Not Attempt Resuscitation form is a document issued and signed by a doctor, which helps healthcare professionals to make decisions quickly about how to support people. At the time of our inspection, no one was receiving end of life care. We discussed with the management team how plans could be developed to include more person-centred detail, such as any wishes a person may have about the sort of care they would like at the end of their life. This is an area for improvement that we will follow up at our next inspection.

People received care and support that was planned and delivered in a person-centred way. The manager and staff had worked with people and their relatives, and included guidance from health and social care professionals when developing care plans. Care plans had been reviewed and contained guidance for staff with some person-centred detail.

Within people's care plans were life histories, guidance on communication and personal risk assessments. In addition, there was guidance describing how the staff should support the person with various needs, including what they could and could not do for themselves, what they needed help with and how to support them. Care plans contained information about people's wishes and preferences and guidance on people's likes and dislikes around food, drinks and activities. Specific person-centred detail such as whether a shower or bath was preferred, the time people liked to get up/go to bed and how much assistance was needed.

Staff described what people's preferences were and how they were met, making sure people had as much choice and control as possible. Care plans contained information about people's cultural needs as well as their care and support needs. People's care was reviewed regularly; when people's needs changed, this was reassessed. Care packages were reviewed with the person, their relatives and with any health and social care professionals as required.

Is the service well-led?

Our findings

People and their relatives told us they felt there had been many improvements since the last inspection and that the home was now well managed. Comments from people included, "Since I have been here they have done so many improvements, almost every week. I have already recommended it here" and "I would recommend this place, it is so friendly and there is good will from the foundations to the roof." Relatives told us, "The home is excellently managed now, since about the end of January. The staff now seem so much happier and confident which reflects on the residents" and "The manager is now accessible, they have an open door policy for residents and visitors." Staff also commented on the improved morale at Charing Court, "The staff are now happy and the residents have a smile on their face."

There was no registered manager at the time of our inspection. There had not been a registered manager since January 2018, however the provider had employed a manager and they had now applied to become registered. 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.

At our last two inspections, the service had not been well-led. At this inspection we found many improvements, although there were areas that continued to require improvement.

At our last inspection, there was a breach of Regulation 17 of the Health & Social care Act 2008 (Regulated Activities) Regulations 2014. This was due to the provider failing to assess, monitor and mitigate risks to the quality and safety of the service and to individual people using the service. A lack of auditing meant that the registered provider did not have an oversight of the service and was not aware of the ongoing shortfalls. At this inspection, we found that audits were in place and being utilised. The manager informed us they had formed an action plan based on the last inspection report, and prioritised risks to people's safety. Quality audits included looking at environmental issues, reviewing people's care plans, and addressing risks to people. The audit tool used by the management team helped to easily identify any issues highlighted, action taken to address them, and any outstanding action to be followed up in the next audit. Documentation we reviewed showed that as issues were identified, action had been taken to minimise the risk.

The registered provider had also introduced a quality audit that they completed monthly to ensure they maintained an improved oversight of the service. An ongoing business plan was in place to help ensure improvements were planned. People, relatives and staff told us that the provider visited often and was open and approachable.

The systems to assess, monitor and mitigate risks to the quality and safety of the service had been in place for around six months at the time of the inspection, and had identified most issues. However, they had not identified the shortfalls in recruitment files. This is an area for ongoing improvement; to ensure they are fully effective and embedded into the service.

At our last inspection we found the manager had failed to notify the Care Quality Commission (CQC) of important events as required. At this inspection the manager had ensured that they had notified CQC as they were required to do so. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. At the last inspection the report rating was not displayed, however at this inspection we found the manager had conspicuously displayed their rating in the service. The manager was also aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support.

The manager told us they kept their skills up to date by attending roadshows produced by Skills for Care and completing their leadership development programme, along with the registered provider. Skills for Care support the adult social care sector with up to date guidance and support. The manager kept their mandatory training up to date and told us they would be registering to be a part of the registered managers forum, as another tool to support them to drive improvements. The manager had signed up to receive a number of healthcare related updates, including information from National Institute for Clinical Excellence (NICE) and the CQC bulletin along with receiving sector specific publications monthly. The manager told us they had been well supported by the provider and their consultant since taking up the post.

The manager had sought feedback from people, relatives and staff in the form of questionnaires. They told us they planned to do this annually, however this year they had sought feedback twice, six months apart to be able to gauge if it was felt that the improvements and changes were improving outcomes for people.

Feedback we saw was positive. Questionnaires were related to the five questions that CQC inspect against and responses were collated, analysed and published for people and their relatives to view. Where queries had been raised, responses had been given. For example, one relative had suggested they would like regular news updates. The manager responded to confirm they would send out the social activities calendar and that they were looking to produce a monthly newsletter in the near future. People had also been asked for their feedback about the menu, this information was used to design a new menu and to update any likes or dislikes in care records.

Regular resident and relative's meetings were taking place, with planned dates for the year on display. During these meetings, discussions were held around activities, entertainment and meals. People were also encouraged to be involved in the ongoing environmental changes. For example, in the minutes it was recorded that a discussion around the décor changes in communal areas had taken place. The shortfalls at the previous inspections were discussed and the manager had explained how they intended to respond to these issues.

Feedback from surveys was mostly positive, with a few negative comments which were followed up individually by the manager. Results of the surveys and meetings conducted had been displayed on the notice boards. The manager had plans to implement an interactive board to display results and actions of the surveys moving forward. The most recent surveys had been adapted to include pictorial references to support people to complete them.

Regular staff meetings took place, we were told that because of the shortfalls and the ongoing changes, the frequency of staff meetings had been increased to ensure that staff were kept up to date. We reviewed staff meeting minutes, which suggested there was open and honest communication with staff regarding the progress of the service, challenges with the service, and staffing updates including leavers and new starters.

The manager had started to collate feedback from visiting healthcare professionals. Feedback documented

since June 2018 included "very clean, nice staff, residents seem happy" and "very happy environment" as well as "staff member very helpful." Other feedback included "staff able to provide comprehensive information about the client" and "very helpful and patient" and "I feel residents are well cared for."

The manager informed us they had formed good working relationships with the local health and social services. The manager had liaised with the GPs who visited the home regularly, as well as the district nursing teams, occupational therapists and other healthcare professionals. The local authority commissioning group had visited the service to conduct service reviews. We received positive feedback from healthcare professionals, who told us that they had found the management team to be engaged and committed to bringing the service up to required standards.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed The failure to operate a robust recruitment process is a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.