Akari Care Limited

Charlton Court

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The unannounced inspection took place on 17 and 20 March 2015. We last inspected Charlton Court on 22 April 2014 when we found the service was meeting the regulations that we inspected.

Charlton Court provides residential care for up to 55 people, some of whom are living with dementia. At the time of our inspection there were 52 people living at the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they received the correct medicines from staff, and relatives told us there had been no issues with

Summary of findings

medicines. The registered manager responded quickly to an identified shortfall in medicines related care plans and risk assessments and gave an assurance after our visit these were all now in place.

People told us they felt safe at the service and protected by the staff. Staff were aware of their personal responsibilities to report any incidents of potential or actual abuse to the registered manager. People told us there were enough staff at the service to support them and we confirmed this through viewing records and from our own observations.

We found emergency procedures, including fire safety were monitored and staff knew what to do in an emergency. Accidents and incidents were recorded and monitored to identify any trends.

The premises was well maintained, suitably designed for people's needs and kept clean and tidy.

People told us they were happy with the food and refreshments available to them.

We found staff were adequately trained. They received induction, regular supervision and appraisal from the registered manager or line manager. There was robust recruitment procedures in place to check that people were suitable to employ to work with vulnerable adults.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). Staff followed the requirements of the Mental Capacity Act 2005 (MCA) and DoLS. MCA assessments and 'best interests' decisions had been made where there were doubts about a person's capacity to make decisions. Applications to the local authority had been made where a DoLS was required.

People told us staff cared for them. Staff spoke with people in a caring, kind and compassionate manner. They treated them as individuals with respect and dignity. People's care needs were detailed, recorded and reviewed by staff with input from people, their families and healthcare professionals.

People had choices and were able to participate in a wide range of activities. Staff encouraged and supported everyone to maintain social and family links. People and their relatives told us they knew how to complain and would be able to if necessary.

We found audits and checks were in place which helped the registered manager to monitor the quality of the home. The registered manager was also proactive in involving partner agencies to gather the feedback from people at the service, for example, accepting a request from Healthwatch.

Relatives told us they had confidence in the registered manager and the staff team and thought the service was well led. Staff told us they felt supported by their colleagues and the registered manager.

Summary of findings

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 safe.

Risks to people were identified and managed appropriately and medicines were managed safely.

The premises was well maintained with good standards of cleanliness in place.

Staff were aware of their safeguarding responsibilities and knew what to do if they had any concerns. All accidents and incidents were recorded and monitored.

Good

Is the service effective?
The service was effective.

There were induction and training opportunities for staff and staff told us they were supported by their line manager.

The registered manager and staff had a good understanding of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005.

A range of suitable food and refreshments were available throughout the day and people where supported to eat and drink where necessary.

Good

Is the service caring?
The service was caring.

People were treated with dignity and compassion. People were treated as individuals in a caring, compassionate and respectful manner.

People and their relatives felt involved in the service and how it operated.

Good

Is the service responsive?
The service was responsive.

People participated in a wide range of activities. They told us they were able to make choices about how their care was delivered.

Records reflected people's individual needs. Care plans were reviewed and updated as people's needs changed.

People and their relatives told us they knew how to complain if necessary.

Good

Is the service well-led?
The service was well-led.

Audits and quality checks were completed and monitored by the provider and the registered manager used other agencies such as Healthwatch to gather people's views.

Relatives told us they had confidence in the registered manager and the staff team. They felt involved in helping to maintain the quality of the service by being asked for their views.

Good

Summary of findings

Staff felt supported and were positive about team working relationships.	

Charlton Court

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 17 and 20 March 2015 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the home, including the notifications we had received from the provider about incidents and serious injuries. We also contacted the local authority commissioners for the service, the local Healthwatch, visiting healthcare professionals and the clinical commissioning group (CCG). We did not receive any information of concern from these organisations. On the day of our inspection we spoke with a GP and a community nurse who was visiting the home. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 20 people who used the service and ten family members. We also spoke with the registered manager, two nurses, eight care staff, five other members of staff and one volunteer. We observed how staff interacted with people and looked at a range of care records which included the care records for 11 of the 52 people who used the service, medication records for 30 people and recruitment records for five staff.

We looked at staff rotas, maintenance records, health and safety records and information, quality assurance checks, complaints and compliments and handover information.

During the inspection we asked the provider to send us additional information. For example, a copy of their medicines policy and copies of newsletters. They did this within the agreed timescales.

Good

Is the service safe?

Our findings

People told us they felt the service kept both them and their possessions safe. Comments from people included; "If I didn't feel safe I would tell someone"; "Smashing staff, you're well looked after here"; "Of course I feel safe, why would I not, the staff here are very good," and "I feel safer here than I ever did before." One person told us there were telephone numbers on the noticeboard that they could ring if they had any concerns.

Relatives agreed the service was safe. One relative told us, "I feel [person's name] is extremely safe here, she is monitored and there is always staff around to see to her." Another relative told us, "It gives me piece of mind knowing she is safe, I can sleep at night now." Healthcare professionals we spoke with had no concerns about people's safety.

When we spoke with staff, they had an understanding of safeguarding procedures which included how to protect people from harm. Staff confirmed their training in this subject was up to date and we were able to confirm this from their training records. The provider had safeguarding and whistleblowing policies and procedures in place and staff were able to show us where these were kept and how to access the information. Previous safeguarding concerns had been appropriately reported and investigated by the registered manager.

Where staff had identified a potential risk, either during the initial assessment or after admission of a person to the service, a specific person-centred risk assessment had been completed to ensure people were safe. For example, a risk assessment had been completed for one person who liked to go out. The assessment focussed on the potential benefits of taking the risk, such as the person's enjoyment from spending time outdoors, as well as considering the possible hazards. We found from viewing care records people were routinely assessed against a range of potential risks, such as falls, mobility and skin damage. These had been completed and maintained for each person. Corresponding care plans had been developed to help staff maintain people's wellbeing.

Staff had a good understanding of how to manage people's behaviours that challenged the service. They were able to describe the specific strategies they used, which were individual for each person. For example, offering a cup of tea, sitting and chatting with people and spending time talking about their 'life histories' with them.

Fire systems and equipment checks were up to date. Emergency plans detailed what staff should do in a crisis. For example, a death, violent situations, or if a fire occurred. When we spoke with staff, they were confident about where to look for guidance and how to implement it. There were suitable fire emergency procedures in place, including an up to date fire risk assessment. Staff completed regular fire drills and equipment was suitably maintained. Each person had an evacuation plan to support them to leave the building should an emergency arise.

The premises was well maintained, clean and tidy throughout and had a homely atmosphere. There were systems in place to clean and monitor the upkeep of the building. One staff member told us, "We work together as a team to keep it nice, it's what people deserve."

Accidents and incidents were recorded and monitored by the registered manager. An analysis of these events was recorded electronically so both the registered manager and the provider could monitor any trends occurring. Where there had been previous accidents or incidents, the provider had taken steps to decrease or remove the likelihood of it happening again and improve the service. For example, staff told us they had implemented additional precautions and support for one person who was at risk of falls. We were able to see the measures taken and the risk assessments in place. That meant the provider responded positively in making any necessary changes to protect people from potential risk.

The registered manager told us they had a system to assess people's needs and dependency levels which was used to devise the staffing rota. Sufficient staff were on duty to meet the needs of people at the home. The registered manager told us they were using an agency nurse at night as they had not been able to fill a vacancy. They said regular agency staff were used and although not ideal, it was working well. We met one of the agency staff during the inspection and they confirmed they had been working at the service for a number of days. They told us, "I'd say it's one of the best homes I have worked at." During our two

Good

Is the service safe?

day inspection we found call bells were being responded to quickly and with the minimum of waiting times. People who requested support to use the toilet were offered help within a few minutes of the request.

There were systems in place to ensure new staff were suitable to care for and support vulnerable adults. We viewed the recruitment records of five staff, including those recently employed. We found the provider had requested and received references, including one from their most recent employment. We saw application forms and notes from the interview process. A disclosure and barring service (DBS) check had been carried out before confirming any staff appointments. Where there had been any disciplinary issues; these had been dealt with effectively.

We viewed medicine administration records (MAR) for thirty people at the home. We found the records were complete with no gaps and all medicines were available for people to take. Where medicine was not given, a reason was recorded. Medicines were stored safely and securely in medicine rooms and temperature checks were taken and monitored to ensure medicines remained effective.

Damaged or unused medicine was recorded and returned to the pharmacist safely. We found that people who received 'as required' medicines had written guidance but that this had been removed from the recent records by error and archived. We discussed this with the registered manager who told us they would be replaced immediately.

We noted one person who used oxygen did not have a risk assessment in place. We checked the providers policy and confirmed the correct procedures had not been followed. We brought this to the attention of the nurse on duty who said they would complete this immediately.

We found medicines care plans and any associated risk assessments had not been completed. We discussed this with the registered manager and they told us they would have them all in place by the end of the following week and would complete a full round of care plan audits to ensure that all information was in place. After the inspection visit the registered manager contacted us to confirm that people's medicine care plans and risk assessments were now in place.

Good

Is the service effective?

Our findings

People and their relatives told us they felt staff had the training and skills to suitably support them with their care needs. One person told us, "The staff know what they are doing, there good." Another person told us, "They don't get paid enough for the good work they do." One person was able to indicate their health had improved since living at the service. One relative told us, "Staff are very dedicated here, they have helped her say a few words which she could not do." A visiting GP told us, "Staff are trained to call us when they have a problem, which they do. I am not aware of any concerns with the skills of staff here."

All of the people we spoke with said they enjoyed their meals. Comments included, "Lovely"; "The food is lovely, nice and hot"; "Very nice"; "Tasty," and, "Could not do better myself." We observed people enjoying a cooked breakfast and choosing lunch from a selection of foods, including chicken and dumpling, vegetable chilli, an assortment of vegetables and a choice of desserts. There was a menu on display which showed a varied choice of healthy and nutritious meals. Staff told us if people did not like a particular food, it was substituted for something they did like. They also told us, "We know people's likes and dislikes." People's preferences to food were detailed in their care records.

Where staff were concerned about people being at risk of malnutrition, care plans had been drawn up to support the person increase their daily food intake and referrals to healthcare professionals had been made. Kitchen staff were aware of the dietary needs and preferences of people at the service and understood the potential risks of people's food allergies.

Staff supported people who needed additional help to eat their meals. This was not hurried, with people given time to enjoy their food while staff chatted to and encouraged them. People had refreshments available throughout the day, with water or juice in their rooms and water fountains situated in the dining areas.

People were supported to maintain their healthcare needs. One relative told us staff supported their family member to attend health appointments. People's care records confirmed they had regular input from a range of health professionals including, GPs, district nurses and podiatrists. Relatives told us staff recognised when people's needs changed. One relative gave us an example of their family member's changing needs and said, "The staff were great, they knew exactly what to do and who to call." Another relative told us, "Staff are very dedicated here, they've helped her say a few words which she couldn't do."

We asked a member of staff about their induction. They confirmed the registered manager had followed the provider's induction procedures which included shadowing more experienced members of the team. They told us they felt very supported by the team. Staff confirmed they received regular supervision. Supervision is when staff meet with their line manager and discuss their role and responsibilities. Advice, professional development and support is usually given to ensure the staff member is able to satisfactorily fulfil their role. Records verified that individual supervisions were tailored to the experience and needs of each member of staff. For example, where staff had responsibility for infection control, their supervision indicated they had been tested in this area for their understanding. Staff appraisals were completed yearly. This meant the provider had taken steps to ensure staff were competent in their areas of responsibility.

Staff told us their training was up to date and on-going and we confirmed this from viewing their training records. The registered manager told us if additional training was needed, the provider would support staff to meet their training needs. For example, the activity coordinator had received additional training in managing people's anxiety and therapeutic interventions.

Staff followed the requirements of the Mental Capacity Act 2005 (MCA). The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves and to ensure that decisions are made in their 'best interests.' People's care records confirmed that where there were doubts about a person's capacity an MCA assessment and 'best interests' decision had been made where necessary. Decisions had been made jointly with staff, a family member and health professionals. The provider acted in accordance with the requirements of the Deprivation of Liberty Safeguards (DoLS). These are safeguards to ensure care does not place unlawful restrictions on people in care homes and hospitals. The registered manager had a good understanding of DoLS and was aware of changes in legislation about what constitutes

Good

Is the service effective?

a deprivation of liberty. She told us they were in discussion with the local authority DoLS team to ensure they were acting in accordance with the law and had made relevant applications for some people who were using the service.

People described how staff would always ask for their permission before completing any personal care or support for them. Staff told us they would always explain to people before they provided any care or support. Staff said they would know if someone did not want them to provide care by their actions. One staff member told us, "We would know if someone was not happy." Other staff told us if they knew someone was not happy, they would discuss this with the registered manager and family to resolve the situation.

The premises had been adapted to fit the needs of the people living there. For example, doors were wide enough to allow wheelchair access, lift were operational and hoists were available for those people who required that level of support. The outside area was fully accessible with lawns, some raised beds and benches and tables for people to utilise. The registered manager told us that the paving area in the garden was going to be replaced soon to make it more in line with the rest of the garden.

Where people lived with dementia, rooms had signs indicating what the room was used for. For example, a bathroom or dining room. People had numbers and pictures on their bedroom doors and rooms had been personalised to individual taste, including the use of reminiscence pictures, and furniture. The registered manager told us more work was underway for people living with dementia including a sensory area within the garden. She was aware of good practice websites which she intended to utilise, including 'Stirling University'.

Good

Is the service caring?

Our findings

People told us there were well cared for. One person told us, “Staff always say hello when they pass by the door, that’s why I keep my door open.” Another person told us, “Staff could not be more caring, they cannot do enough for you.” Another person told us, “Very caring, they [staff] care for me like I was one of their family.” One person who enjoyed embroidery told us staff had changed the wattage of a light bulb in her room to allow her to see the stitches better. She also said, “Staff help me with threading the needle when I get stuck, they are very good.” Another person told us, “The staff are nice, caring, helpful.”

All relatives were confident the staff team cared for their family member’s very well. Relatives told us staff ensured people always had freshly laundered clothes and were clean and tidy. One relative told us, “I can stay as long as I like, you can see how caring the staff are when you’re here, there lovely.” Another relative told us, “I bring a cake in every day and [staff name] scrapes the cream off to give it to [person’s name].” The relative explained the person enjoyed only this part of the cake.

We watched as staff interacted with people and observed sincere, warm and compassionate relationships. The staff went about their work showing care and concern and had a good understanding of the needs of the people they cared for. Relatives confirmed staff knew their relative well and understood their needs. One relative said, “The staff always know how [person’s name] is.” We saw staff joking with people and people responding positively. A staff member told us, “We treat people differently depending on the person.” We heard a care worker showing genuine interest as they talked with one person about their family. They asked how their son was doing at work and reminisced about the person’s husband.

People were supported to maintain their independence. Staff described how they supported people to do as much for themselves as possible rather than them ‘taking over’. They said they would offer prompts and encouragement and we observed examples of this during the inspection. For example, two people at lunch were encouraged to feed themselves with prompts and we saw one person encouraged to help put their empty cup on the tea trolley. People who were independently mobile were free to move around the service and were able to sit where they wished.

Information about advocacy services was available but at the time of the inspection no one living at the service was using an advocate. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.

Two staff members at the service had been designated as dignity champions. We spoke with one of them about this appointment. They told us they had completed training to highlight any poor practice to the registered manager or their line manager. They said they had never had to highlight anything. One staff member adjusted a person’s table while they were eating so that they could do so with dignity and we saw doors were closed when personal care was being given.

Notice boards at the service had a vast amount of information on them to keep people and their relatives or visitors up to date. For example, there was information on ‘resident’ and relatives meetings, events, times of visits from health professionals, use of Skype and dementia information. One relative told us, “There is lots of information, and if it’s not on the board, I just ask one of the staff.”

Monthly newsletters were produced by the service and gave people information on changes occurring at the service, for example new staff joining or leaving. The newsletter also included information on events and any other items of interest, for example that the service had been awarded a grade one rating from the local authority contracting team in October 2014.

Good

Is the service responsive?

Our findings

People told us they were involved in discussions about how they were supported and cared for by staff. Comments included; "Staff ask me every day how I am and how they can help me"; They [staff] don't do anything I don't want them to do," and "I call and staff come, I don't have to wait long at all."

Relatives felt included in their family member's care. They commented; "The staff do a good job and I am always being asked for my input"; "We are fully involved in what happens" and "I have been involved with meetings about [person's name] care."

Care records were tailored to individual need and appropriate levels of care and support had been put in place. Care records were reviewed with the person, their relatives and also professionals. Staff were able to describe each person's needs when we asked them. For example, one person enjoyed classical music and another person required support to mobilise from a sitting position. Staff were able to explain one person's preference's to how personal care was carried out. They were able to tell us how they ensured people remained as safely independent as they could.

Staff were in the process of completing a person centred one page profile of people at the service, which would be placed in each person's room. This was to give a snapshot of the person to staff involved in their care. It would also be used as a reminiscence aid to the person, as the profile included their picture and details of their family and what they liked to do.

People told us they had activities and interests to be involved with. During the inspection we saw many activities taking place, including a 'St Patricks' day celebration with singing, dancing, lemonade and Guinness; a Zumba class; people encouraged to tidy in the dining room; drawing, listening to classical music, completing jigsaws and wrapping Easter eggs. People with mobility needs were supported to leave their room and explore the service, including being taken out for fresh air. The service had chickens and fish in the garden, providing stimulation for people living at the service. People had made pictures from pompoms using chickens as the subject and these were going to be mounted and displayed within the service.

We spoke with the activity coordinator, who was passionate about providing people with a range of activities. She told us relatives helped her to fundraise by bringing in items which she would later raffle. She said, "People and their families are great, look at all the Easter eggs they have brought in." She told us that every month entertainers were arranged and there were plans to take people to 'Beamish' when the weather was a little warmer.

People were offered choice in everyday matters such as deciding what to eat or do for the day. One relative told us, "Staff respect people's choice." Another relative told us, "[Person's name] is given lots of choice, the staff are so good." Staff used non-verbal ways of communication with one person to find out if they wanted to go to their bedroom. One member of staff described how another person responded when they were happy and unhappy with a suggestion. This enabled them to eventually determine what the person wanted.

The reception area of the service had a number of comfortable chairs with coffee making facilities for people, their relatives or visitors to use. The registered manager told us they had set the chairs out like this because some people liked to sit and watch staff and other people as they went about their business. They told us, "We have tried to make it as comfortable as possible to allow people to feel at home."

People were supported when they attended appointments or other services. One person told us they had a hospital appointment and liked staff to come with them because they wanted a familiar face to help them. Later in the morning we observed a care worker assisting and accompanying the person to hospital in a private ambulance which had been organised by the staff. Staff told us this was a normal occurrence when people moved between services. One staff member said, "People don't like going on their own, I know I wouldn't." This showed that staff cared about the feelings of the people they supported.

Any complaints made had been investigated appropriately by the registered manager. When we asked people if they knew how to complain, one person told us they would tell the staff. They told us, "I have nothing to complain about." And "I would tell [staff name]." We asked relatives if they knew how to complain and they confirmed they would speak to the registered manager or staff team. One relative told us, "I have nothing at all to complain about, they [staff

Good

Is the service responsive?

team] are very good." Another relative told us, "I would know if something was wrong, but have never felt that." Relatives confirmed they had seen a copy of the complaints procedure and copies were available at the service.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. The registered manager had over 30 year's experience of working with people of all ages who required care and support. One of the nursing staff told us, "Two years ago we got a new manager and the transition was handled very well. I think what you're seeing now is a happy, consistently positive staff team with high morale."

During the inspection we confirmed that the provider had sent us notifications which were required under the Care Quality Commission regulations. Notifications are changes, events or incidents that the provider is legally obliged to send us without delay. The registered manager told us they would be sending us the outcome of any deprivation of liberty requests once decided by the local authority.

People and their relatives told us the registered manager were very approachable and said they saw her most days. They thought the service was well led. One person told us, "[Registered manager's name] is very nice." Another person told us, "The manager pops in everyday to say hello." All of the relatives that we spoke with confirmed they had full confidence in the registered manager and her team. From comments made by people, relatives, staff and professionals and from our own observations, we found the service and its staff had an open and honest culture. The atmosphere within the service was friendly, calm and welcoming and staff, people and visitors were at ease within each other's company.

Surveys had been completed by people living at the service and also their relatives. They told us staff asked them what they thought about the service. We looked at the results of a recent annual relative's survey. We found that 100% of respondents had said they felt their family member was safe in the home and was given enough privacy. Where relatives had given feedback for improvement, we found that this had been acted on by looking at the actions of follow-up meetings between staff. For example, the types of activities on offer.

We asked relatives about how the registered manager and staff communicated with them and if they felt listened to. They told us they were asked their views when they visited the service and included in meetings when they took place. These meetings were clearly displayed on notice boards and were held every two months. From a recent survey we noted comments that activities and food had greatly improved.

Staff had completed yearly surveys to gauge how they felt about working at the service. Although the survey was completed, we saw that the results were basic and not specific. One staff member told us, "The team works fine, I am not sure that is captured in the survey." Staff meetings had taken place where a range of issues had been discussed, including choice of food for people, workforce, quality of the service and actions from previous meetings. One staff member said, "It's good to get together to discuss things and help each other." The registered manager confirmed that the staff team supported each other very well. One staff member told us, "There is always someone around to talk to if we need help in looking after someone." Staff were supported to further develop their skills by the management team. For example, one staff member told us they had been encouraged to achieve a level five diploma and was pleased to have been encouraged to do this.

Where safeguarding or other investigations were required, the registered manager had completed these and taken appropriate actions. We were told by the registered manager that if they required support, they had no problem in asking for help and advice from the provider.

Quality assurance audits were in place which consisted of a range of monthly and weekly checks to keep people safe and ensure they received good quality care. Monthly audits included checks of people's weight loss and weight gain, any accidents, environmental and health and safety related checks. Findings from the audits were analysed and used to improve the quality of care that people received. For example, referrals had been made to health professionals, such as dieticians and the falls team, for people who had been identified as at risk. Medicines were also checked regularly to ensure prescribed medicine was available, stored safely and administered correctly. Service quality checks were undertaken by the provider who checked, for example; the quality of care for people living at the home, the premises, the procedures and staffing arrangements. The registered manager confirmed that were issues had been identified, these had been actioned.

Healthwatch had completed an 'independent observer report' with people living at Charlton Court after requesting

Good

Is the service well-led?

a visit via the registered manager. The report had captured people's views on safety, caring, communication, involvement and the environment and found that standards met expectations or exceeded them.