

Charlton Care Group Limited

Charlton House

Inspection report

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Plymouth
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21 June 2016

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Ratings

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

Summary of findings

Overall summary

The inspection took place on the 16 and 21 June 2016 and was unannounced.

Charlton House provides care and accommodation for up to 44 people. On the day of the inspection 42 people were living in the home.

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.

There was a positive culture within the service. The registered manager, area manager and owner had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared with the whole staff team. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people. Ensuring people felt 'at home' was central to the homes philosophy and staff demonstrated they understood and practiced, this when talking to us about how they met people's care and support needs.

The atmosphere in the home was warm and welcoming. We saw people laughing and smiling and the interactions suggested people had formed positive and trusting relationships with the staff supporting them. Staff spoke in a compassionate and caring way about the people they supported.

There were sufficient numbers of staff to meet people's needs and to keep them safe. The provider had effective recruitment and selection processes in place, and carried out checks when they employed staff to help ensure people were safe. Staff undertook regular training and could request training they thought would help with their roles; and this was provided, where possible.

People's support plans included clear information about people's specific needs and preferences. Staff were familiar with this information and could tell us in detail about people's daily routines and how they liked to be supported. People had their dietary needs met and staff monitored people's health and well-being, and sought further advice when required. Risk assessments were in place to help ensure staff knew how to mitigate risks to people. People had their medicines managed safely, and received their medicines in a way they chose and preferred.

A new, computerised system was being implemented. This meant people's records could be updated immediately by staff with care that had been provided or with changes to people's needs.

A system was in place to regularly review the quality of the service. This included a range of regular audits of people's medicines, records and the environment. Learning from incidents, feedback, concerns and complaints were used to aid learning and help drive continuous improvement across the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe living at the service.

Risk assessments recorded risks to people and gave guidance to staff to help ensure people were safe.

There were sufficient staff on duty to meet people's needs safely. Staff were recruited safely.

People were protected by staff who could identify abuse and who would act to protect people.

Is the service effective?

Good ●

The service was effective.

People were looked after by staff trained to meet their needs.

Staff always asked for people's consent and respected their response.

People had enough to eat and drink.

Is the service caring?

Good ●

The service was caring.

People were looked after by staff who treated them with kindness and respect.

People and visitors spoke highly of staff. Staff spoke about the people they were looking after with fondness.

People felt in control of their care and staff listened to them.

People said staff protected their dignity.

Is the service responsive?

Good ●

The service was responsive.

People had care plans in place to reflect their current needs.

Activities were provided to keep people physically, cognitively and socially active.

People were encouraged to raise concerns. These were recorded and resolved to people's satisfaction.

Is the service well-led?

The service was well led.

People, relatives and staff said the service was well led.

There was clear evidence of the provider ensuring the quality of the service.

People and staff felt the registered manager was approachable. The registered manager had developed a culture which was open and inclusive.

People and staff said they could suggest new ideas. People were kept up to date on developments in the service and their opinions were respected.

Good ●

Charlton House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 16 and 21 June 2016 and was unannounced. It was undertaken by one inspector, a specialist advisor in nursing care and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about the service, such as the Provider Information Return (PIR) and notifications we had received. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. A notification is information about important events, which service is required to send us by law.

During the inspection we spoke with nine people and three relatives. We also spoke with the registered manager, the area manager, the owner and seven members of staff.

We looked at the records of seven people who lived in the home and two staff files, which included recruitment records for staff who had recently started work in the home. We also looked at policies and procedures associated with the running of the service and other records including incident reports, quality audits and medicines records.

Following the inspection we contacted two professionals who had been involved with the service; a community psychiatric nurse and a district nurse for their views.

Is the service safe?

Our findings

People told us they felt safe and visitors confirmed they thought Charlton House was a safe place for their family member to live. One relative commented, "I feel confident enough about mum's safety here to go away for a week."

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. One member of staff commented, "I would definitely recognise abuse. We do our safeguarding training regularly." Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately. For example, the local authority or the police.

People were supported by suitable staff. Recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Checks had been applied for and obtained prior to staff commencing their employment with the service.

There were enough competent staff on duty to meet people's needs and keep them safe. Staff were not rushed during our inspection and acted quickly to support people when requests were made. Staff confirmed they felt there were sufficient numbers of staff on duty to support people and spend time with them.

People were supported by staff who understood and managed risk effectively. People moved freely around the home and were enabled to take everyday risks. People made their own choices about how and where they spent their time. One person told us, "I feel safe with my frame. There's a nice patio area and I can get to the lounge too." People were supported in a way that took into account any risks relating to their care needs. Risk assessments were in place to support people to live safely. These were up to date and clearly linked to people's care plans.

Medicines were managed, stored, given to people as prescribed and disposed of safely. One person told us, "When I am on antibiotics, I get a good explanation of how much I have to take and when they will be complete," and a relative confirmed, "Medication has been well explained." Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines were locked away as appropriate and, where refrigeration was required, temperatures had been logged and fell within the guidelines that ensured the quality of the medicines was maintained. Staff were knowledgeable with regards to people's individual needs related to medicines.

Is the service effective?

Our findings

People felt supported by knowledgeable, skilled staff who effectively met their needs. People's comments included, "Without these ladies [staff], we cannot manage" and "I was glad to be brought here where they understand me."

New members of staff completed a thorough induction programme, which included training to develop their knowledge and skills. Staff then shadowed experienced members of the team, until both parties felt confident they could carry out their role competently. People confirmed, "They [new staff] are always introduced to us and do shadowing." This helped ensure new staff knew people's needs before working unsupervised.

On-going training was then planned to support staffs' continued learning and was updated when required. The PIR stated that training was seen as a vital part of care delivery and staff confirmed, "The management think the more training you've got the better" and "If we want extra training and it's going to benefit the home, the managers will always say yes". Staff told us, as well as mandatory training, they received training to meet people's specific needs. One staff member described a recent course on challenging behaviour as, "Very interesting." They explained how it had been good to share their experiences and learn from other people, and how it had given them greater insight when supporting people with behaviour that may challenge others.

Staff commented they felt well supported through supervision, daily handovers and team meetings.. Staff told us they used this time to discuss issues of concern, learn from each other and follow best practice advice. Comments included, "We have supervision every two months. They are good. We have them with different members of the management team. We get asked what we think about things and can be open and honest" and "I can discuss things I want to and they'll support me and take actions and let me know what's happening."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

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 the least restrictive available.

People had mental capacity assessments in place in relation to the restrictions highlighted in the DoLS applications. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS on behalf of people to ensure their rights were protected. However, care plans did not give specific guidance to staff about how people's capacity affected their ability to make every day decisions and what

support they would need in relation to this. The registered manager told us they would add this information to people's care plans so staff had clearer guidance about how to support people to make certain decisions and when they may need to make decisions for people in their best interests.

Staff told us they always asked for people's consent before commencing any care tasks and people confirmed this was the case.

People had their nutritional and hydration needs met in a person centred way. Staff looked for creative ways to ensure people had enough to eat and drink and encouraged people gently and respectfully to eat, if they declined. People were encouraged to eat where and when they would like. We met one person who was eating in a quieter lounge as they didn't like the noise of the dining room and another person confirmed, "I have breakfast in my room by choice and lunch in the dining room."

People's likes and dislikes were sought from them when they moved in by the chef and then regularly afterwards. A recent residents meeting was also used to discuss people's meal preferences so they could be incorporated within the menu. People confirmed they enjoyed meals and their food choices were respected. Comments included, "Lunch was very nice", "They have nice, homemade pasties" and "They adapt the food if you're poorly."

People had their healthcare needs met. People said they could see their GP and other healthcare staff as required. People added that this was always achieved without any delay. Records detailed people saw their GP, specialist nurses, opticians and dentists as necessary.

Is the service caring?

Our findings

People felt well cared for, they spoke highly of the staff and the quality of the care they received. Comments included, "I am content here as I do not have to worry about anything and the way I am treated is part of that" and "The people make it good, the ones who look after me". A relative told us, "Mum's care has been above and beyond." The PIR stated, "We provide a homely, welcoming and caring environment that encourages residents to treat the home as if it were their own." People and relatives confirmed this to be the case and added that staff were key to this. A compliment received by the service commented, "Charlton House has a lovely atmosphere and you clearly work hard to create that"; and one person confirmed, "Staff are very family like in behaviour."

We observed positive, meaningful relationships between people and staff. Staff spoke about people with affection telling us, "The residents are lovely. I treat them like my relatives. I explain that we're here to help them", "The residents make me laugh. We dance, we joke, we sing!" and "We're here to take care of them so they don't worry." People confirmed, "The staff are really nice characters. Always please, thank you and do you want anything?" Staff knew the people they cared for. One person told us, "I know what people like and dislike. I read about people's backgrounds and it helps me know what they like and don't like. I take time to make sure people get what they want."

People told us their privacy and dignity was respected. Staff informed us of various ways people were supported to have the privacy they needed. Comments included, "When I'm providing personal care, I cover people with a towel and close the door. I leave them alone when they're using the toilet and make sure they have their call bell. That's what I would want." One person told us, "There's no indignity" and a relative confirmed, "[...] has been treated with dignity and respect the past year that they have been here."

Staff showed concern for people's wellbeing in a meaningful way. We saw staff interacted with people in a caring, supportive manner and took practical action to relieve people's distress. For example, one person was calling for a staff member who was supporting other people with their lunch. Another staff member stopped to reassure the person and ask if they could help. The person continued to show distress and kept calling the first staff member's name. This member of staff was asked to come and talk to them. They arrived promptly and reassured the person, who immediately calmed down.

People were enabled to remain independent as far as possible. Staff gave examples of encouraging people to do as much of a task as they could for themselves to help maintain important skills. One person told us, "I asked to move downstairs so I could be more independent. Staff listened and after a few weeks I was able to move."

People were given information and explanations about support so they knew what was happening and could be involved in any decisions about their care. One staff member explained, "You always need to tell people what you're doing or they might be shocked or worried about it."

Friends and relatives were able to visit without unnecessary restriction. Visitors told us they were always

made to feel welcome and could visit at any time. One visitor told us, "There is no issue about the time we visit and I can make myself a cup of tea."

Is the service responsive?

Our findings

People told us staff were responsive to their needs and provided care and support in the way they wanted and expected. Comments included, "I get all the care I need" and a relative confirmed, "They always respond to any care that is needed."

People had care plans in place which were personalised and reflected their current needs. The senior staff were in the process of transferring people's care plans from paper to electronic records. This meant staff would have instant access to care plans to record or learn about any changes to people's needs. The registered manager told us they were using this as an opportunity to ensure more detail about how people wanted their care and support provided was recorded.

People and where appropriate, those who mattered to them, were regularly involved in reviewing their care plan to help ensure their views and preferences were recorded, known and respected by all staff.

People were always involved in planning their own care and making decisions about how their needs were met. One person told us, "I can choose when I get up and dressed"; and staff confirmed, "I help people put make up on if they want and one person is quite specific about when they wear certain clothes, so I respect that."

People were supported to follow their interests. There was a designated activities co-ordinator employed to provide a programme of events at the home aimed at supporting people to remain active. They were passionate about providing everyone activities that reflected their interests. They told us, "I want people to feel a bit like they're on holiday. Activities need to be consistent but continually offering new things to keep people engaged and interested." Different activities were provided daily and entertainers visited the home. There were also regular trips out and about. Some people had recently visited the theatre and a choir, made up of people who lived at the home, had recently performed at a local care forum. People and staff alike were very proud of this achievement. Staff told us they saw their role as facilitating friendships and enabling people to do activities with each other, and not for the focus to be on them self-entertaining everyone.

People told us they could join in or not as they wished. People spoke very positively about all the different activities available to them. One relative commented, "The activities co-ordinator tries to have a range of activities so that everyone is included." One staff member confirmed they worked hard to ensure people who liked to stay in their rooms or didn't like group activities were still offered activities that suited their interests; commenting, "Everyone still has so much to give." For example, they had recently started a newspaper to distribute within the home. People had been encouraged to write articles for it, particularly those who didn't join in many other activities."

People told us they were able to maintain relationships with those who mattered to them. One staff member had developed a social media group which was only open to people and those who mattered to them. This enabled friends and relatives who did not live locally to see what people had been doing. The staff member told us, "I can also show people if their relative has commented on our photos. It helps people feel connected."

People and those who mattered to them told us they were encouraged to raise concerns and when they did so, these were dealt with in a timely and effective way. One person explained, "The area manager is very approachable and made it clear I could always call if there was ever a problem"; and relatives told us, "Any issues are dealt with quickly and professionally" and "The staff always listen and respond if they can." There was a suggestion box in the entrance for anyone to use along with the contact details of committee members. This was in case people or their relatives did not want to raise a concern or idea directly with the registered manager. There was a policy and procedure in place for dealing with any concerns or complaints. The policy was clearly displayed in the entrance of the home. The PIR stated, "We take our complaints very seriously, no matter how small. We view the complaint as an opportunity to improve our service." Complaints records showed any complaints had been logged; action had been taken which had been fed back to the complainant and any learning for the future noted.

Is the service well-led?

Our findings

The registered manager and area manager took an active role within the running of the home and had good knowledge of the staff and the people who lived there. People knew the registered manager and told us they saw her on most days.

There were clear lines of responsibility and accountability within the management structure. The PIR stated, "The home also has a committee who help to organise activities and fund raising events for our activities fund. The committee also gain regular, impartial feedback from our residents and feedback to the management, chef and activities co-ordinator during the committee meetings." The registered manager and staff told us this extra input into organising activities and quality assurance helped them improve the service.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

The provider had recently introduced a new computerised care planning system. This helped ensure information about people and their needs was more easily accessible to staff. It also meant staff were able to update people's records with care provided and with any changes to people's needs immediately.

Staff meetings were regularly held to provide a forum for open communication. Staff told us they were encouraged and supported to question practice. For example, the last meeting had been used to introduce the new electronic system for people's care records. Staff told us they had found this valuable as it gave them the opportunity to ask questions about it and raise any concerns they had.

Staff told us they were encouraged and challenged to find creative ways to enhance the service they provided. Staff told us they felt empowered to have a voice and share their opinions and any ideas they had. Comments included, "The registered manager is always listening to my ideas. They tell me if there are other things I need to take into consideration too."

The service inspired staff to provide a quality service. A compliment sent to the service by a relative commented, "[...] finds the staff exceptional, as do we." Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Comments included, "I love it, it's the most rewarding job I've had." Staff described how they had been encouraged to develop their skills and responsibilities by the registered manager. A new staff member commented, "It's nice to feel someone has confidence in you. They've built confidence in me. They've been with me every step of the way." Another staff member explained how they had been encouraged to apply for a job role with more responsibility and had been successful. They told us, "I'm now encouraged to observe staff who are senior to my new role, so I can do that job one day too. It's a challenge and exciting!"

The registered manager and staff told us they received the support they needed in order to fulfil their role effectively. The registered manager told us, "The owner pops in every day and I can talk about any problems.

It's great to have that level of support"; and a staff member told us, "I have confidence in the registered manager to provide support. If I didn't understand something, I could always ask and they'd help or find appropriate training. They reassure me, which takes the pressure off. They always have time to sit and listen. Without that the role could be really hard."

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately.

People, visitors and staff all described the management of the home to be approachable, open and supportive. The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. People and their relatives told us the registered manager was very open when any issues or concerns were raised.

There was an effective quality assurance system in place to drive continuous improvement within the service. People's views were sought through residents' meetings and questionnaires, and committee members had completed audits of the environment and observations of care. Spot checks were also regularly carried out on all aspects of the service by senior staff and managers. One person confirmed, "The area manager does night visits to check on things."

Records of these quality assurance activities showed any concerns noted were communicated to the staff team to improve practice. Areas of concern had been recorded but actions taken as a result were not always recorded. The registered manager told us, they always ensured appropriate action was taken but they would record these in the future.