Charing Gardens Limited

Charing House

Inspection report

Canterbury Street
Gillingham
Kent
ME7 5AY

Tel: 01634584600
Website: www.charinghealthcare.co.uk

Date of inspection visit:
28 January 2021

Date of publication:
09 February 2021

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Charing House is a 'care home' providing personal and nursing care for up to 88 people. Charing house accommodates people across five separate wings, each of which has separate adapted facilities. Two of the wings provide residential care and the remaining wings provide care including nursing care. At the time of our inspection 64 people were living at the service over five wings.

People's experience of using this service and what we found
Staff were aware of the risks associated with people's care and took care to manage these risks appropriately. People received their medicines when needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received appropriate training and supervision in relation to their role and were encouraged to progress and improve their knowledge.

People including those cared for in their rooms had activities provided and were protected from the risk of social isolation. Care plans were planned around people's health care needs. There was a robust system in place to assess the quality of care provided.

People and relatives knew how to complain and were confident that complaints would be listened to and addressed. People, relatives and staff thought the leadership of the service was supportive.

Rating at last inspection (and update)
The last rating for this service was Requires Improvement (published 22 November 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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

Why we inspected
The provider had identified a living area as a proposed designated setting. This was one of the 19-bedded living areas on the first floor of the service. At the time of the inspection, one person was being cared for in this living area, however they were due to be admitted to a different service.

This inspection was also carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Charing House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

The service had been identified for use by the Local Authority as a designated setting in response to the Winter Plan for people discharged from hospital with a positive Covid-19 status. Part of this this inspection was to see if the service was compliant with infection control and prevention measures and met the criteria for a designated setting. A separate report has been completed for this which is available on the CQC website.

Inspection team
Our inspection was completed by three inspectors.

Service and service type
Charing House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with nine people who used the service about their experience of the care provided. We spoke with 11 members of staff including the registered manager, deputy managers, a nurse, care staff and ancillary staff.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at six staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also spoke with four relatives.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection of the service the provider had failed to robustly assess and manage the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

● Assessments were undertaken to identify risks to people and protect them from harm. These included the risks related to skin integrity, mobility, nutrition and choking. One person told us, "Staff put a pillow underneath me to avoid me getting pressure sores and they always check my skin for redness." A relative said, "The home is all on one level and has sensor mats" to reduce the risk of falls.
●The risk assessments provided guidance to staff about the risk, action to take to minimise the risk and how to support people. For example, there were people whose anxieties may be increased around other people that lived there. There was guidance in their care plans on how best to manage this. A member of staff said, "We try not to put X and X together as they agitate each other. We do 15-minute checks and staff are allocated to do that and record it."
● Staff were knowledgeable about reducing risks to people when giving care. One told us, "We need to think about risks, like hoisting people. They (people) need constant reassurance as it can be frightening for them."
● Equipment was available to assist in the evacuation of people. Fire exits were clearly marked and free from obstruction and fire evacuation plans were displayed throughout the building. Staff understood what to do in the event of a fire. One member of staff said, "We go to the main door. We get the fireboxes with the (evacuation plans) and walkie talkies. We check the signing in book to make sure everybody is there. The seniors take charge."
● Where clinical risks were identified, appropriate management plans were developed to reduce the likelihood of them occurring, including around wound care, diabetes care and other health care concerns. Where wounds had been identified, regular photos were taken of the wound to track the progress.

Systems and processes to safeguard people from the risk of abuse
● People said they felt safe with staff at the service. One person told us, "Staff are fine. I have never had a problem with them." Another said, "Staff are good, I always feel safe with them." A relative said they felt their family member was safe due to, "the compassion and the detail that nurses and carers know."
● Staff understood what they needed to do if they suspected abuse. One member of staff said, "An example of abuse could be physical or verbal. I would tell the lead of the unit, the deputy manager or the home manager. I would go to Medway council if it carries on."
● Staff received safeguarding training and there was a whistleblowing policy that staff could access. Staff

told us that they would not hesitate to raise concerns. One told us, "We have had enough training on abuse and whistleblowing. I would whistleblow without a doubt."

Staffing and recruitment

● People and relatives told us that there were enough staff. One person said, "I don't have any problems with the staffing ratio. If I need anybody, I will just use my buzzer." Another said, "You only have to say, excuse me, and they come and help you." A relative said, "I never not been able to get hold of anyone, staff answer the call bell (for their loved one) straight away." During the inspection we saw that where people needed support this was provided by staff straight away. When call bells were used staff responded to these straight away.

● Staff told us they were able to manage on the current levels of staff. One told us, "I can be asked to go and work in the nursing area if they need cover. There is enough staff. It's better at the moment. It's more settled."

●The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the Disclosure and Barring Service (DBS). DBS checks were carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

Using medicines safely

● People told us they received their medicines when needed. One told us, "If I need pain relief, I will get it."

● There were appropriate systems in place to ensure the safe storage and administration of medicines. People's medicines were recorded in Medicine Administration Records (MARs). The MAR chart had a picture of the person and details of allergies, and other appropriate information. There were medicines prescribed on an 'as required' (PRN) basis and these had protocols for their use.

● Staff undertook training around medicines and their competency was observed and assessed before they were able to administer medicines to people.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date

Learning lessons when things go wrong

● Where accidents and incidents occurred, staff responded appropriately to reduce further risks. One staff member said, "If someone has a skin tear or bruise which wasn't there before. I would do a body map and go straight to the senior. We would monitor it."

● All accidents and incidents were reviewed by the registered manager to look for trends. Actions were then taken to reduce the risk of incidents occurring. For example, where one person had fallen, they were referred to the falls team and advice sought which had reduced their falls. A relative told us, "One previous incident where he fell out of bed onto table. I was told straight away. After the table was moved and staff check him regularly."

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection of the service the provider had failed to ensure that the assessment of care was appropriate to people's needs and people lacked choices with their meals. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

● Information about people's needs had been assessed before they moved in and people and relatives were involved in the assessment. This was to ensure that they knew the service could meet their needs. One relative said, "Staff asked us if there was anything we wanted them to do and discussed his needs."
●The assessments included information about communication, allergies, medical background, weight, dietary needs, mobility, memory and cognition. Information from the pre-assessment was then used to develop care plans for people.

Supporting people to eat and drink enough to maintain a balanced diet
● People were provided a selection of nutritious food and drinks that met their needs. One person said, "The food is great, you have two options." Another said, "The food is great. I like it." A relative said, "Kitchen staff know what she does and doesn't like. (Person) told carers what she wanted, and they provided this."
● Throughout the day people were offered snacks and drinks. Staff actively encouraged people to drink more fluids. During lunch the tables were laid nicely, and people were asked what drinks they wanted. There were choices of meals and if a person did not like what was on the menu an alternative was offered. Where people required support to eat their meal this was given.
● Where people were at risk of dehydration or malnutrition there were plans in place to address this. People were weighed regularly and if a person was too frail to be weighed staff would take their arm measurements as an alternative to monitoring weight loss. One person told us they were unable to be weighed due to their mobility but said, "They measure my arm which helps them see if I have lost weight." A relative said, "(Staff) called a doctor when she lost weight, was prescribed drinks and her weight improved.

Staff support: induction, training, skills and experience
●People and relatives told us that they felt staff were competent in their role. One person said, "I feel confident with how staff deal with my (medical procedure). A nurse has also shown carers what to do." A relative said, "Every time we've asked a question (to staff), the knowledge is there."

● Staff completed a full induction before they started caring for people. Care staff also completed 'The Care Certificate' which is an agreed set of standards that define the knowledge, skills and behaviours expected of staff in specific job roles in the health and social care sectors. There were staff that were also part of the Care Home Practioner Programme (CHAPP) which bridged the gap between the role of a care assistant and a nurse, allowing them to provide additional support to care home nurses. A member of staff said, "We have a good skill mix."
● Staff were provided with training that was specific to their role. Nurses were provided with updated clinical training including blood taking and catheter care.
● We saw that training was up to date and staff were reminded if they needed to have any refresher training.
● Senior staff and the registered manager undertook regular supervisions with staff to assess their performance and to provide support. One member of staff said of the supervisions that they found them, "Very supportive" and felt able to ask questions and talk about their role.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People told us they had access to health care support when needed. One told us, "I had a large filling come away and they have arranged for a dentist to come and see me." Another said, "If I need the nurse will call the GP who will come in."
● Staff worked well as a team to provide effective care to people. There was a handover at the end of each shift where staff shared information to ensure changes in needs were highlighted, or to confirm care had been given as required.
● Staff worked alongside healthcare professionals and other organisations to meet people's needs. A member of staff said, "If I have concerns, then I will refer back to the GP. If we have concerns, we will speak with the physio on the phone."
● Information recorded in care plans showed people had access to all healthcare professionals, including the GP, dentist, opticians and hospital appointments. We saw that staff were following any guidance provided by health care professionals. One relative said, "Carer updates us on how he is, if he's poorly or on antibiotics."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● During the inspection we saw staff asked people for consent before they delivered any care. One person told us they wanted a bed rail, but said they were asked to sign a consent form in relation to this once any risks were discussed with them. Another person said, "They always ask me before they do something." A relative told us, "They ring me and discuss (consent) over the phone."
● Staff were aware of the principles of MCA. Where people's capacity was in doubt MCA capacity

assessments were completed and these were specific to the particular decisions that needed to be made, for example, in relation to receiving care, having medicine and having bedrails. However, some of the best interest decisions were not as detailed as they could have been. The registered manager acted on this straight away and confirmed they would review all of these.

● We also saw DoLS applications that had been submitted to the local authority where the registered manager believed that people's liberties may be restricted.

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

● The service was adapted to meet the needs of people. One person said, "I really like my room, it's one of the biggest. I am very happy with it," A relative told us their family member's room was, "beautiful."

● The corridors and rooms were spacious to allow people to move freely. Each person's room was decorated with modern fixtures and fittings.

● There were signs on communal doors including the bathroom and toilets to help orientate people.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

At our last inspection of the service the provider had failed to ensure that care plans were detailed and appropriate to people's needs. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

● There were detailed care records which outlined individual's care and support with the input from people or their relatives. One person said, "They always involve me and speak to me about what I want and don't." A relative said, "Staff obviously read his notes, know all about the family, that he likes football." Another told us, "They know her well. Not just a number, it feels personalised."
● Care plans included information on personal hygiene (including oral hygiene), medicines, health, dietary needs, sleep patterns, emotional and behavioural issues and mobility. Any changes to people's care were updated in their care records to ensure staff had up to date information. One person said, "Staff know me. They are very attentive."
● Care was planned to ensure it was specific to people's needs. One person, who was living with dementia, had periods of anxiety during the day. There was guidance for staff on how best to manage the person's anxiety including distraction techniques and more frequent checks on the person.
● Daily records were also completed to record each person's daily activities, personal care given, what went well, and any action taken. There was also a summary in people's rooms to give staff an outline of people's care needs.
● Each person was allocated a key worker to provide continuity for the person and their family. People told us they knew who their key worker was and knew they could discuss any aspects of their care with them.

End of life care and support
● End of life care was planned around people's wishes. However, we have fed back that more information was required in the care plans around what people wanted at the end of their life. The registered manager told us that they would address this.
● Relatives were complimentary to the staff at the service about the care their loved ones received at the end of their lives. One relative fed back, "Words cannot express our thanks to all of you for taking such great care of our (family member)." Another fed back, "We appreciate all the love and care you gave her."
● Staff told us they would approach people about their wishes nearing the end of their lives. One said. "We speak with families or people themselves. It's so difficult."

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

● People were positive about how they were supported to reduce the risk of social isolation where they were cared for in their room. One told us, "Staff will come and chat with me. I have my TV and that's my focus. I don't get bored at all." A relative said, "There's singing, exercises and dancing, everyday there's something for people to do. At Halloween, we did a window visit and saw them making decorations."

● People were supported to maintain their hobbies and interests. For example, staff ensured that one person had their word searches and crossword puzzles and we saw them enjoying this activity. During lockdown some of the activities were limited, such as visiting entertainers, however, one person told us staff offered other things to keep them entertained. One person said, "It's something to look forward to."

● We observed staff chatting to people and one person dancing to music that that been arranged for them by staff. Relatives were also able to visit outside, and we saw one person with headphones on sitting by the window talking to their family member. A member of staff said, "After lunch things calm down and it gives us the opportunity to socialise with people, or read to people in their room."

Improving care quality in response to complaints or concerns

● Complaints and concerns were taken seriously and used as an opportunity to improve the service. People and relatives told us they knew how to complain. One person said, "I would speak to my key worker who follows up everything." Another said, "Complaints are always addressed to my satisfaction." A relative said, "I have no complaints or concerns."

● Complaints had been investigated thoroughly and people and their relatives were satisfied with the response. For example, one relative complained about the visiting restrictions during COVID 19. The relative was contacted to reassure them and given information on alternative ways the service could keep them in touch with their loved one. A relative told us, "I am confident the manager would deal with issues."

● Each person's room had a poster with a photo of the registered manager and who they could contact regarding, 'complaints and niggles.'

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● Care plans had communication records in place. There were documents that could be provided to people in larger print and in picture format. One person's first language was not English. The registered manager had another member of staff who was able to speak to the person in their language and would translate to the person during care reviews. They also had picture cards so the person could make day to day choices around their care.

Good

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection of the service the provider had failed to have robust oversight of the quality of care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

● People and relatives were complimentary about management at the service. One person said, "The manager is a lovely lady. I like her and (the deputy). They are brilliant." Another said the registered manager was, "very good" A relative said, "(A deputy manager was) wonderful and lovely. She cares about them, knows her clients and their needs."
● Staff were positive about the leadership at the service. One member of staff said, "I feel supported by (their line manager). She listens to us. We all get on ready well and all chip in. The most important thing is the residents." Another said, "If anything needs to be done for the residents, they (management) are on it."
● We did raise with the registered manager that some improvements could be made with the recording of room checks at night and the recording of codes on the MAR charts. They took this feedback on board and told us this would be addressed. After the inspection they informed us that this had been addressed.
● Staff were clear on their purpose in the delivery of care. One member of staff said, "We all enjoy it here and we all have the best intentions." A relative said, "Everything they do is perfect, can't fault the staff from cleaner to management. They care about the people and show it." Another said, "Personally don't think there is anything (to improve), can't fault on anything. So much comfort with her being there."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People were given opportunities to talk about things they would like at the service through regular residents' meetings and surveys. We saw evidence of actions taken from feedback. For example, people said they did not always know who the registered manager was. Following this feedback, a notice was placed in people's rooms with the photo of the registered manager. The registered manager also increased how often they visited people in their rooms.
● We saw the minutes of staff meetings and surveys where staff were invited to discuss any concerns they had or raise useful suggestions to make improvements. In a survey undertaken in 2020 staff raised they would like more staff dedicated to providing activities. As a result, an additional member of staff was

recruited to this role.
● Staff told us that they felt supported and valued. They said if they had any concerns, they could approach their line manager. One member of staff said, "I have felt very supported." Another said, "It was quite hard (during the COVID 19 outbreak in November) but the manager was very supportive."

Continuous learning and improving care; Working in partnership with others
● The provider and registered manager undertook audits to review the quality of care being provided. These included care plan audits, environmental audits and food surveys. As a result of feedback from people about the quality of the food the menu was redesigned to meet the needs of people living there.
● Audits took place to look at the clinical care being provided, these included reflective staff supervisions to look at people's skin integrity, falls, weight loss, infection control audits and health and safety audits. Each audit had an action plan to address any areas of concern. For example, it had been identified that one person had been falling frequently. As well as being referred to the falls team, one member of staff was allocated to be with the person at all times.
● The provider and registered manager worked with external organisations including local nurseries who had visited the service and the local church. The registered manager told us, "One nursery will be visiting the outside ground so residents can wave to them."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
● Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of notifiable events including significant incidents and safeguarding concerns.
● We saw from the records that relatives had been contacted when there had been an incident involving their family member. Relatives we spoke to confirmed this, one relative said, "They always notify us."