

Mrs Eileen Margaret Horne

Charlesworth Rest Home

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?

Requires Improvement 

Overall summary

We inspected Charlesworth Rest Home on the 26 November 2014. Charlesworth Rest Home is a family run care home that provides support for up to 18 older people. On the day of the inspection 16 people were living at the home. The age range of people living at the home varied between 70 – 100 years old. The provider provided care and support to people living with diabetes, sensory impairment, risk of falls and long term healthcare needs.

The home is centrally located in Brighton with good public transport links to the city centre. Shops, parks and cafes are located nearby. Many people living at the home have lived there for many years. The provider also has good retention of staff, with some staff members having

worked there for over five years. Throughout the inspection, people spoke highly of the home. Comments included, “They are wonderful here.” “They couldn’t be better, they are all very caring.”

A registered manager was in post, who was also the provider/owner. 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 and associated Regulations about how the service is run.

People’s needs had been assessed and care plans developed. However, the provider did not have a formal

Summary of findings

system in place to analyse and audit care plans to ensure they were updated regularly and contained sufficient guidance. Individual daily logs were also not consistently kept for each person. Despite concerns with documentation, we saw that people consistently received the care they required, and staff members were clear on people's individual healthcare and support needs but we have identified this as an area of practice that requires improvement.

The provider did not routinely submit statutory notifications to the Care Quality Commission, as required. Under the Health and Social Care Act 2008, providers are required by law to submit notifications. We have asked the provider to make improvements in this area.

People felt safe living at Charlesworth Rest Home. Training schedules confirmed staff members had received training in safeguarding adults at risk. Staff knew how to identify if people were at risk of abuse or harm and knew what to do to ensure they were protected.

Staff were seen smiling and laughing with people and joining in activities in the home. It was clear that staff members, the provider and deputy manager had spent considerable time with people, getting to know them, gaining an understanding of their personal history and building friendships with them. People were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

People were dressed in their own style and if they needed support, staff helped people to take a pride in their appearance and dress in their personal style. On the day of the inspection, ladies were seen having their nails painted by staff members.

Staff understood the needs of people and care was provided with kindness and compassion. People spoke highly of the care they received and confirmed they received care in a timely manner. Staff members were responsive to people's changing needs. People's health and wellbeing was continually monitored and the provider regularly liaised with healthcare professionals for advice and guidance.

Staff received training that was relevant in supporting older people. Staff received on-going support through handovers, staff meetings and supervisions. Staff commented they felt valued, supported and could approach management with any concerns. One staff member told us, "The training is really good here and I can always go to the deputy manager with any concerns."

People were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

The provider had created a home with a friendly and relaxed atmosphere. It was clear the provider took great pride in the running of the home. Staff had a clear understanding of the vision and philosophy of the home and they spoke enthusiastically about working for the provider.

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?

Charlesworth Rest Home was safe. People told us they felt safe living at the home.

Risks to people were identified, assessed and people were supported to take positive risks. Staff had a good understanding of how to recognise and report any concerns and the home responded appropriately to allegations of abuse.

Medicines were managed appropriately and people confirmed they received their medicine on time. Staffing levels were sufficient and recruitment records demonstrated there were systems in place to ensure staff were suitable to work with adults at risk

Good



Is the service effective?

Charlesworth Rest Home was effective. Staff had a good understanding of people's care and support needs. Staff had received essential training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and demonstrated a sound understanding of the legal requirements.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people. People could see, when needed, health and social care professionals. The provider had built good rapport with the local healthcare centre.

People's nutritional needs were met and people could choose what to eat and drink on a daily basis.

Good



Is the service caring?

Charlesworth Rest Home was caring. Care was provided with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

People spoke highly of staff members, the provider and deputy manager. Staff were praised for their kindness. People responded to staff with smiles. People were supported to maintain their physical appearance and independence was promoted within the home.

Good



Is the service responsive?

Charlesworth Rest Home was responsive. People received care and support which was personalised to their wishes and responsive to their needs. Individual care plans were developed and understood by staff members.

People were supported to take part in a wide range of recreational activities in the home which were organised in line with people's individual preferences.

Good



Summary of findings

There was a complaints procedure in place and people felt comfortable raising any concerns or making a complaint.

Is the service well-led?

Charlesworth Rest Home was not consistently well-led. Statutory notifications were not always submitted to the Care Quality Commission and the provider did not have systems in place to monitor care plans. Daily reports for each person were not always available.

The home's philosophy was embedded into everyday practice. People spoke positively about the provider and it was clear that the provider took great pride in the running of the home.

Requires Improvement



Charlesworth Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 home, and to provide a rating for the home under the Care Act 2014.

We inspected the home on the 26 November 2014. This was an unannounced inspection. The inspection team consisted of two inspectors and an Expert by Experience who had experience of older people's residential care homes. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection, we spoke with nine people who lived at the home, three staff members, the chef, the deputy manager and the provider.

Before our inspection we reviewed the information we held about the home. We considered information which had been shared with us by the local authority, members of the

public, relatives and healthcare professionals such as GPs and community practice nurses. We also contacted the local authority to obtain their views about the care provided in the home. Charlesworth Rest Home was last inspected in December 2013 when we had no concerns.

We looked at areas of the building, including people's bedrooms, the kitchen, bathrooms, the lounge and the dining area. We spent time observing staff interactions with people and how comfortable people appeared in the company of staff members. We also spent time sitting and talking with people.

During the inspection we reviewed the records of the home. These included staff training records and policies and procedures. We looked at five care plans and five risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at Charlesworth Rest Home. This is when we looked at their care documentation in depth and obtained their views on how they found living at Charlesworth Rest Home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care

Is the service safe?

Our findings

People told us they felt safe living at Charlesworth Rest Home. One person told us they felt safer than they did living at home.

People were supported to live autonomous independent lives. Staff members understood the importance of positive risk taking and supporting people's freedom. People were encouraged to go out and about independently, go shopping or go out for walks. One person told us how they went out each day without staff support. It was important to them to take every day risk they would be taking if they lived at home. People also said they were supported by staff members to go into town when required or if they were worried about going out alone. The deputy manager told us, "People who require assistance due to mobility needs or lack of confidence, we will take them down to the local shops or where required." People could freely move around the home and were able to make choices about how and where they spent their time. During the inspection, we saw people freely coming and going from the home and their freedom was respected by staff.

Risks to people were assessed and risk assessment developed. Risk assessments included mobility, falls, bathing and personal care. These provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. One person was at risk of falls due to a sensory impairment. Their risk assessment identified the impact of not being able to see their surroundings clearly and ensuring hallways and passage ways were clear of hazards or any trip hazards. Doing so enabled them to move freely whilst reducing the risk of falling.

Any concerns regarding people's safety or wellbeing, were taken seriously by staff and would be reported appropriately to help ensure people were protected as far as possible. Staff confirmed they had received safeguarding adults at risk training and this was supported by training records. It was clear staff understood their own responsibilities to keep people safe from harm or abuse. They had a good understanding of the types of abuse and who they would report any suspicions or concerns to. One staff member told us, "I would raise concerns with the manager but I know that I can make a safeguarding alert

myself." Safeguarding policies and procedures were up to date and appropriate for this type of home in that they corresponded with the Local Authority and national guidance.

Medicines were stored and administered correctly. Some prescription medicines known as controlled drugs (CDs) have legal requirements for their storage, administration, records and disposal. CDs were stored, recorded and ordered appropriately. The stock levels of CDs were checked on a regular basis and CDs were administered in the presence of two care staff as per good practice guidelines.

People commented they received their medicine on time and they had no concerns regarding their medicine regime. Medicines were administered through monitored dosage systems (MDS). MDS is a medication storage device designed to simplify the administration of medicines. Medicines were placed in separate compartments allowing the person to be given the correct medicine and dose at the correct time. Medication administration records (MAR charts) reflected that medicines were administered appropriately and on time. MAR charts are a document to record when people receive their medicines. Recordings were clear and accurate and confirmed medicines were received and disposed of correctly.

Staff told us they were aware of the need to consult a GP if a person continued to refuse their medication. This was to ensure that the impact to their health of not taking the medication was clearly understood.

There were enough skilled and experienced staff to ensure the safety of people who lived at the home. A team of two care staff; cleaner, cook, provider and deputy manager were available throughout the day. During the night, a member of staff was available with the provider and deputy manager providing on call support if needed. People and staff we spoke with commented that they felt the home was sufficiently staffed. One staff member told us, "If I thought we didn't have enough staff, I would tell the manager and know staffing would be increased. We have the right amount of staff and we get time to spend with people which is important."

People received care in a timely manner. A call bell facility was available throughout the home and in people's own rooms. Call bells were answered promptly and people's

Is the service safe?

requests for assistance were answered in a timely manner by staff. One person told us, “They respond very quickly to the bell and I feel very safe.” There were enough staff to provide the care and support people required safely.

Safe recruitment processes were in place, and the required checks were undertaken before staff starting work. This included completion of a Disclosure and Barring Service check to help ensure staff were safe to work with adults at risk. Staff files contained evidence, two employer references and application forms. Offers of employment were available along with the staff’s member induction handbook.

The home and equipment was maintained to a safe standard for people and for staff. The provider employed a dedicated maintenance worker who carried out day-to-day repairs and staff said these were attended to promptly. There were contracts for the servicing of utilities and we saw that equipment was assessed before it was commissioned for use. In the event of an emergency, the provider had an agreement with a local care home that people could be evacuated there for safety.

Is the service effective?

Our findings

People received safe and effective care. Care was delivered by staff who had the knowledge and skills to carry out their roles and responsibilities effectively.

People spoke highly of staff members and praised the level of care they received. One person told us, "They are wonderful here." Another person told us, "There's very good treatment."

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support the needs of older people living in the home. The provider had an on-going schedule of essential training for staff. Training included understanding dementia and diabetes management. Staff spoke positively of the training opportunities provided. One staff member told us, "We have regular training and we also cover things with the deputy manager in one to one."

Staff regularly attended training provided by the local council. Training schedules confirmed staff regularly attended face to face training as provided by the council rather than e-learning training. The provider told us, "We feel it's more important for face to face training as then it can be discussed in a group and embedded into practice." Staff were supported to continue with their professional development through supervisions and appraisals. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Staff commented they found the forum of supervision useful and would discuss areas of interest or any policy changes. One staff member told us, "I have regular supervision which is helpful. We discuss anything new or any policy changes." Staff commented that if they had any worries they could approach the provider or deputy manager for advice or guidance.

Staff had knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 sets out how to support people who do not have capacity to make a specific decision. Policies and procedures were readily available to staff on the MCA and DoLS. These provided staff with guidance regarding their roles and responsibilities under the legislation. Staff

understood the principles of the MCA and respected people's rights to make 'unwise' decisions (decision that may place them at risk). One staff member told us, "We help people to make their own decisions."

Training schedules and talking to staff confirmed they had received training on MCA and DoLS. The provider and deputy manager were knowledgeable about recent changes and what may now constitute a deprivation of liberty safeguard. On the day of our inspection, no one was subject to a DoLS. However, policies were in place in the event of an application being submitted.

Staff had clear knowledge and understanding of supporting people to maintain good health. The provider told us, "In the aging population, it's important to attend regular health checks and promote mobility." The provider and staff members regularly supported people to attend GP or hospital appointments. The provider informed us, "Most of our residents are registered with the same GP practice and we have built excellent rapport with the GPs." One person told us, "They are ever so good at driving me to appointments and coming in with me."

Staff monitored people's health and wellbeing on a daily basis. The home had a daily diary which recorded any input, advice or guidance from a visiting healthcare professional, if the person looked unwell or if urgent medical care was required. Community practice nurses visited the home daily to monitor those living with diabetes blood sugar levels. The provider maintained an on-going record of people's blood sugar levels. This allowed for staff to have an oversight of people's diabetic care needs and monitor for any signs and symptoms of high or low blood sugar levels.

In the event of people's health deteriorating, staff took action and worked in partnership with healthcare professionals. For example, one person's health had rapidly deteriorated. Input had been sought from the Macmillan team (cancer care team), the individual's GP and their consultant. Documentation confirmed suitable equipment was being delivered to enable the person to be as comfortable as possible.

From our observations of staff interactions and reviewing documentation it was clear the provider was effective in

Is the service effective?

monitoring the needs of older people. The provider and staff members understood the importance of promoting self-identify and risk taking whilst monitoring health and well-being.

People were involved in making their own decisions about the food they ate. People were asked each day what they would like for breakfast, lunch and dinner. The chef commented, "There's something different every day and we always accommodate what people want." One person had provided the chef with a list of their favourite meals. The chef told us, "I'm now going through this list and making sure we have everything to ensure we can always make their favourite meals."

People told us they enjoyed the food and always had enough to eat and drink. One person told us, "The food is very good." Another person told us, "We get to choose what

we like." We asked people if we could join them at lunch time to share their experience and we were invited to join them. The dining room was on the ground floor and adjacent to the lounge. Everyone came to lunch and dined on tables that had been set by care staff. The cutlery and crockery were of a good standard, and condiments were available.

The meal time was unrushed; staff interacted in a friendly manner were aware of people's needs. The atmosphere in the dining room during the meal was relaxed, quiet but friendly and people chatted together if they wanted. Refreshments were available and people enjoyed the dining experience. People's weights were recorded monthly (if consented to by the individual). Staff monitored people's nutritional intake and recorded if people refused, declined or did not eat any meals.

Is the service caring?

Our findings

People spoke highly of Charlesworth Rest Home and we observed that they received care from kind and compassionate staff.

The atmosphere in the home was calm and relaxing for people. When we arrived people were seated in the communal lounge, drinks to hand and happily chatting with one another. People could come and go and enjoyed spending time in their rooms and the communal areas. One person told us, “They are wonderful here, you can’t fault them.” Another person told us, “The staff are all very nice. This is a very nice place to live”.

Throughout the day we saw staff interacting with people in a caring and professional way. Staff were observed chatting and laughing with people and providing care assistance when needed. Staff spoke fondly about the people they supported and demonstrated a commitment to providing high quality care and support. One staff member told us, “We want people to be as happy as possible.” The provider told us, “If people are not happy, then there’s no point in us running the home.” It was clear that staff had spent time building a good rapport with people. Staff could tell us about each individual, their likes, dislikes, personality and life history.

People told us they felt listened to and supported by staff and they felt cared for. One person told us, “They are caring and very gentle.” Another person told us, “They couldn’t be better, they are very caring.” The provider encouraged people to discuss their concerns, worries or anything else. The provider commented, “I talk to everyone daily. I want people to be able to talk to me and if they have any concerns we will act on them straight away.” One person told us, “I talk to the manager; she sorts everything out for me.”

People were supported to maintain their personal and physical appearance. People were dressed in the clothes they preferred and in the way they wanted. On the day of the inspection, one staff member was seen painting ladies

nails. They chose from a variety of colours and enjoyed the experience. Women were seen wearing their jewellery and people’s hair was neatly done. One person told us, “The girls help me chose what to wear every day, they are ever so good.”

People’s privacy and dignity was respected. Throughout the inspection, people were called by their preferred name. Assistance with care was offered discreetly and people confirmed their privacy and dignity was always upheld. One person told us, “They always knock before coming in my room.” Staff had a clear understanding of the principles of privacy and dignity. One staff member told us, “I always make sure they have a towel covering them when having a wash or getting dressed.” Another staff member told us, “We always make sure the door is closed when giving personal care.” People choose whether to be in communal areas or have time alone in their room and these decisions were respected by staff.

Maintaining independence was promoted within the home and staff understood the principles of supporting people to be as independent as possible. One staff member told us, “We don’t want to take every day risks away from people.” Another staff member told us, “I will encourage people to do things themselves, such as wash their face or put their own clothes on.” People told us that they were encouraged to do as much for themselves as possible. One person told us, “The girls help me but I always wash my face and put my clothes on. I still want to do things for myself.”

People were consulted about the care and treatment they received and what they wanted to do. People told us they felt involved in their care and could always approach the provider or deputy manager with any questions. One person told us, “They always make sure I’m happy with everything.” Another person told us, “if anything changes or I have an appointment, I’m always told and they make sure its ok.” Although the home did not have formal residents’ meetings, people commented that they regularly discussed the running of the home and always made suggestions to the provider. One person told us, “We don’t need formal meetings, we always discuss things.”

Is the service responsive?

Our findings

People spoke positively about the opportunities for social engagement and the activities offered. One person told us, “I love the music person who visits and plays music and sings.” Another person told us, “We can pursue our own interests.”

People had opportunities for activities and social engagements every day. A calendar of events reflected that the home had a regular musician who visited weekly, a quiz master, singer and other entertainers who regularly visited. People spoke highly of the activities and commented that they looked forward to the activities offered.

Staff understood the importance of involving people in appropriate activities which help people to feel involved, valued and which were stimulating. The provider and staff members told us how everyone at the home enjoyed dancing and singing. The provider told us, “We’ve found that everyone has a passion for dancing and singing. We play old music and watch musicals together.” The provider also recognised that people’s interests vary. The provider told us, “We want to provide activities and stimulation that are individual to the person. We always vary activities as well and ask people what they would like to do, what’s important to them.”

On the day of the inspection, a quiz was being held. The quiz master sat in a central position within the lounge, engaging with everyone and also promoting participation. Everyone enjoyed the activity and engaged throughout the quiz. Laughter and humour was evident throughout the activity. Music from the 1950s was also playing. People were seen dancing in their chairs and staff members were also dancing with people. Alongside activities, the deputy manager took people out for walks, shopping or to local cafés.

Care plans demonstrated that people’s needs were assessed and plans of care were developed to meet those needs. Each section of the plan covered a different aspect of the person’s life, for example personal care, mobility and dexterity and religious needs. Care plans were personalised to the individual and information was readily available on how the individual preferred to be supported.

Each care plan contained a ‘resident’s profile’. This included personalised information on the person’s life history, what

was important to them and key memories for them. Staff commented that the profile allowed them to build a rapport with people and engage with them. It also worked as a tool to help people reminisce about their past.

Care plans were readily available to care staff but stored securely and away from un-authorised access. Staff members told us that care plans contained up to date guidance and information on how best to support people. Care plans were reviewed regularly and during the course of our inspection we found care plans were followed by staff members. For example, one person had suffered a fall which impacted upon their level of mobility. When they had come to the home they were independently mobile but since the fall they required the aid of a zimmerframe (mobility aid). During the inspection, the person was seen getting up initially without the aid of the zimmerframe. Staff discreetly prompted the person and promoted them to walk with the mobility aid.

Staff were kept aware of any changes in people’s needs on a daily basis. This was supported by systems of daily records which were filled out in the home’s communication diary. There were also verbal handovers between staff shifts. Staff commented that there was good communication within the home. One staff member told us, “We have the daily report book which is excellent. It tells us everything.”

The provider and staff members were responsive to the individual needs of people. People’s healthcare, psychological and emotional needs were understood by staff members and staff provided personalised care to meet those needs. For example, staff members understood the importance of monitoring people’s blood sugar levels and food intake. Due to the needs of people living at the home, staff recognised the importance of meaningful activities and promoting independence. One person told us, “If I want to go out, they always takes me out.” Another person told us, “They always take me to the toilet when I need to go, I never have to wait.” Staff told us how they observed people for any changes in behaviours to identify possible concerns. One staff member told us, “We know when people are unwell. For example, one lady, if she’s quiet that can mean she’s unwell.” Staff commented how they reported any concerns to the provider and recorded in the home’s communication and report diary.

People told us they were aware of how to make a complaint and were confident they could express any

Is the service responsive?

concerns. A complaints policy was displayed in the dining area and staff told us they would support people to make a

complaint. The provider had not received any formal complaints in over two years. We were informed, "If we did receive any formal complaints, they would be investigated and taken seriously."

Is the service well-led?

Our findings

People spoke highly of the provider and expressed confidence in the provider's ability to run the care home. Everyone knew the provider by name and even had nicknames for her. People told us that they trusted her and if they had any concerns or worries, she would deal with them immediately. One person told us, "The provider is a very good boss."

The provider (owner) was the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

People spoke highly of management and commented that they felt the home was well run. Despite people's high praise of management, we found the provider was not consistently notifying the Care Quality Commission of incidents where injury, harm or abuse had occurred to people. Under the Health and Social Care Act 2008, providers are required by law to submit statutory notifications. A notification is information about important events which the provider is required to tell us about. We identified two incidents which had not been notified to us. The provider was unaware they were required to submit notifications and acknowledged to submit notification following any future incidents. We have asked the provider to make improvements in this area.

Quality assurance systems were in place to monitor the running of the home and the effectiveness of systems in place. These included monthly health and safety checks, environmental checks and home improvements reports. However, despite having systems in place, the provider did not complete audits of their care plans. Therefore, there were no mechanisms in place to monitor, analyse and review the effectiveness of care plans. For example, we identified one care plan which had not been updated to reflect the person's deteriorating healthcare needs. We also identified one person who had a known history of pressure damage (skin breakdown). We could not locate a skin integrity risk assessment which detailed the action required to reduce the risk of skin breakdown. Due to the absence of a formal audit of care plans, the above issues had not been addressed by the provider. Despite this, staff members had a firm understanding of people's care needs and the care required to reduce the risk of skin breakdown. However, we have identified the above issue as an area that requires improvement.

Throughout the inspection, staff members informed us that communication within the home was excellent. The home had daily reporting books which allowed staff to record any appointments, key information and other information of importance. However, the provider did not keep daily notes on each person. Therefore there was no record of each person's individual day. For example, what they did that day, whether they had a bath or shower or how their day went.

There was a system in place for recording accidents and incidents. We reviewed a sample of these and found recordings included the nature of the incident or accident, details of what happened and any injuries sustained. However, we could not identify how the provider monitored or analysed incidents and accidents to look for any emerging trends or themes. We have identified this as an area that required improvements.

Systems were in place to seek the views of people, relatives and staff. Yearly satisfaction surveys were sent out to people and their relatives. Feedback from the visitors survey result in April 2014 found that 89% of visitors thought the home was excellent. Individual comments included "I wouldn't want my Mother to be anywhere else." "Family run home and you are made to feel very welcome." Feedback from people found that 85% rated the home as excellent with 15% as good. Comments from people included, "Very happy here." "Staff meet my needs with good humour."

There was a clear management structure at Charlesworth Rest Home. Staff members were aware of the line of accountability and who to contact in the event of any emergency or concerns. Staff members spoke positively about the leadership and management style of the provider. The provider was seen as approachable and supportive, taking an active role in the running of the home. People appeared very comfortable and relaxed with the provider and deputy manager.

Staff meetings were held regularly. Staff told us these were an opportunity to discuss any issues relating to individuals as well as general working practices and training requirements. We saw minutes for the previous two staff meetings which verified this. One staff member told us, "The meetings are very good."

The home maintained good links with the local community. The deputy manager told us, "We have good

Is the service well-led?

rapport with local shop and café owners. I regularly take people out and the local shops have got to know us.” The home had recently been involved in a local magazine. The magazine had done an article on the home praising it, as ‘the best place to send your Grandmother.’

The home operated within a culture of honesty and transparency. The provider told us, “We are honest with our staff and always want to learn and improve.” The provider and deputy manager regularly attended meetings in the local area with other registered care home manager’s to discuss practice issues, legal issues and to learn from one another. Staff members commented throughout the inspection on the open culture within the home and how management were always available for advice and support.

Charlesworth Rest Home is a family run care home that has been within the family for over 26 years. Many people who lived at the home had lived there for many years and sang the praises for the home and the provider. Throughout the

inspection, it was clear that the provider and deputy manager knew each person well, their likes, personality and dislikes. The provider told us, “This is a family home and we run it like a family home.” It was clear that the provider had compassion for each person. During the inspection, they showed us feedback from a person who had lived at the home many years ago. The provider carried around this feedback in their purse, informing us, “This is why I run Charlesworth.”

The provider had a code of values which governed the philosophy of the home. The values included, ‘We believe in the highest possible standards of excellence regarding the care of our residents’. ‘We believe that the dignity and values of every resident must be recognised and respected at all times’. The provider told us, “Our main aim is to ensure that people get good care and quality of care. If not, then there’s no point in us running the home.”