

Methodist Homes

Charnwood House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Charnwood House is a residential care home registered to provide care for 65 people in one adapted building. At the time of our visit 60 people were living there. Some people stayed at the home for a short time following discharge from hospital.

People's experience of using this service and what we found

There were enough staff to ensure people were safe. Where risks associated with people's health and wellbeing had been identified, plans were in place to manage those risks.

Staff understood their responsibility to safeguard people from harm and how to report concerns.

Medicines were stored, administered and monitored safely. Staff received training to ensure they remained competent to give medicines.

The environment was clean, and staff followed safe hygiene practices.

Lessons were learned following accidents and incidents to reduce the likelihood of reoccurrence.

A registered manager was in post. Positive feedback was received in relation to the management of the service. People, staff and professionals had opportunities to feedback about the running of the service.

Quality checks were carried out to monitor the service, and these identified where improvements could be made. Following a previous incident, a comprehensive programme of changes had been implemented at the service in areas relating to dementia care, recording of care and with additional staff training.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The service was rated as Good (published on 27 April 2019).

Why we inspected

This inspection was to follow up previous concerns raised and ensure actions and recommendations had been implemented to address these. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led only.

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 well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

Charnwood 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.

Inspection team

The inspection was completed by two inspectors, an assistant inspector and a dementia nurse specialist advisor.

Service and service type

Charnwood 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. Registered managers 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

The inspection took place on 6 September 2019 and was unannounced.

What we did before the inspection

Prior to the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as safeguarding concerns. We sought feedback from the local authorities who work with the service who told us they did not have any new concerns.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with five people about their experiences of the care provided. Some people were unable to tell us about their care; however, we completed some observations to understand their experience further. We also spoke with six relatives and three health professionals. We spoke with four care staff, a senior member of care staff, a domestic staff member, the deputy manager, the registered manager and the operations manager for dementia. We reviewed a range of records including nine people's care records and 12 medication records. Other records were reviewed in relation to the management of the service, including quality checks, training records and accidents and incidents. We looked at two staff files to ensure staff had been recruited safely.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks associated with people's health and wellbeing had been identified, assessed and documented in care plans with information how staff could reduce this risk. For example, risks around behaviour, weight loss and falls.
- Records showed the action taken by staff to minimise risks, including referrals to other healthcare professionals. For example, one person had lost weight recently and had problems swallowing food. They were referred to the speech and language therapist, changed to a soft diet and were now weighed weekly. The catering manager was aware of when people required specialised diets.
- Most of the care records we reviewed contained accurate information about people. However, for one person, we found the information recorded around catheter care was confusing and the actions taken to minimise risks had not been recorded clearly. This posed a risk that staff would not support the person safely. The registered manager assured us care had been provided correctly but acknowledged systems to record this needed to be clearer. This was addressed during our visit.
- The registered manager told us that whilst people's risks were managed safely, some care plans required further improvement, and this was part of ongoing changes. They told us, "I am confident where we are at and where we are going, I do feel the service is safe. We have made significant progress but there is still work to do."
- Further staff training in relation to areas such as skin care and falls monitoring had resulted in improvements to procedures and recording practices.
- People told us they felt safe at Charnwood House. One person said, "Yes I feel safe, there is enough staff here and my room is always lovely, clean and fresh smelling." Relatives told us they were happy with the care provided. One relative said, "They are looking after (person) so well, I have got no complaints, (person) had a fall before, but they always ring me. They would not be here if I was not happy. Since they have been very poorly, I have been even more impressed by them."
- Staff had been trained in fire safety and regular fire alarm tests and practice drills took place. Personal emergency evacuation plans ensured in the event of a fire, people could be evacuated safely.
- Safety checks were carried out on equipment, for example hoists. One relative told us they felt that staff 'knew what they were doing' when using this equipment. During our visit we observed staff moving people safely and with dignity. The provider ensured environmental checks of the building were also completed.
- Enhanced checks were being carried out by the management team, for example at night, to ensure staff supported people correctly.

Systems and processes to safeguard people from the risk of abuse

- Staff understood the signs of abuse and how to recognise and protect people from this. One staff member told us, "I whistle blew in my last job because residents were at risk. I would do the same here if I felt this way." A whistle blower is a person who exposes any kind of information of activity that is deemed illegal, unethical or not correct within an organisation. Another staff member told us there would be no need to 'whistle blow' as they were confident the registered manager would act if any concerns were raised.
- The provider's policies and procedures provided staff with guidance of how to keep people safe.

Staffing and recruitment

- People were supported by enough staff to meet their care needs, including at weekends. One relative told us, "There always seems to be enough staff when I am here. (Person) never has to wait long." One staff member told us, "I do feel people are safe. Some people are on holiday at the moment, but we have picked up extra hours to cover this. There are usually enough."
- No agency staff were used, so people were supported by consistent staff who knew them well.
- Staff recruitment files included relevant checks to ensure all care staff and nurses were suitable to work with vulnerable adults. Staff were unable to start work until these checks were completed.

Using medicines safely

- Medicines were organised, stored and disposed of safely. People received their medicines as prescribed and only senior staff were able to give them.
- Staff were trained to administer medication and competency checks were carried out to ensure they remained safe to do this. The management team completed audit checks of medicines to ensure medicines management remained safe and lessons were learned following any errors which occurred.
- Areas of good practice were identified during our visit in relation to usage of specific medicines and guidance around diabetes. However, the dates when medicine patches had been removed was not being recorded. This is important as it reduces the risk of overdose. We discussed this with the management team who confirmed this was something staff would now record.
- Staff were able to give homely remedies (over the counter medicine, such as paracetamol) which offered additional support to people without waiting for a prescription. A policy was in place for staff to follow with clear guidelines for use.
- Protocols were in place for people who received medicine on an 'as required' basis and staff were able to tell us about signs people might display if they were unable to communicate this.

Preventing and controlling infection

- Staff received infection control training and followed good hygiene practices to help reduce risks, such as wearing personal protective equipment. One relative told us, "The environment always appears clean, I have seen the cleaners about." Another relative told us, "It is kept beautifully, you never get that awful smell, they make sure everybody gets fresh air (in rooms)."

Learning lessons when things go wrong

- Staff completed reports when a person had been involved in an incident or accident. These were comprehensively reviewed and tracked through the care pathway to identify any trends, themes and what if anything, could be done differently. All incidents were now safeguarded to the local authority to ensure all the correct actions had been taken.

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 Good. At this inspection this key question has remained the same. 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

- Managers and senior staff checked the quality and safety of the care provided, for example, checks in relation to medicines, recording of care and staff practice. These checks had been successful in identifying some areas for improvement. The registered manager told us, "I think we have worked so hard, I feel empowered with all the improvements here, it is still a process, but it is going the right way." They told us processes were now more thorough and they had invested time in getting this right as they felt quality checks were not good enough before. For example, health and safety audits were now more robust and they had developed some 'at a glance' records in relation to weights, which summarised changes to people's needs more clearly. Other improvements had been made around legibility of recording and times staff recorded. The registered manager also told us people's care needs at the service were now lower, following some people with complex needs moving into nursing care.
- Plans were being implemented to further improve dementia care and additional training for managing behaviours that may challenge the service had been developed for staff. Improved signage was in place for people living with dementia to help them orientate around the home, alongside other changes to the décor such as contrasting colours. Other changes to the environment now reflected people's backgrounds and the local history, for example a car themed and 'Godiva' area of the home.
- New technology had been introduced to improve outcomes for people, such as interactive photo books which included recordings by family members to help people remember their past lives. A games room had been developed for people to enjoy, and a music therapist had been successful in supporting people further.
- The provider understood the legal requirements of their role including submitting certain notifications to us (CQC). Ratings from the last inspection were displayed at the service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People gave positive feedback about the service and management team who consisted of the registered manager, deputy manager and senior care staff. One person said, "It is marvellous here, the staff are wonderful, very good, I feel it is very well run." Another person told us, "The manager is always about, if I needed to talk with them, they would make time for me, they are never too busy." Another person told us if any issues were raised with the registered manager they were dealt with straight away. The registered manager told us they in turn, felt very supported by the provider and senior management.
- Staff felt the management team were supportive overall, though some staff had left the service following

the recent changes made. One staff member told us, "I think morale is quite good. You can go to the registered manager to raise any concerns or on a personal level. They give guidance and support. I am proud to work for Charnwood. It is a pleasure and I love my work." They went on to say they liked the changes that had recently taken place and could see the benefit of the improvements. However, another staff member said they did not like the long shifts staff worked now and felt they could not be sure issues they raised would be addressed by management. The registered manager told us they had put a suggestion box in the staff room to gain feedback about ways communication could be improved at the service.

- Staff understood their responsibilities in relation to duty of candour, that was being open and honest and accepting responsibility when things went wrong. Following a previous incident, a review of systems and processes had taken place and these changes continued to be implemented. For example, improved communication with relatives and more accessible storage of archived care records.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Views of people were gathered at resident and relative's meeting's. A chaplain worked at the service and was involved in gathering feedback about changes, such as which activities were held.
- Staff meetings were held, and staff had other opportunities to raise any issues at one to one meetings. These provided an opportunity for staff to feedback their views and suggestions.
- Information was provided for people visiting the service in different languages and information was provided to support children in what to expect when visiting a care home.

Continuous learning and improving care

- Learning from concerns and incidents contributed to continuous improvement. Staff were undertaking further training in completing ABC (Antecedent, behaviour, consequence) charts so themes and trends could be better identified for staff to learn from. A revised system was now in place to improve the handover of care information between staff shifts. Further coaching for staff was being carried out in relation to person centred care.
- Staff told us the provider supported them with opportunities to take further qualifications in care should they wish to.
- Changes had taken place since April 2019 in relation to the ethos of the service after shortfalls in service delivery had been identified. The registered manager explained they no longer provided support to another of the provider's services as it had been recognised that this impacted on their ability to manage Charnwood House as well.

Working in partnership with others

- Staff and the management team worked with professionals to support people's care including speech and language therapy, dieticians and the community mental health team. However, one staff member felt there could be more input from mental health services.
- One health professional spoke positively about their working relationship with the service and told us, "Staff are very helpful, they give me all the information I need."
- The local authority commissioning team had visited the home on several occasions. Only minor changes to care provision had been required at the most recent visit.
- Links had been forged with the Heritage Museum following a recent successful art exhibition held.
- The service was waiting for confirmation they were verified in a 'React to Red' scheme. This related to good practice in managing skin care and pressure areas.