

Methodist Homes

# Charnwood House

## Inspection report

77a Beake Avenue  
Radford  
Coventry  
West Midlands  
CV6 3AQ

Tel: 02476601404

Website: [www.mha.org.uk/ch33.aspx](http://www.mha.org.uk/ch33.aspx)

Date of inspection visit:  
10 August 2016

Date of publication:  
25 October 2016

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Charnwood house provides accommodation and personal care for up to 57 older people who live with dementia. 57 people were living at the home at the time of our inspection.

The inspection took place on 10 August 2016 and was unannounced. The service was last inspected on 18 December 2013 when we found the provider was meeting the regulations.

The registered manager had been in post for the past 12 years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were at the heart of the service. The provider's vision and values were understood and shared by the management and staff team. Staff spoke very passionately and demonstrated their commitment to provide high quality personalised care to people. There was a strong person centred ethos, which was embedded throughout the home. This ethos helped to make people feel important, supported and included.

All of the people we spoke with and their relatives told us they felt very safe and were extremely happy with the service they received because they continued to live their lives how they wished to do so. We observed staff always took opportunities to talk with people which encouraged meaningful conversations. Staff were highly motivated to empower people to maintain a sense of purpose and achievement in their lives. People told us staff always showed them respect and encouraged them to maintain their independence and this made them feel valued.

People told us they had built up strong and meaningful relationships with the staff who supported them which was built on trust and respect and care for each other. Staff always spent time with people to listen to their opinions and people were always involved in the planning and review of their care. Care records were very detailed and personalised and people told us they always received their care in line with their wishes. Relatives and visitors were welcomed at the home and were encouraged to be actively involved in people's lives.

Staff understood their responsibilities to protect people from harm and were encouraged and supported to raise any concerns. They understood the risks to people's individual health and wellbeing and risks were clearly recorded in people's records. Our discussions with staff demonstrated a consistent approach to the management of risks. Accurate and detailed plans were in place to ensure people would receive continuity of care if an unexpected event occurred such as, fire.

The provider's recruitment procedures minimised the risk to people's safety. There were enough qualified, skilled and experienced staff to meet people's needs. People were very complimentary about the support

they received from the consistent staff team.

Staff completed training to obtain the skills to effectively support people who lived with dementia. We saw staff put their learning into practice and offered reassurance and comfort to people throughout our visit. Staff told us the provider proactively ensured they had many opportunities to further develop their skills and knowledge.

All of the staff demonstrated an understanding of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) so that they could ensure people's rights were being protected. The registered manager understood their responsibility to comply with these requirements. For people who were assessed as not having the capacity to make all of their own decisions, records showed their families and health care professionals were involved in making decisions in their best interests. Staff always obtained people's consent before they provided care and support.

Mealtime experiences were enjoyable for people and they received a varied and nutritious diet. Staff demonstrated good understanding of people's nutritional needs and people planned food menus in partnership with the catering manager. Medicines were stored safely and people received their medicines as prescribed. The provider and staff team worked closely with external healthcare professionals to ensure people's health and wellbeing was promoted and maintained.

Staff worked in partnership with people to plan and review social activities. Activities which were specific for people living with dementia provided opportunities for people to express emotions and interact with others in a supportive environment to improve their quality of life. This reflected the provider's vision for the home.

The provider and the registered manager promoted an open culture by actively encouraging feedback from people, their visitors and staff to put forward their suggestions to make continual improvements at the home. The provider took action to ensure the home was run in-line with people's wishes. People and their relatives were confident concerns would be dealt with appropriately and fairly. Records showed many compliments had been received and no complaints had been received about the service in the past 12 months. Staff told us morale was excellent and the management team were very approachable. They felt listened to, supported and valued by the provider.

Effective systems to monitor the quality of the service provided were in place. Analysis of incidents and accidents took place to identify any patterns or trends to reduce the likelihood of further incidents occurring. The analysis was shared with and reviewed by the provider to ensure the home was run consistently in line with their procedures. The provider shared learning across their organisation which enabled staff to compare their performance and learn from others. The registered manager attended regular meetings to reflect on their practice and share ideas for improvements.

## 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 felt safe and staff were available at the times people needed them. Staff had a good understanding of how to manage the risks associated with people's care. Risks were always accurately reflected in people's records to ensure a consistent approach to the management of risks. Medicines were stored safely and people received these as prescribed.

### Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to meet people's care and support needs because training was specific to meet the needs of people who lived at the home. Staff understood the principles of the Mental Capacity Act 2005. Staff obtained people's consent before care was provided. People had a choice of food and drink which met their nutritional needs, and their health care needs were met.

### Is the service caring?

Outstanding ☆

The service was very caring.

People were extremely happy with the care they received. Staff were motivated and encouraged people to live with meaning and purpose every day. Staff always treated people with kindness, dignity and respect. Staff were very knowledgeable about people's likes, dislikes and preferred routines and people received their care in the way they preferred. People planned their own care in partnership with their families and staff. The provider's vision and values supported and empowered staff to provide person centred care, which improved people's wellbeing.

### Is the service responsive?

Good ●

The service was responsive.

Staff were very responsive to people's individual needs and

preferences, and supported people to live as full a life as possible. People were involved in planning activities and were supported to pursue their hobbies and favourite past times. People were involved in making decisions about their care and the running of the home. People were confident to raise any concerns or complaints. No complaints had been received for over 12 months.

**Is the service well-led?**

**Good** ●

The service was well-led.

There was clear leadership of the service in place. People and the staff spoke positively about the provider's management team. Systems and processes ensured people and staff were involved in decisions related to the quality of services provided. People, visitors and staff were encouraged to give feedback about the quality of service within the home. Audits and checks were completed to ensure the service was under constant review so that improvements were made for the benefit of people who lived there.

# Charnwood 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.

This inspection took place on 10 August 2016 and was unannounced. The inspection team consisted of two inspectors and an expert-by-experience in dementia care. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

As part of our inspection we asked the provider to complete a Provider Information Return (PIR). 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. The information contained within the PIR was reflected during our visit. Before the inspection we spoke to the local authority commissioning team who funded the care for a number of people. Commissioners are people who contract services, and monitor the care and support when services are paid for by the local authority. They told us they had last visited in March 2016 and they were satisfied with the care provided.

We analysed information such as statutory notifications received from the provider. A statutory notification is information about important events which the provider is required to send us by law. These can include safeguarding referrals, notifications of deaths, accidents and serious injuries.

During the inspection we spoke with 10 people and 12 relatives. We spent time observing how staff interacted with people and we also carried out a SOFI observation. SOFI is a 'Short Observational Framework for Inspection' tool that is used to capture the experiences of people who may not be able to tell us about the service they receive.

We spoke with 11 staff including the registered manager, the deputy manager, the provider's area manager, care workers, the activities coordinator and the chaplain. We reviewed four people's care plans and daily records to see how their support was planned and delivered. This was to assess whether the care people needed was being provided. We reviewed records of the checks the manager and the provider made to assure themselves people received a quality service.

# Is the service safe?

## Our findings

People told us they felt very safe living at Charnwood House. One person said, "If I need anything then I just ask. I feel very safe here. Another said, "I like it here, I feel safe, staff make sure everything is secure, strangers cannot come in."

Relatives told us people were always safe because they knew the staff and staff knew what made people feel safe. Comments included, "We (relatives) all think it is homely, safe, and very good." "[Person] is safe and supported well and that is due to low staff turnover." One explained how staff had organised for their relative to have a walking frame which made it safer for them when they walked around the home.

Staff felt people were safe. One said, "I think it's a nice home. I've got no concerns about people's safety and the building and gardens are really secure." Staff demonstrated a good understanding of the types of abuse that may occur and knew how to report this should they need to. One said, "Abuse can be neglect, financial, sexual or physical."

Records showed and staff told us they were trained to keep people safe. They received yearly updates to refresh their knowledge and skills. One said, "I have had safeguarding training, I am up to date, it was about 3 or 4 months ago." Another told us, "If we suspect abuse we would report it. I would report it to the manager or a senior staff member. If I was concerned about the manager I would go to [Area manager] or head office." This showed us staff understood how to report any concerns they had about people's safety.

Procedures were in place to protect people from harm. For example, we saw the provider's safeguarding reporting procedure was on display in communal areas of the home for people and their visitors, to inform them how to report if they felt unsafe. The registered manager worked in partnership with other agencies, such as the local authority safeguarding team, should any safeguarding concerns be raised. Records showed appropriate and timely referrals had been made as required to ensure people were protected and potential abuse was correctly investigated. This meant the provider was protecting people from the risk of abuse.

The provider's whistle blowing policy was on display for staff (a whistle blower is a person who raises concerns about wrong doing in their workplace). Staff confirmed they were confident to raise concerns if they witnessed poor practice.

Risk assessments were used to identify what action was needed to be taken to reduce any risks to people's health and wellbeing. Staff were knowledgeable about the risks and confidently explained in detail how people's support needs varied according to their abilities and preferred routines. For example, one person was diabetic and a detailed diabetic management plan was in place. Staff knew how to respond, how to support the person and when they needed to telephone for an ambulance if the person became unwell.

Another person spent time in bed which increased the risk of their skin being damaged. A detailed risk management plan was in place for staff to follow. Staff told us they checked the person's skin three times a day and records showed us this happened. We spoke with the person's relatives who explained they were

happy with the care provided and confirmed staff checked the person's skin daily.

People's risk assessments were reviewed monthly in-line with the provider's policy to ensure the information for staff to follow was correct. Staff explained if new risks were identified information was updated and they read the information to keep people as safe as possible.

The provider's recruitment procedures minimised the risk to people's safety. Potential new staff members were subject to checks to ensure they were of good character and suitable to work at the home. Records confirmed these checks were in place before they started work. They included a Disclosure and Barring Service (DBS) check and written references. The DBS assists employers by checking people's backgrounds for any criminal convictions to prevent unsuitable people from working with people who use services. A member of staff said, "Before I started (work) I had to give two references, have my DBS checks, I had to wait until they came through."

Our discussions with staff confirmed there were enough of them to meet people's needs in a timely way and keep them safe. Comments included, "Everything runs smoothly," "We are very rarely short of staff." "There is always enough staff on duty, never any problems," and, "We have three staff to a unit, it is enough to support people." The registered manager told us there were no staff vacancies and the turnover of staff was very low. Temporary staff were never used however, to supplement the permanent staff team 'bank staff' were employed. These staff members were employed by the provider in addition to the permanent staff to provide cover for any unexpected shortfalls in staffing and staff absences.

The registered manager told us they used a dependency tool to decide how many staff were required each day. On the day of our visit 13 care staff were on duty and they explained how this was sufficient to keep people safe. For example, a member of staff was present at all times in the communal lounges to observe and supervise people. There were four separate lounges and we observed throughout our visit staff were always present. In addition to the care staff other staff including an activities co-ordinator, catering manager and domestic staff were on duty. This enabled the care staff to concentrate on providing care and support. Records showed day care staff worked between 8am and 8pm and night staff worked between 8pm and 8am. A senior care worker was always on duty and some staff shifts overlapped to ensure information was passed between staff.

We observed a medication round and also reviewed four people's medicine records to check medicines were being managed safely. We saw staff followed good practice. For example, they took medicines to people, provided them with a drink and watched them take their medicine before returning to sign the MAR to confirm they had taken it. The staff member locked the medicines trolley when they left it to give people medicine so there was no risk these were accessible to people when unattended. Only trained competent senior staff administered people's medicines. Staff confirmed they had received training and a manager observed their practice every six months to make sure they were competent to do so. A series of daily, weekly and monthly checks took place so if any errors were identified prompt action could be taken. Records showed no medication errors had occurred in the last 12 months.

Some people were prescribed 'as required' medicines. These are medicines that are prescribed to treat short term or intermittent medical conditions or symptoms and are not taken regularly. Protocols for these medicines were in place which informed staff when and why the medicine should be given. Staff told us these medicines were for pain relief. We asked staff how they knew if someone who was unable to tell them was in pain. One said, "We know if (Person) is in pain by their facial expressions." This meant people should receive their medicines when they needed them.



There were processes to keep people safe in the event of an emergency such as, fire. Equipment that would be needed in an emergency situation was accessible to the staff team. People had personal fire evacuation plans so staff and the emergency services knew people's different mobility needs and what support and equipment they would require to evacuate the building safely. One member of staff said, "In an emergency we go to the main entrance and await further instructions from a manager. All of the residents have an emergency plan, which we would use." Another said, "I have had fire safety training and I know what I need to do if I hear the fire bell." A service contingency procedure was in place and on display in the reception area of the home. Therefore, if there was disruption within the home due to an unexpected event people received continuity of care.

Checks of the equipment in use at the home took place to ensure it was safe for people and the staff to use. For example, the boiler was checked in February 2016 to make sure it was working correctly. A maintenance team worked at the home to undertake general repairs and complete the checks such as, water temperature checks.

Accident and incident records were up to date. The registered manager had analysed records each month to identify any patterns or trends to reduce further incidents occurring. For example, one person had fallen twice in March 2016. Analysis included what time of day the person had fallen and whether they were wearing suitable footwear. An action plan to reduce the risk had been implemented. Records showed the person had not fallen again. The area manager told us, "The registered manager completes a monthly analysis incident report which is sent to me. I check action has been taken to ensure any risks to residents are reduced, such as falls, to make things safer for people."

# Is the service effective?

## Our findings

All of the people we spoke with were positive about the care and support they received at Charnwood House. One person said, "The staff are fantastic, I like living here, everything is great." A relative said, "Before [Person] came here, we as a family had visited 10 Care Homes and we chose this one as it was the best." Another told us, "[Person] was not eating well before they came in here, they were hospitalised and were like a little sparrow, now they have put on weight and staff encouraged them to make friends." They explained how this has had a positive effect on their relative's well-being and had reduced their isolation.

All care staff had completed or were working towards level 2 or 3 qualifications in health and social care which meant they had the required knowledge to care for people effectively. A training schedule was used and it showed when staff had completed training and when it was next due. This helped the registered manager prioritise and plan training that the staff needed. Staff told us the provider encouraged to develop their knowledge and skills and they received all of the training they needed to carry out their role effectively. Comments included, "The training is quite good," "Training is excellent," and, "I have learnt so much."

New staff members received effective support when they first started working at the home. Staff confirmed they had completed an induction in line with the Care Certificate. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected. One said, "Yes, I had a really good induction. I worked alongside the team for a couple of weeks and completed training I needed." They explained this had given them the confidence they needed to 'do a great job.' Completion of the induction ensured staff understood their responsibilities in line with the provider's policies and procedures.

Staff confirmed they had regular one-one meetings with their line manager. One said, "I have supervision every 6 to 8 weeks with a senior carer. It is private and confidential, you can talk about anything." Meetings provided the staff with the opportunity to discuss their work practices and discuss any training or developmental needs.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Act requires that where possible people make their own decisions and are helped to do so when needed. When people lack capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The provider was working within these principles. The registered manager understood their responsibilities in relation to the MCA and explained to us how they had submitted applications for people who lived in the home because their freedom of movement had been restricted in their best interest. Four family members confirmed they had attended best interest meetings for their relative. All were happy with the outcome and confirmed they had contributed to discussions. One commented, "The manager's listened to our views, we know [Person] best."

Staff also understood their responsibilities and one said, "Mental capacity is about people making choices. Everyone has the right to make their own decisions." During our inspection visit we saw people made choices and verbally consented to their care and staff respected people's decisions. For example, one care worker asked a person, "Is it alright if I cut up your food?" The care worker then waited for a response before assisting them. This showed us they understood the principles of the MCA and knew they could only provide care and support to people who had given their consent

People told us the mealtime experiences were enjoyable. Comments included, "I can't fault the food choices, the food is absolutely delicious," and, "Food is marvellous and so tasty, highlight of my day." The provider sought people's feedback on the food and drink provided and made changes accordingly. For example, records showed people's view on the food provided had been sought in 2015. 96% of people were very happy with mealtimes and overall, people felt the food provided was of high quality. People told us the catering manager asked them most days if the food was to their liking or if anything needed improving and changes were made if required. For example, a wider variety of soups had been made available.

The lunch time mealtime experience in the dining room was positive for people. The atmosphere was calm and relaxed. People were discreetly encouraged to eat their meal and had a choice of food and drink that met their dietary needs. People chose where they wanted to sit, they chatted to each other and we heard lots of laughter. Two meal choices were available and both options were plated up and shown to people to assist them in making their choice which was supportive of people living with dementia. People were provided with adapted cutlery and plate guards to help them eat their meals independently.

Staff including the catering manager demonstrated a good knowledge of people's nutritional needs. For example, they knew who needed encouragement to eat and who had been identified as being at risk of losing weight. We saw these people were offered fortified drinks during our visit. Fortified foods are foods to which extra nutrients have been added. A person's relative explained how staff had showed concern for their relative's health and how they had effectively provided assistance which had a positive effective on their relations well-being. They said, "Staff have been very worried about [Person's] diet, they were trying lots of different foods, porridge, Weetabix, yoghurt, ice cream. I asked if they had anything 'chocolately', staff got this and sat patiently to help [Person] to eat."

Where people were at risk of dehydration or malnutrition this was identified through the risk assessment process. Staff told us they would contact the person's GP if people were not eating and drinking enough. We saw this happened for example, one person had lost weight and a nutritional support plan had been completed in May 2016. Guidance had promptly been sought and followed by staff and the person had subsequently gained weight.

People's records showed us how the home's staff worked in partnership and maintained links with health professionals. Where changes in people's health were identified they were referred to the relevant healthcare professionals including district nurses to meet their health care needs. One person told us, "If I need the doctor the staff call him for me, I only have to ask." A relative said, "They (staff) always update us when [Person] has to have medicine or they have called the doctor in. We don't have to worry or keep chasing." This made them feel reassured their relation's health was a priority for the staff.

## Is the service caring?

### Our findings

People were extremely happy with the care they received. Comments included, "They [staff] are like my family," "The care is just wonderful, staff are so caring and friendly," and, "Staff are so kind, they dote on me, they show me kindness every single day without fail." One person explained that staff always had time for them and they felt 'cherished' and important to the staff.

We observed staff had a good understanding of people's preferences and provided personalised care. For example, one person told us they enjoyed a warm milky drink each afternoon. They said, "Every afternoon my coffee comes, it makes me feel a bit special, staff never forget, I am their (staff) priority."

Staff knew why people chose to follow certain routines. For example, one person chose to get up early each morning and then have a lie down each afternoon. This was because their former occupation meant they got up early each morning. The person explained they had lived their life that way for over 40 years and they liked to have a rest to 'recharge their batteries'. It was important to them staff knew and understood why they followed this routine each day.

People explained they were always involved in making decisions and planned in partnership with the staff how their care was provided. The registered manager told us meetings took place with people to discuss their well-being. We saw during a recent meeting one person had requested to visit an art museum as they enjoyed arts and crafts. This trip had taken place and the person commented, 'It was a fabulous day out and I can hardly believe it happened, this is living.'

A monthly newsletter called, 'Charnwood Chatter' which people were encouraged to contribute to, informed people what had been happening and what was planned at the home. For example, upcoming birthdays, and community trips that had taken place. One person said, "We enjoy celebrating each other's birthdays, staff sing and dance and it's so wonderful to feel involved."

Relatives were very complimentary about the care people received. One said, "[Person] receives fantastic care; it's all the little things they (staff) do that makes it so great. It's hard to put into words why it is so good here, it's just amazing." Another said, "All of the carers are just wonderful." They explained this was because every member of staff was friendly, demonstrated a positive attitude and wanted to do the best they could for people. Another told us how the kindness demonstrated by one staff member had exceeded their expectation. They explained their relation had been unwell which had made them feel frightened. A member of staff chose to spend time with them after their shift had finished to offer reassurance and to keep the person company. This had given the person and their relative comfort. A health professional commented, "The care is amazing, the whole staff team are committed to providing excellent care."

People were encouraged to maintain links with people who were important to them. Visitors told us they were always welcomed and the atmosphere felt like 'home from home.' We observed a person ask a member of staff if their relative was visiting later on in the day. The member of staff offered them reassurance and explained their visitor would be arriving later. The person responded well to this by

clapping their hands and smiling.

People had built up strong and meaningful relationships with the staff who supported them. They told us they were confident that staff knew them well and this meant they always received their care in the way they preferred. One person said, "They all know me here, well actually we all know and care about each other." Another person told us, "Excellent care, they (staff) just can't do enough for me." A relative commented, "Having a low staff turn around has helped our relative to settle in very well." They told us this was because their relation trusted the staff.

Positive feedback received from people's families in the last 12 months about the service provided at the home was on display. The registered manager told us they were extremely proud of this feedback. We saw six families would 'highly recommend' the home to others. Comments included, 'I can't rate the care highly enough, my relative is no longer isolated,' and, 'So attentive and caring everything is just brilliant.'

Staff completed training to obtain the skills to effectively support people who lived with dementia in a caring way. In 2015 this training had been recognised for its innovation within the private sector and the home received an independent healthcare award for its, 'Excellence in the provision of dementia care.' Staff explained this training was 'brilliant' one said, "I completed 'the person inside' training. You are reminded to think about people, not their condition." Another said, "It was really good training, you understand about being in a person's shoes and how they perceive the world. We covered subjects in a lot of depth such as nutritional needs and we looked at different scenarios." We saw staff put this training into practice as one person was cradling a doll who they told us was their 'daughter.' A staff member made the person two drinks in the afternoon. They explained they did this because the person would become unnecessarily upset and anxious if they did not provide a drink for their 'daughter'. This demonstrated that the staff member knew the person well.

We spent time in communal areas of home. We observed staff were very attentive and treated people with kindness. For example, staff sat down on the floor next to one person because this made it easier for the person to have a conversation with them. This approach worked well as the person and the staff member chatted for several minutes about the weather and what the person had eaten for their lunch. The person told us, "I love it here; they (staff) care so much about me and how I am feeling, makes my day to have a natter." Another person was visually impaired and they explained how they held the hands of the staff and touched their hair to 'feel the person' because they could not see them clearly.

Staff demonstrated they knew how to respond to people's different needs, in order to make them comfortable. For example, one person had an itch which they could not reach and we saw a staff member scratched it for them. The person appreciated this and said to us, "You see, they know what I need." One relative who visited frequently told us, "I find staff very responsive to [person] as they do not like physical touch and they get upset if someone invades their space, the staff are good at dealing with this by steering people away." Staff knew this was of great importance to the person and we observed on several occasions how they gently guided other people away who they thought were getting too close which reduced the person's level of anxiety.

Staff had a good understanding of the way people preferred to communicate. A member of staff told us, "To communicate you need to look at the person, give eye contact, many people have hearing impairments so you need to speak slowly and clearly." For example, a member of staff asked a person a question in close proximity to their left ear. The person told us, "They (staff) do that because it's my good ear." We saw on occasions people became anxious and staff had a good understanding of how to communicate with people at these times in order to provide reassurance and comfort at this time. For example, they gently stroked

one person's hand and the person responded well to this. We saw one person was pulling at a table cloth at lunch time which was making another person anxious. We observed a staff member quickly use a low arousal technique (techniques which focus on the reduction of stress, fear and frustration) to distract and calm the person. People's care records provided information for staff on triggers that might make people anxious and what they needed to do to calm a situation.

Staff took opportunities to talk with people and encourage meaningful conversations. For example, a staff member was sitting next to a person looking through books and talking about cricket because they knew they enjoyed sport. Another person in the room overheard their conversation and said, "Cricket, that's a boy's sport we never played that at school, girls did the cooking." The member of staff took this opportunity to engage all seven people in the room in conversation. For example, asking people what their favourite subject at school was. This generated laughter because one person explained how they were always late for school and they got 'a clip around the ear' from the teacher.

Our discussions with staff indicated the home was a nice place to work, in which staff felt valued, cared for and supported. One staff member said, "Everyone cares about each other and this results in great team work." Another said, "We (staff) work so well together, everyone works hard. Happy staff equals happy residents. I love coming to work." The registered manager told us staff demonstrated they were caring by, "Providing unique personalised care and bringing meaning and purpose to life." This reflected the provider's values and this view was shared by the staff team who demonstrated their commitment to the culture of person-centred care. One staff member told us there were no barriers to providing excellent care and they were always keen to learn and listen to people's views to ensure care was always delivered with compassion.

Staff explained how developing lasting and meaningful relationships made a positive difference to people's lives. For example, knowing people's life history meant they knew what interested people and they were able to engage people in meaningful conversations. A keyworker system was in use and meant people were supported by a named worker who knew them well and this provided consistency of care and support provided. People had chosen and knew who their keyworkers were. For example, one relative told us their relation had been 'so impressed' with how a member of staff responded to their needs they had been assigned as their keyworker on their request. They explained this had worked really well because they had mutual trust and the member of staff knew the person 'inside and out.'

Staff completed a person centred training programme which supported them to provide personalised care to people. The effectiveness of this training was monitored and recognised by the registered manager. For example, staff were awarded a certificate of merit when they demonstrated their learning. The registered manager gave us an example of how staff had put this training into practice. They explained how staff had supported one person to purchase flowers to give to their spouse as a surprise on their wedding anniversary as this was something the person had done prior to living at Charnwood House. The person's spouse had commented, 'What a wonderful surprise it made my day and bought back happy memories of what [Person] used to do.'

Staff supported people to make their own decisions for example, people were encouraged to choose the colour of their bedroom door. One person said, I chose red, it's my favourite colour and I can find my bedroom by looking for the red door." This was extremely important to the person because it meant they were not reliant on other people to locate their bedroom.

People's bedrooms were personalised and contained their personal belongings and treasured possessions. Staff explained people could choose to have their room decorated in any colour scheme they wished to make them feel at home. Bathroom doors were painted pink. The registered manager told us this was done

to help people to orientate themselves and locate their way around the building easily. A choice of four different types of bath were available for people to use which meant regardless of a person's mobility they could experience a relaxing bath. Staff described how they made this an enjoyable experience for people which was not focussed on the task of maintaining personal hygiene. For example, lights were dimmed and people were provided with warm towels, to ensure maximum comfort.

Staff were committed to encouraging people to make choices. For example, one staff member said, "With [Person] I would explain to them what I was doing, ask them if they like to put their pyjamas on, or if they would prefer a night gown." One person told us they chose to spend time in different areas of the home. They explained that they decided this each day depending on how they were feeling and their choice was always respected by staff. Another person told us they enjoyed visiting the hair salon within the home and they could choose their appointment times to suit them.

Staff were highly motivated to empower people to maintain a sense of purpose and achievement in their lives. One person told us how staff encouraged them to retain their independence and they enjoyed partaking in light household duties. We saw they dried up crockery after breakfast and then laid the dining tables for lunch. They told us this made them feel 'useful' and 'part of the team.'

People told us their dignity and privacy was always respected by all of the staff and we saw this was true. For example, a staff member covered a person's legs with a 'dignity blanket'. They did this because the person had a catheter and if their legs were exposed the catheter might have been visible to others. The person said, "It can be a little undignified at times but the staff cover me up. They laughed and said, "I never have to ask. It's amazing they know what I need before I do." Throughout our visit we saw that people's privacy was always respected. Staff knocked on people's doors and waited for permission before they entered.

People told us that they lived in an inclusive environment. One person said, "We're like a happy family, we eat together, show each other respect, laugh and joke together they are not like staff to me, more like friends." Another said, "They (staff) are all very respectful towards me." They explained staff always spent time with them and listened to their opinions. They told us this made them feel staff were interested in what they had to say. Staff always took the time to greet and speak with people. For example, they greeted people whenever they entered communal areas of the home. It was clear that positive relationships had formed between people who lived at the home and the staff team. People were involved in making decisions about their environment. We looked at improvement plans to develop the garden area and people explained how they had been consulted on how the garden area should look.

One of the provider's values was focussed on nurturing and promoting people's spiritual wellbeing. People felt supported to pursue and practice their religious traditions as they chose. A chaplain visited the home each week and held a church service and we observed many people chose to attend. One person explained how this made them feel 'uplifted' as the church service was of great importance to them. There was a varied program of differing cultural events throughout the year which people were encouraged to join in with regardless of their ethnicity, gender or beliefs. The registered manager said, "It is not about everyone being treated the same. Achieving equality means meeting the different needs of people in different ways."



## Is the service responsive?

### Our findings

Before they chose to move into Charnwood House people were involved in a detailed assessment of their needs. During this process people had the opportunity to ask questions and it was explained to them what it would be like to live at the home. People were encouraged to visit and were provided with information to help them make their decision. One person said, "I was a bit worried before I moved in but everything was explained to me and I felt at ease. Moving here is the best decision I have ever made."

The registered manager was proud of their recent successes in responding to people's needs in-line with their wishes. For example, one person, had recently moved back into their own home. This was because staff had worked in partnership with health professionals such as, physiotherapists to support the person to recover their independence and regain their confidence to live in their own home again.

Care records were very detailed and personalised to people. One member of staff said, "Everything is about the person, it's their life, their choice and we go by what they say." We saw in people's records how they preferred to live their lives was recorded. Information had been gathered to create people's life stories which included their greatest achievements and what they were most proud of. A member of staff said, "The more we know about people and what they like the more we can tailor their care to their choices." Records showed people's needs and abilities were reviewed every month and their care plans were updated when their needs changed. The registered manager checked 6 completed care plans each month to gain assurance the information was correct and to ensure their knowledge of people remained up to date.

People and their relatives were actively encouraged to put forward their suggestions and views about the service they received and the running of the home. People told us they were confident actions would always be taken in response to their feedback. Group meetings involving people who lived at the home and their relatives were held regularly. The dates of planned meetings were on display so people would know when to attend. People and their relatives told us the meetings were well attended. People's relatives were encouraged to arrange fundraising events to benefit the people who lived at the home. One relative told us they had already arranged two events in 2016 which people had really enjoyed. This made them feel involved and their contribution was valued.

People told us they were supported to maintain their interests and preferred pastimes and they were involved in planning and reviewing activities. A flexible activities programme was on display in communal areas of the home. During our visit we saw people enjoyed dancing, playing a table top football game and some chose to attend a church service. The provider employed two activity co-ordinators at the home who were responsible for co-ordinating and organising activities for people in groups and on a one-one basis. One explained how different activities took place because people enjoyed 'different things.' For example, one person loved to sing and dance and another preferred to sit quietly and listen to a book being read out. Some activities were specific for people who were living with dementia which included regular reminiscence groups, reflexology and music therapy. For people living with dementia, music therapy provided a vital opportunity to express emotions and interact with others in a supportive environment to improve their quality of life. This reflected the provider's vision for the home and demonstrated the provider's



commitment to improving the lives of people living with dementia.

A knitting group had recently been set up and people's relatives had donated wool and needles. An activity coordinator said, "I am so proud of the group, people have learnt how to knit, it's really taken off, people are engrossed by the knitting." Activities were frequently evaluated to make improvements and people were encouraged to suggest ideas for new activities they would enjoy.

Care staff also offered social activities to people to keep them occupied. We saw one person and a member of staff sitting together to complete a jigsaw puzzle. The person told us, "Together we will crack this puzzle!" They explained staff knew they enjoyed completing jigsaws and staff often visited charity shops to purchase different puzzles to keep them busy. They said, "They (staff) think of me even when they are not here, how lovely is that." People and their relatives were encouraged to celebrate national events which included the Queen's recent 90th Birthday and the football world cup. People told us this made them 'in touch' with what was going on in the world.

People and their relatives were confident to raise any concerns with staff and they were confident any concerns would be dealt with appropriately and fairly. One person commented, "I have lived here for two years I really wanted to find something to complain about when I first moved in but I have never been able to find anything to complain about." The provider's complaints procedure was on display in the foyer of the home and was included in the residents guide located in people's bedrooms. There was also information about external organisations people could approach if they were not happy with how their complaint had been responded to. The provider's area manager told us they would view any complaints received as a learning opportunity to improve the service for everyone.

We looked at the complaints file maintained by the registered manager. Records showed no complaints had been made about the service in the past 12 months. We saw a large number of compliments that had been received. Comments included, 'Thank you for being so compassionate and focussed on amazing care,' and, 'Keep up the good work, I can't praise all of the staff enough.' This demonstrated people were happy with the service provided.

## Is the service well-led?

### Our findings

People told us they were very happy with how their home was run because they continued to live their lives how they wished to do so. One person said, "5 star rating." They told us they knew the managers well and felt they were approachable.

Discussions with relatives indicated the home was managed well and the managers were good role models for staff. Comments included, "Extremely well run," "The managers know exactly what is going on," and "This is just unbelievably well run, we want the best and we get it." One explained they had asked if the paint in their relative's room could be 'freshened up' and immediately this had been done. This gave them assurance that the managers listened and were committed to making changes to benefit people.

Staff told us they felt supported and listened to by their managers. For example one said, "I think it is fantastic, one of the best homes I have worked in." And, "The managers are always on hand to help us." Staff had the opportunity to contribute to meetings to make changes to continually improve the home and the service people received.

The home had received a high number of compliments from people, their relatives and health professionals about the service provided. Within the organisation, through the annual survey Charnwood House had achieved an above average rating out of all of their care homes nationally and had recently been rated on a care comparison website as one of the best care homes in the area, with an average rating of 9.4/10. This comprised of 20 reviews made up from people who used the service and their relatives over a two year period. The registered manager told us how they encouraged people and their relatives to use the website to rate their experiences, whether this was positive or negative.

The registered manager analysed the compliments received each month and shared the information with the staff team. For example, in July 2016 the home had received three compliments. The registered manager had written a note to staff which read, 'Well done team, keep up the excellent work.' Staff told us they were proud of the compliments and the recognition and praise they received from the registered manager had a positive impact on staff morale.

The registered manager was experienced and had been in post in this role for the past 12 years. Through discussions with staff, people who lived at the home and their relatives it was clear the registered manager had an excellent understanding of people's needs and preferences. A relative told us, "The manager is very pro-active, they 'get things done. I only have to ask for something once.'"

People planned and reviewed their care in partnership with staff. Care records were detailed to support staff in delivering person centred care that was in accordance with people's preferences and wishes. 'Relative and resident' meetings where people could contribute towards decisions made about the running of the home took place.

Processes to identify and manage risks related to the health, safety and welfare of people contained

detailed information and guidance for staff to ensure people were kept as safe as possible. Records were accurate and staff were using care plans to ensure they delivered safe care in accordance with instructions.

There was a clear management structure in place. The provider's management team consisted of the registered manager and a deputy manager which meant that staff had management support each day. The managers were supported by an area manager and a quality support manager who visited the home each month to offer support and complete quality assurance checks to ensure the home was run in line with the provider's procedures.

The provider's area manager had been in the role for the last 10 years and they spoke positively about their relationship with the registered manager. They said, "She (registered manager) is excellent, very competent and everything they do is for the residents." They explained how the registered manager often provided 'buddy' support to new managers because they 'lived and breathed' the organisations values and they were very respected by their colleagues. The registered manager also visited other homes within the organisation to share best practice and develop their knowledge and skills. The provider was also committed to developing the future workforce in health and social care. For example, the organisation supported a volunteers program which supported students working towards university degrees in medicines and health sciences.

Manager's completed frequent observations of staff practices and conducted daily 'walk arounds' of the home. This ensured they had an overview of how staff were providing care and support to people and gave them the opportunity to speak with people and staff. The provider had robust systems and processes in place to monitor and improve the quality and safety of services provided to people. Audits and checks took place and were effective to benefit the people who lived there. For example, no medicine errors had occurred and we saw a recent medicine audit had achieved 100% compliance.

The registered manager analysed the completed audits and delivered monthly reports of their findings to the provider so the provider could be assured that care was delivered and monitored consistently across the group of homes. The provider produced monthly statistics for a range of indicators, which enabled managers to compare their performance and learn from others. For example, the provider monitored how many people were at risk of falls, the number and the causes of accidents and incidents. The registered manager attended regular management meetings to discuss the monthly reports, to reflect on their practice and share ideas for improvements.

The registered manager was committed to the continual improvement of the home and the care people received. We asked them what they were most proud of at the home. They said, "Oh, many things, the lovely culture, the staff, the care provided." They told us the home had recently been awarded a 'React to red skin accreditation' for the second year running. This was an accreditation awarded to the home by health professionals because staff were skilled to recognise the early signs of when a person's skin was at risk of being damaged so action could be taken to reduce risks of pressure ulcers. A health professional told us, "Accreditation of this award demonstrates on-going commitment from the home to make continual improvements to benefit people". During our visit no one had damaged skin.

The home was a member of the Alzheimer's Society and the registered manager was committed to improving the lives of people living with dementia by increasing people's knowledge and understanding of the condition. For example, they worked in partnership with the society to obtain information and fact sheets for people and their relatives to enable them to gain an understanding of dementia to support people who were living with the condition.

The provider and the registered manager promoted an open culture by encouraging feedback from people, the staff and visitors. We saw a suggestion box in the reception area of the home for people to put their suggestions into. Annual quality questionnaires were sent to people and their families. The feedback gathered was analysed and an action plan would be implemented if improvements were required. In 2016, 29 people had responded. 97% of people were happy living at the home. 97% said staff treated them with kindness, dignity and respect. 100% said home is clean and tidy. Therefore, an action plan was not required.

The registered manager told us which notifications they were required to send to us so we were able to monitor any changes or issues within the home. We had received the required notifications from them. They understood the importance of us receiving these promptly and of being able to monitor the information about the home.