Care Quality Commission

Charing Gardens Limited

Charing House

Inspection report

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15 February 2017

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 14 and 15 February 2017. On 14 February 2017 the inspection was unannounced. We returned to complete the inspection on the 15 February 2017, this visit was announced.

At the last Care Quality Commission (CQC) inspection on 8 July 2014, the service was rated as Good in all of the domains and had an overall Good rating.

At this inspection we found the registered manager and provider had consistently monitored the quality of their service to maintain a rating of Good.

The registered manager had been in post since January 2014. 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.

The home provides accommodation, nursing and personal care for up to 88 older people, some of whom may be living with dementia. The nursing and care was provided in a modern environment that had been designed to enhance people's experience of the care and provide flexibility in order to meet people's longer term needs. This is a large home, but has been split into smaller, manageable wings to promote care consistency, homeliness and comfort. There were 79 people living at the home at the time of our inspection.

The registered manager and provider were consistent in measuring the quality of people's experiences and continued to put people at the heart of the service.

The quality outcomes promoted in the provider's policies and procedures were monitored by the registered manager and leaders in the home. There were multiple audits being undertaken based on cause and effect to support learning and improve quality. All staff understood their roles in meeting the expected quality levels and staff were empowered to challenge poor practice. The provider shared their learning with all the homes in the group.

Nurses and care staff demonstrated they shared the provider's vision and values when delivering care. People were supported to maintain their purpose and pleasure in life.

People's right to lead a fulfilling life and to a dignified death was understood and respected at all levels.

There were picture boards that were designed to stimulate memories, make people curious about each other and promote inclusion by prompting questions and discussion. The facilities included therapy baths, meeting lounges, a modern hair-dressing salon and a chapel for prayer and reflection. The home continued to be well resourced and maintained by the provider.

People, their relatives and health care professionals had the opportunity to share their views about the home either face-to-face, by telephone and by using 'on-line' feedback forums.

There were enough nursing and care staff on duty to meet people's physical and social needs. The registered manager checked staff's suitability to deliver personal care during the recruitment process. The premises and equipment were regularly checked to ensure risks to people's safety were minimised. People's medicines were managed, stored and administered safely.

All staff understood their responsibilities to protect people from harm and were encouraged and supported to raise any concerns. Staff understood the risks to people's individual health and wellbeing and risks were clearly recorded in their care plans.

Risks to people's nutrition were minimised because people were offered meals that were suitable for their individual dietary needs and met their preferences. People were supported to eat and drink according to their needs, staff supported people to maintain a balanced diet.

Staff received training continued to be that matched to people's needs effectively and nursing staff were supported with clinical supervision and with maintaining their skills and their professional registrations.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Charing 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 was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated Good at least once every two years.

The inspection took place over two days on 14 and 15 February 2017 and was unannounced on the first day. The inspection team consisted of one inspector, a specialist advisor who was a trained nurse with a background of dementia care and complex care and an expert by experience. An expert by experience is a person who has personal experience of using similar services or caring for older family members.

The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

We reviewed the information we held about the home. We looked at information received from relatives, the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with 12 people and four relatives to ask about their views and experiences of the home and fifteen staff. This included the provider, the director of care and operations, the residential care team leader, three senior care workers, a nutritionist, four support workers, two cleaners and the hairdresser. As the registered manager was on annual leave when we inspected, we spoke to them when they returned from leave. Also, during the inspection we spoke with visiting health and social care professionals, including a GP and a podiatrist. We asked for views about the home from two other health and social care professionals.

We looked at the provider's records. These included eight people's care and nursing records, which included

care plans, health records, risk assessments and daily care records. We looked at ten staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

Many of the people who lived at the home were happy to talk to us about their daily lives, but they were not able to tell us in detail, about their care plans, because of their complex needs. However, we observed how care and support was delivered.

Good

Is the service safe?

Our findings

Many of the people living at Charing House were receiving complex nursing care due to their illness or condition and were not able to express their views to us verbally.

We observed that nurses and care staff delivered safe care. People and relatives we spoke with told us the home was safe and that they trusted the managers and staff. One person said, "Yes, it's very safe. It is nice here. The staff are very good. They are respectful and I know them by name. The manager is very nice to me and the girls and boys (staff) are really good."

People consistently received their medicines safely to protect their health and wellbeing. People who required nursing care continued to receive their medicines safely from nurses and in the residential care wings from senior care staff who had specialist training in this area. Medicines were ordered, stored and managed to protect people. Medicines specific to end of life care were well managed. 'As and when' required medicines (PRN) were administered in line with the provider's PRN policies. This ensured the medicines were available to administer safely to people as prescribed and required.

The provider had an up to date policy on the administration of medicines that followed published guidance and best practice. Nurse's medicines competences were checked by the registered manager against the medicines policy to ensure good practices were maintained. Staff trained to administer medicines in the non-nursing residential part of the service were supported to do this safely by the team leader. Medicines were stored safely and securely in temperature controlled rooms within lockable storage containers. Storage temperatures were kept within recommended ranges and these were recorded. Nurses described how they kept people safe when administering medicines. Nurses had specific skills and training around end of life care to enable people to have a pain free and dignified death.

The provider's recruitment policy and processes continued to ensure risks to people's safety were minimised. This protected people from new staff being employed who may not be suitable to work with people who needed safeguarding. All applicants had references, full work histories and had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

People were still protected from the risks and from potential abuse. Nurses and care staff were deployed with the right skills and in the right numbers to meet people care needs. Staff told us they had training in keeping people safe from the risks of harm and they knew the actions to take if they had any concerns about people's safety. Staff were confident they could challenge any poor practice and report it appropriately. Staff had read and understood the provider's whistleblowing policy. Records showed the registered manager took steps to reduce risk and notified the CQC when they referred concerns to the local safeguarding authority.

The registered manager continued assessing risks to people's individual health and wellbeing. For example,

they assessed people's nursing needs, mobility, nutrition and communication. Audits of medicines and specific risk to people from the care being delivered were in depth and frequent to ensure people's safety. Where risks were identified, people's care plans described the equipment needed and the actions care staff should take to minimise the risks. This kept people comfortable and safe. We found that people were protected by nurses and staff following people's assessed needs.

Staff understood how to report accidents and incidents nurses and the registered manager and theses were recorded, investigated and responded to reduce future incidents. The registered manager analysed the accident and incident reports to identify whether there were any patterns or trends.

The registered manager assessed risks to the premises and equipment and took action to minimise the identified risks. Records showed they had implemented a system of regular checks of the premises, the fire alarm and essential services such as the water, gas and electricity. Equipment, such as hoists, profiling beds and wheelchairs, were serviced and staff regularly checked that items such as slings and walking frames were safe and fit for use.

Emergency policy and procedures continued to be understood by staff. Staff had training in fire safety and practised the routine. Evacuation response times were recorded and staff involved were debriefed to improve practice and understanding. Signage advised the 'fire plan' for everyone to see and people's personal evacuation plans (PEEPs) were kept with the emergency pack.

Good

Is the service effective?

Our findings

Many of the people living at Charing House were receiving complex nursing care due to their illness or condition and were not able to express their views to us verbally. We observed that nurses and care staff delivered effective care.

People told us that staff met their care needs. One person told us, "Yes, they (staff) work very hard and they do look after me very well. I've never had reason to press my buzzer, but feel sure they would come quick as they are nice. Some come and say goodbye when they go off their shift."

Staff feedback about the standards of training was consistently good. Staff said, "The training is good and my line manager is very helpful. Although I get supervision every three months, I can go to her in between times and talk about anything I'm not sure of. The management style is 'open door' and they are quick to respond and help staff."

A health and social care professional commented, 'The staff are knowledgeable about people's needs.'

People's physical health and mental wellbeing was protected by staff who were qualified and trained to meet these needs. The registered manager provided us with information about the support qualified nursing staff received from the provider to maintain their skills and NMC registration as part of the revalidation process.

Records showed that the registered manager was proactive in supporting nursing staff to maintain their skills and knowledge. One nurse said, "My nursing and midwifery council revalidation is already being prepared even though it is not due until next year." Maintaining nursing staff professional registrations, learning and skills ensured that people received effective and up to date nursing care.

Nurses and care staff informed us that they had received appropriate training to carry out their roles. This included statutory mandatory training, infection prevention and control, First aid and moving and handling people. The first aid training had provided them with information on how to manage/support people who may be bleeding or choking. Care staff understood when to report concerns to nurses. This protected people's health and wellbeing.

Training records confirmed staff had attended training courses or were booked onto training after these had been identified as part of staff training and development. This gave staff the opportunity to develop their skills and keep up to date with people's needs through regular supervisions and appraisal meetings with managers.

All new staff were required to complete the Care Certificate during their probationary period, unless they had already obtained a nationally recognised qualification in health and social care. The Care Certificate was launched in April 2015 and replaced the previous Common Induction Standards (in social care) and the National Minimum Training Standards (in health). The Care Certificate will help new members of staff to

develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager understood their responsibilities under the Act. The registered manager completed assessments about people's understanding and memory, to check whether people could weigh information sufficiently to make their own decisions or whether decisions would need to be made in their best interests. When required, the registered manager made applications to the local authority for authorisation to lawfully restrict people's rights under the deprivation of liberty safeguards. Restrictions were used to protect people from harm, but were regularly reviewed to ensure they remained lawful.

People were provided with food and drink that enabled them to maintain a healthy diet and stay hydrated. A Nutritionist was employed full time and was observed to be fully integrated and industrious during the inspection, assisting people maintain their health through eating and drinking well and giving guidance to staff. People had their nutritional needs assessed and were provided with a diet which met their needs and preferences. There was a range of views about the food, but people were mainly complimentary about the food and told us there were always choices of meals. Where people wanted different choices the registered manager had met with them to agree how this would be met.

Nutrition assessment tools were completed every month for each person and actions were taken to support people to stay healthy if they were considered to be at risk. The care plans were very detailed to support people's wellbeing and enable staff to record progress. For example, how often people needed to be weighed or how much they needed to eat and drink based on individual risk.

People were supported to maintain their health and were referred to healthcare professionals, such as GPs, opticians and chiropodists, when needed. Nursing staff consistently monitored and protected people's health. Records showed that healthcare professionals' advice had been followed and whether their advice had the intended impact.

Staff handover meetings were led by nursing staff or senior carers. Staff shared verbal information about people's appetites, behaviours, appointments with healthcare professionals and the advice the professionals gave, to make sure all staff were aware of any concerns and the actions they should take.

Good

Is the service caring?

Our findings

Many of the people living at Charing House were receiving complex nursing care due to their illness or condition and were not able to express their views to us verbally. We observed that nurses and care staff delivered compassionate care.

People and relatives told us care staff were kind and caring. People said, "They (staff) are kind and very respectful and caring." And, "Yes, they (staff) respect my dignity."

Relatives told us, "My grandad is here, all I can say is I never knew what a good care home was, until they moved him from the old one to here."

End of life care was person specific and compassionate. Nurses and care staff worked methodically and closely with people and their relatives to meet people's end of life needs. Care from nursing and care staff was flexible and kept under review. People had benefited from the good care and treatment they received by moving away from palliative end of life care to less intensive longer term outcomes.

Records evidenced that family members were present and involved in people's end of life decisions. Communication by staff observed with one relative was sensitive, reassuring and informative. The conversation included clear detail of who, and how to make contact with the family should there be any changes in their loved ones health.

'Signposts' in people's end of life care files were in place for easy access to pertinent sections. In practice staff's interaction with people was quiet and courteous. Staff used people's preferred name and assisted them to drink water at their own pace. We observed a caring staff attitude towards people.

Staff operated a key worker and named nurse system. This enabled people to build relationships and trust with familiar staff. People and their relatives knew the names of staff and the registered manager.

What people thought about their care was incorporated into their care plans which were individualised and well written. Staff wanted to treat people well. When they spoke to us they displayed the right attitude, they told us they give people time to do things, they tried not to rush people. People described that staff were attentive to their needs.

People let us know how important it was for them to be as independent as possible and how staff supported this. People indicated that, where appropriate, staff encouraged them to do things for themselves and also respected people's privacy and dignity. People told us that staff were good at respecting their privacy and dignity. Staff told us that they offered people choices about how they wanted their care delivered.

Information was given to people about how their care would be provided. People signed their care plan. Each person had received a statement setting out what care the service would provide for them, what times staff would arrive and information about staff skills and experience. People and their relatives were

knowledgeable about the care provided and told us that there were care plans they could look at in people's bedrooms. The care plans enabled them to check they were receiving the agreed care.

Information about people was kept securely in the office and the access was restricted to senior staff. The registered manager ensured that confidential paperwork was stored securely. Staff understood their responsibility to maintain people's confidentiality.

Good

Is the service responsive?

Our findings

Many of the people living at Charing House were receiving complex nursing care due to their illness or condition and were not able to express their views to us verbally.

We observed that nurses and care staff consistently delivered responsive care. People told us the registered manager and staff were very responsive to their needs. People told us about staff responding to their call bells and about how staff chatted and popped into see them in their bedrooms to check they were okay. One person said, "I'm sure they (staff) would come quickly if I called. I see them in the corridors as they pass by and they always wave and say hello." And, "If I call they come pretty quick, but I don't really ever have to bother them, they are very good."

Relatives confirmed that they were informed regularly about meetings or any incidents and found the service to be very responsive. Relatives said they were kept up to date about care plans and called in or notified if there were any changes. One relative said, "They (staff) call me straight away with any issues. They are very good."

A health and social care professional commented, 'The care plans and risk assessments are of high quality,' and 'Information is very up to date.'

We saw records of referrals to GPs and of staff seeking advice from other external professionals when required. A GP said, "There is a high level of medical consultations for the home. We are involved in end of life care and are integral to the medication regimes used to make residents' last days comfortable and pain free." Staff kept good records of when they liaised with healthcare professions to make sure people received prompt care and treatment to meet their physical and mental health needs.

People's health and wellbeing was consistently protected by in depth care planning. The care plans were well written. They focused on areas of care people needed, for example if their skin integrity needed monitoring to prevent pressure areas from developing. We reviewed how wound care was managed in the home. Registered nurses had received training in skin integrity. They also had support from community nurses via people's GPs when requested.

People received care from staff who knew their needs, their individual likes and dislikes and their life stories, interests and preferences. Knowing about people's histories, hobbies and former life before they needed care could assist staff to help people to live fulfilled lives, especially if they were living with memory loss, dementia or chronic illness. People's needs had been fully assessed and care plans had been developed. Before people moved into the service an assessment of their needs had been completed to confirm that the nursing or residential service was suited to the person's needs. Each person had their health and care needs assessed. Risks identified in each area had an associated care plan which listed interventions to be implemented to address the risks. For example, nurses had assessed the risk of potential fluid accumulation for people nursed in bed. The actions for staff to take to minimise these risk were clearly set out and followed by staff to protect people's wellbeing.

There were some people who received additional support from the community mental health teams. Clear support and advice about this was available to staff on record. Behavioural management plans were in place to reduce the risk of people becoming agitated or from harming themselves or others.

The registered manager and staff responded quickly to maintain people's health and wellbeing. Dependency assessments had an emphasis on weight and body mass indicators. Nurses had implemented weight management plans based on advice from a dietician and emergency health care plans in response to people's illnesses. We cross checked this against the care plans and found they were kept under review. This had resulted in the people maintaining their health through good hydration and nutrition and minimised the risk of infection. After people had been unwell, the progress to recovery was monitored by nursing staff and if necessary further advice had been sought from their GP. This ensured that people's health was protected.

Changes in people's needs had been responded to appropriately and actioned to keep people safer. Care plans and risks assessments evidenced monthly reviews. Referrals had been made when people had been assessed for specific equipment, which was in place. For example, people had beds that provided protection from pressure areas developing and enabled staff to move the height of the bed up or down to assist the delivery of care. Care plans gave guidance to staff and ensured continuity of care.

Resources were made available to facilitate a range of activities. This promoted an enhanced sense of wellbeing, with staff responding to people's social needs. Information about activities was prominently displayed on a weekly and daily basis. Best practice guidance was being followed in relation to adaptations for people living with dementia. There was lots of use of photographs, memory boards and the communal areas of the home had been decorated in different colours to enable orientation. There was a reminiscent picture story board prominently displayed in the part of the home where people were predominantly living with dementia. This had been produced by people themselves and their relatives and showed an interesting array of people's lives before they came to live at Charing House.

There was a range of activities available for people from arts and crafts, social evenings and themed coffee mornings. The two activities coordinators worked in the service five days per week and were flexible in their approach trying to include as many people as they could to join in the organised activities or one to one sessions. In the nursing wing staff visited people in their rooms to encourage them to take part in activities or help to bring people together as a group giving them as much stimulation as possible. Most people we spoke with were aware of the activities available, but chose not to take part.

People were able to openly raise concerns or make suggestions about changes they would like. There had been thirty compliments made about the home in the last year which praised the staff and care. The registered manager met with people on a one to one basis to ask them about their care. The registered manager recoded people's views and responded to any concerns. This increased people's involvement in the running of the service. There was a policy about dealing with complaints that the staff and the registered manager followed. Information about how to make complaints was displayed in the service for people to see. There had been eleven formal complaints in the last year. Records showed that all of the complaints had been investigated and responded to in writing, and resolved. The registered manager also met with people who had complained to resolve the issues they had raised.

Good

Is the service well-led?

Our findings

Many of the people living at Charing House were receiving complex nursing care due to their illness or condition and were not able to express their views to us verbally. We observed and found the home had benefited from consistent leadership and continued to be well led. People told us they were very happy with the quality of the service they received.

The registered manager and provider proactively sought people's views and took action to improve their experiences. The provider's quality assurance system included asking people, relatives, staff and healthcare professionals about their experience of the home. The questionnaires asked people what they thought of the food, their care, the staff, the premises, the management and their daily living experience. Other meetings were advertised and took place for people who used the service and their relatives. The provider had a history of taking action to improve the quality of the service based on the results of their surveys. The lasts survey results showed a 96% satisfaction rating for the home.

People were encouraged to share their opinions informally through freepost comment cards in reception and via an internet site where people could post comments about care homes. The provider made sure people knew they listened to people's views. They shared the results of the surveys and the actions they had taken in response to the questionnaires and comment cards through a regular newsletter that was freely available to people. We saw the entire team and manager's names were displayed with photographs in the reception area, so visitors knew who to ask for if they had any concerns, whenever they visited.

The registered manager had consistently met their legal responsibilities. They sent the CQC notifications about important events at the service and their provider information return (PIR) explained how they checked they delivered a quality service and the improvements they planned.

The provider's policies and procedures relating to safety were implemented consistently and effectively. The registered manager's approach to risk management and their response to issues was effective. General risk assessments affecting everybody in the service were recorded and monitored by the registered manager. Service quality audits were planned in advance and recorded. The frequency of audits was based on the levels of risk. For example, daily management walk around audits had taken place to check for any immediate risk such as trip hazards or blocked exits. The audits covered every aspect of the service.

Staff told us they felt supported by the registered manager. There were various meetings arranged for nursing and care staff. These included daily hand over meetings and team meetings. These meeting were recorded and shared. Staff said, "Our managers are very approachable." And, "The managers come in at night to do spot checks, of all the homes I have worked in this has to be the best." Information about how staff could blow the whistle was displayed and understood by staff. Staff told about their responsibilities to share concerns with outside agencies when necessary. Staff also confirmed that they attended team meetings and handover meetings. Staff felt that they could speak up at meetings and that the registered manager listened to them. This meant that staff were fully involved in how the home was run.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service.

Maintenance staff ensured that repairs were carried out quickly and safely and these were signed off as completed. Other environmental matters were monitored to protect people's health and wellbeing. These included legionella risk assessments and water temperatures checks, ensuring that people were protected from water borne illnesses. The maintenance team kept records of checks they made to ensure the safety of people's bedframes, other equipment and that people's mattresses were suitable. This ensured that people were protected from environmental risks and faulty equipment. The registered manager produced development plans showing what improvements they intended to make over the coming year. These plans included improvements to the premises.