

Sirona Care & Health C.I.C.

Charlton House Community Resource Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Charlton House Community Resource Centre is a nursing home. It was providing personal and nursing care to 28 people aged 65 and over at the time of the inspection.

People's experience of using this service:

- Risks to people and staff had not been consistently assessed. For example, regular checks of some areas of health and safety.
- The provider had failed to notify CQC about some incidents which had taken place at the service.
- There were enough staff to meet people's needs. The provider was recruiting to vacant posts, and safe recruitment processes were followed.
- People's medicines were mostly administered as prescribed and managed safely by competent staff. Staff did not consistently record information about the application of creams and ointments.
- Staff felt supported by the management team, and received training and induction to ensure they could effectively perform their role. Staff received supervision, but this had not consistently met the provider's standard for supervision to take place every 4-6 weeks since the last inspection.
- People were supported by staff to eat and drink enough to maintain a balanced diet. We received mixed feedback about the meals provided.
- The environment was bright, clean and well maintained, although there were few points of interest for people to interact with. The registered manager had plans to improve areas of the service.
- People accessed routine and specialist healthcare appointments. Relatives told us they were consulted with and informed about people's care.
- People were assisted to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- People were supported by staff who were kind and respectful. Staff knew people well and were aware of their preferences, likes and dislikes.
- People were supported to participate in activities, and choices were respected.
- People's care considered their individual needs and preferences. Some care plans and records required reviewing to ensure staff had the information they needed to provide high quality care. Care records were being updated at the time of our inspection.
- Some checks and quality assurance systems were in place, but other tools were being set up. These needed to be put into practice and checks recorded. Where these were in place, they were clear and action plans identified ways to improve the service.
- The service met the characteristics for a rating of "good" in caring and responsive. The other areas were rated as "requires improvement". The overall rating for the service remained at "requires improvement".
- More information is in our full report.

Rating at last inspection:

Requires improvement (report published 16 March 2018)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor the service through the information we receive. We will visit the service in line with our inspection schedule, or sooner if required.

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

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 was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Charlton House Community Resource Centre

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two adult social care inspectors, a specialist advisor who was a registered nurse, and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience's area of expertise was dementia care.

Service and service type:

Charlton House Community Resource Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had recently appointed a new manager who was registering with the Care Quality Commission. This means that they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider had completed a Provider Information Return (PIR). This 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.

We looked at the notifications we had received for this service. Notifications are information about important events the service is legally obliged to send us within required timescales. We used all this information to plan our inspection.

During the inspection, we looked at the care records of eight people who use the service and people's medication records.

We reviewed five staff files. These included information about recruitment, training, induction and supervision.

We looked at records related to the management of the service. These included checks and audits, meeting minutes and health and safety documents. We reviewed policies and procedures including safeguarding, whistleblowing, complaints, mental capacity, recruitment and medicines. We considered this information to help us to make a judgement about the service.

During the inspection we spoke with 10 people who lived at the service. Some people were unable to tell us about their experiences of living at Charlton House because they were living with dementia and unable to communicate these thoughts. We used observation to help us understand the experience of people who could not talk with us.

We spoke with six members of staff, the registered manager and clinical lead. During and after the inspection we spoke with the relatives or friends of six people who lived at the service.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

At the last inspection in January 2018, we asked the provider to take action to make improvements to the safe use of medicines. This action has been completed.

At the last inspection in January 2018, we asked the provider to take action to make improvements in the reporting of safeguarding incidents to external agencies. This action has improved, but is not completed.

Systems and processes to safeguard people from the risk of abuse

- Systems to safeguard people from abuse were not always effective because staff had not always reported all incidents using the provider's systems. The provider had reported allegations of abuse to local authority safeguarding teams when these were identified.
- Staff accurately told us what they would do to ensure people were always safeguarded from harm. One staff member said that they had reported a safeguarding concern in the past and added, "It's not always easy to do, but our top priority is keeping people safe."

Assessing risk, safety monitoring and management

- The environment was visually checked on a regular basis, but not all checks were recorded. For example, an annual health and safety check, and regular cleaning checks were documented, but the assessment of risks such as hazardous substances, mattress or equipment safety were not always recorded. This was highlighted to the registered manager, who told us that checks and audits were being introduced.
- A review of fire systems and equipment had been completed, but regular checks had not been carried out recently. For example, fire drills had not taken place in the previous 12 months. All fire checks were being restarted at the time of our inspection.

This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Emergency plans were in place to ensure people received the support they needed to stay safe in the event of an emergency.
- People's care records contained individualised risk assessments which gave guidance to staff about how to support people. Areas assessed included falls, nutrition, mobility and skin integrity. Risk assessments were updated when changes occurred.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe.
- Relatives felt staff appeared to have a lot of tasks to do during each shift. Comments included, "Some

people need to have more support...I think they could do with an extra one [staff member]. They seem very busy," and, "The staff seem a bit pushed, especially at the weekends." Staff told us that they were busy, but were proud of what they achieved during each shift.

- There were a number of vacant posts. The provider had been actively recruiting and the registered manager told us the service would be fully recruited within the next few weeks. Staff were looking forward to having more permanent staff in post.
- The provider recruited staff safely. All necessary checks were completed before staff started in post. Staff files were being reviewed and updated at the time of our inspection.

Using medicines safely

- Medicines were stored, administered and disposed of safely.
- Medicines which required additional security were appropriately stored, checked and administered.
- People's medication records confirmed they received their medicines as required. Information was provided about how people preferred to take their medicines.
- Medicines administration records were clear. However, there were some gaps in records relating to the application of people's creams and ointments. We discussed this with the clinical lead, who had recently raised the issue in a staff meeting and continued to work with staff.
- Staff had been trained in medicines administration, and competence was regularly checked.
- Medicines audits were carried out to monitor safety and ensure risks were managed.

Preventing and controlling infection

- The service had recently introduced new infection control checks and audits.
- Cleaning schedules were in place, and staff had access to equipment such as gloves and aprons.
- The home was clean and odour free. Comments from relatives included, "The place is always clean and well maintained; my [relative's] room is clear of clutter, that is how we both like it," and, "Everything is safe, clear floor and hygienic bathroom."

Learning lessons when things go wrong

- Accidents and incidents were recorded and actions were taken where necessary.
- The registered manager or clinical lead reviewed incident reports. They identified changes to practice or learning required in the service and communicated these in staff meetings.

Is the service effective?

Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

At the last inspection in January 2018, we asked the provider to take action to make improvements to the provision of staff supervision and the recording of health professional visits. These actions have been completed.

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

- People's needs were assessed before they came to the service to ensure their needs could be met. These were regularly reviewed and changes made where needed.
- People's preferences, likes and dislikes were assessed and usually recorded in care records. This included important aspects such as culture, food preferences and beliefs.

Staff support: induction, training, skills and experience

- Staff were provided with regular training to ensure they had the knowledge and skills to carry out their roles.
- Staff told us that they could ask for additional training. One staff member said, "If I see any training that would benefit me in the home, I just tell them and they support me."
- People felt that staff were competent in their roles. Comments included, "Staff are very good and capable, I am happy with them," and, "Staff are well trained, and very good."
- Supervision had been reinstated by the new manager, and a regular pattern was beginning to be established. Supervision is a meeting between a staff member and their manager to discuss their work and provide any support needed. During the previous 12 months, staff had received supervision, but the frequency had not met the provider's standard. The registered manager had a plan in place to address this and staff felt well supported.
- Staff told us they felt supported and able to approach managers at any time to discuss concerns. Comments included, "[Managers] listen to staff feedback and look into it."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet.
- People were encouraged to make choices about food and drinks where possible. Some people told us they felt meal choices were limited.
- People and relatives gave mixed views about the food provided at the service. For example, one person said, "The food is always lovely," but another told us, "The food is adequate, quite basic, not like home cooking. It's mass produced; they could do with more help in the kitchen in the preparation, especially vegetables." One relative said, "The food is always good," but another told us, "Each time I visit my [relative]

complains to me about the food."

- We observed a midday meal and noted that people's dining experiences varied. For example, one person was patiently supported to eat at their own pace with the staff member chatting and engaging them, whilst a staff member assisting another person was called away numerous times and did not interact with the person they were supporting. We discussed both of these examples with the management team who planned to meet with staff.
- People's weight was regularly monitored for any changes, however the tool which was used was not always completed accurately. People's care and treatment was appropriate and met their needs. The use of the monitoring tool was discussed with the clinical lead, who agreed to review the records.
- Care plans were in place for people who had specific nutritional needs. Food supplements and high calorie foods were available for people who needed these, and specialist referrals were made appropriately.

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

- Although the environment was bright and well maintained, there were few points of interest or stimulation, such as things to look at or touch. Some communal areas were homely, but other areas lacked the positive features which can improve people's quality of life, such as pictures or objects of interest. The manager had plans to improve areas of the service.
- The people we spoke with were happy with their bedrooms. Most rooms were personalised with furniture and photographs, and reflected people's choice. One relative told us, "[My relative's] room is as we both want it, there is a view over the garden; a homely feel is not required." Another stated, "[My relative's] room is very cosy, lots of the furniture, including the bed, is from the family home; this is now [Name's] home and I think they have made it a home from home."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access routine and specialist healthcare services.
- A relative told us, "If my [relative] is unwell, they call a doctor and inform me; I take [Name] to all regular hospital appointments. Staff arranged for my [relative] to be seen by an optician [at Charlton House]."
- People had received input from GPs, chiropodists, diabetes specialist team, physiotherapists and opticians. Records contained details of people's appointments and actions or future plans. These were not always clearly organised, which meant that information could be missed by staff.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had assessed people's capacity to consent to care and treatment; decisions had been taken in people's best interests in line with legislation. Where people were assessed as not having the capacity to consent to live at Charlton House, the provider had made Deprivation of Liberty applications.

- Staff received training and understood the principles of the Mental Capacity Act 2005.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff supported people in a kind and caring manner. Staff used touch where appropriate to aid communication and provide reassurance.
- Relatives spoke positively about staff. Comments included, "We feel very pleased with the way they look after [Name]," and, "The staff are very caring. They treat people respectfully."
- Staff had good relationships with people, and appeared to know them well.
- Staff respected people's preferences and specific needs, such as those relating to spirituality or culture.
- Care plans contained information about the person's life history. Some were detailed, but others were incomplete. We highlighted this to the management team who told us all care plans were being reviewed.
- People were supported to maintain relationships with friends and relatives, and visitors were welcomed at any time. One person said, "I go out to lunch every Friday with my friend." A relative told us that staff supported them to take their family member out in the car when they visited.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make decisions about day to day matters such as food, clothing and routines. Staff offered people opportunities to spend time where and how they wished.
- People were unsure about whether they had been asked their views about their care and support. Relatives told us they were involved in decision making and reviews of care. One relative said, "They keep me informed about every little thing."
- The manager had recently started meetings for people who use the service. A plan was in place to introduce regular meetings with relatives. These aim to provide regular opportunities to raise concerns and receive information relating to the service.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. Staff described how they did this, and we observed this in practice during our inspection. When talking about personal care, staff told us, "We always ask," and, "We always go step by step, so people don't feel rushed or worried."
- Staff also described how they approach and reassure people who may be reluctant to receive personal care. One staff member told us, "We ask for consent every time, it can be different every time...their preference is in the moment that you're with them."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- Staff were aware of people's preferences and needs. People's care plans were personalised and identified what was important to them, including their likes, dislikes and preferences. This guided staff about how best to support people. We found that some care records were more detailed than others. We highlighted this to the management team who explained a plan was in place to review all care records. Staff were carrying out these reviews during our inspection.
- People received personalised care which promoted their independence where possible. One person explained, "I have got everything I want and need; I can have a shower, I have clean clothes, very nice food and plenty of it, a comfortable reclining chair and my own telly; nobody bothers me, I am more than content with what I have." A relative told us, "They never prevent [their] independence. They always try to encourage [them]."
- The service understood people's information and communication needs. These were identified, recorded and highlighted in care plans and shared appropriately with others.
- People participated in activities that reflected their interests and preferences. Some people chose not to join structured activities, and this was respected by staff. One person told us, "I don't go to activities, I am aware they are happening, nobody makes you do anything you don't want to do; sometimes I sit in the garden, which is nice." Another person said, "I enjoy all the activities and go to the church services, which is important for me."
- Regular activities included music, games, exercises and visits to a neighbouring care service. When people were not engaged in group activities in communal areas, there were limited opportunities for people to occupy themselves, such as things to look at or touch.

Improving care quality in response to complaints or concerns

- The service received six complaints in the previous 12 months. These had been responded to and actions taken as needed to improve the service.
- Systems and policies were available for recording and dealing with complaints.
- Relatives told us that they would feel confident if they had to make a complaint, but added that they had not needed to do so. One relative told us, "I have never had reason to make a complaint, although if I did I would go straight to the manager." Another relative said, "I always go straight to the lead nurse, and [they] come down and sort it out."
- Staff told us that they felt able to raise concerns or complaints, and a whistleblowing policy was available.

End of life care and support

- End of life care plans were not always completed. A plan was in place to review and update all care plans.
- Completed end of life care plans showed that people and their relatives had been supported to consider

their preferences and wishes. These were clearly recorded so that staff were aware how best to support people.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At the last inspection in January 2018, we asked the provider to take action to make improvements in their assessment and monitoring of the quality and safety of services.

The new manager has begun making these improvements, although they are not yet complete.

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

- The provider is legally required to notify CQC about specific events which took place at the service. They had failed to inform CQC about some incidents and accidents which had involved people who used the service.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009

- The provider had informed families and other agencies, such as safeguarding services, about events which had occurred within the service. There was an open and honest culture within the service.
- There had been lack of a consistent manager since the last inspection. However, a new manager and the clinical lead were a visible presence during our inspection. Staff felt supported by the new management team to provide high quality, person-centred care.
- People, relatives and staff spoke positively about how the service was managed and led. The manager had been in post for a few months. Some relatives had not met the new manager. Staff were positive about the manager. One staff member said, "The management now is so, so much better." Another told us, "With [Manager's Name] here, we're well led. We haven't been for a while. There's a big difference, but it's not overnight change."
- Relatives told us that the service kept them up to date and communicated regularly. Relatives said that staff knew them and their families well. One told us staff supported them as well as their relative.
- The service had an up to date statement of purpose and the provider had a set of core values. The values of the provider were reflected in the practice of staff during our inspection.

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

- The manager was introducing new quality assurance tools and systems at the time of our inspection. Although some had been commenced, other areas were not being monitored. For example, pressure mattress checks, fire drills and documented environmental checks had not been documented. We highlighted the importance of recording all regular checks with the management team. The manager had an action plan in place and some checks and audits had already been carried out.

This was a breach of Regulation 17 of the Care Quality Commission (Registration) Regulations 2009

- Staff and the management team were in the process of auditing and updating all care records. Checks had identified shortfalls, and actions were being taken to improve records.
- There were clear lines of responsibility and accountability in the service, and staff understood what was expected of them.
- Following the last inspection in January 2018, we issued a fixed penalty notice because the provider had not displayed their CQC rating at the service and on their website. The provider paid the fixed penalty, and the CQC rating was now displayed at the service and on the provider's website.

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

- People were unclear about whether they were involved in discussions about their care. This may have reflected the fact that some people were living with dementia and so could not recall such details. Relatives told us that they were always kept informed and up to date. One relative said, "They write and keep me informed of changes," and another added, "They call me if anything happens. They're very good that way."
- The manager had started to hold regular meetings with people living at the service and staff. There was a plan in place to introduce meetings with relatives. This aims to improve the engagement of people in the development of the service.
- Staff were positive about the service and the changes which had been introduced by the new manager. Staff felt able to share their opinions and suggestions and felt they were listened to by the management team. One staff member said, "If I have any concerns or ideas, I take them to [manager's name]. They deal with things and I'm confident they're dealt with."

Continuous learning and improving care

- During the inspection, the management team were open to feedback to develop and improve the service. The manager had a prioritised plan of work to ensure people received high quality care.
- The service had received a number of compliments. Comments included, "Thank you for all your kindness, compassion and good humour...You are amazing," and, "Thank you so much for caring for [Name]. It makes such a difference to both of us."

Working in partnership with others

- Staff worked in partnership with other professionals and the local community.
- Specialists provided support and guidance to ensure people received effective care, and to promote best practice.
- People were encouraged and supported to be involved in the local community where possible. Some people regularly accessed local churches, shops and the facilities in adjoining services.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Regulation 18 (2) (c) The provider had failed to notify the Care Quality Commission of incidents which had occurred within the service.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure all risks to people's health and safety were appropriately monitored, recorded and managed. Checks were not always carried out or documented.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (1) The provider did not assess and monitor the quality and safety of services.