

Charnley House Limited

Charnley House

Inspection report

Albert Road
Hyde
Cheshire
SK14 1DH

Tel: 01613684664
Website: www.chnleyhouse.co.uk

Date of inspection visit:
29 November 2017
30 November 2017

Date of publication:
23 January 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced inspection of Charnley House on 29 and 30 November 2017.

Charnley House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Charnley House is situated in the Hyde area of Tameside and provides care, support and accommodation for up to 40 people who require personal care without nursing. At the time of our inspection there were 31 people living at Charnley House, two of whom were on respite.

The home was last inspected on 16 and 17 February 2017 when we rated the home as inadequate overall and identified eight breaches in five of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to risk management and the mitigation of risks, medicines management, premises and equipment, need for consent, meeting nutritional and hydration needs and good governance. As the overall rating was 'inadequate' the home remained in special measures.

Services in special measures are kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, are inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we re-inspect it and is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve all five of the key questions (safe, effective, caring, responsive and well-led) to at least good. At this inspection we found improvements had been made in each of the key questions, and identified only one continuing breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, this was in relation to safe care and treatment, specifically the adherence to special dietary requirements. Whilst risk assessments and care plans were reflective of people's current needs and contained the required detail and information to manage the identified risk, we saw evidence people had been provided with foods that were not in keeping with their risk assessment and care plan. You can see what action we told the provider to take at the back of the full version of the report.

The service had a registered manager in place who registered with CQC in October 2010. 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.

We found the home was clean throughout and had appropriate infection control processes in place. Hand hygiene guidance and equipment was located in bathrooms and personal protective equipment (PPE) such as gloves and aprons was readily available.

People living at the home told us they felt safe. Relatives had no concerns about the safety of their family members and were positive about the level of care provided. We saw the home had appropriate safeguarding policies and procedures in place, with instructions on how to report any safeguarding concerns to the local authority. Staff had received training in safeguarding vulnerable adults, which was refreshed and had a good knowledge of how to identify and report any safeguarding or whistleblowing concerns.

Staffing levels were determined by the needs of people living at the home. Senior support workers met each month to discuss people's dependency, to ensure staffing levels remained safe and effective. Throughout the inspection we saw the home had sufficient numbers of staff to meet people's needs.

We found medicines were stored, handled and administered safely and effectively. Staff responsible for administering medicines were trained and had their competency assessed. Protocols for 'as required' (PRN) medicines such as paracetamol had been introduced, to ensure people were given these medicines safely and consistently. Medication Administration Record (MAR) charts had been completed correctly, as had topical medicine charts, which are used to record the administration of creams and lotions.

All staff spoken with demonstrated a good knowledge and understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), which is used when someone needs to be deprived of their liberty in their best interest. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the provider had submitted applications where required and had an effective system in place for monitoring and tracking applications.

Staff spoke positively about the training available, telling us this was held regularly and they could request additional sessions in any areas of interest. All staff had completed an induction programme, which included time shadowing experienced staff and on-going training was provided to ensure skills and knowledge were up to date. Staff confirmed they received regular supervision and annual appraisals, which along with the completion of team and flash meetings, ensured they were supported in their roles.

Throughout the inspection we saw interactions between the staff and people who used the service were both positive and appropriate. Staff were observed to be friendly, caring and treated people with kindness, dignity and respect. Both people who used the service and their relatives were complimentary about the attitude of the staff and the standard of care received.

We looked at six care files which contained detailed information about the people who used the service and how they wished to be cared for. Each file contained detailed care plans and risk assessments, which provided staff detailed guidance on how to manage or mitigate the risk. Staff were aware of the importance of ensuring care was person centred, and this approach was evidenced within people's care files.

The home had a detailed weekly activity schedule in place, which included sessions run by external providers in areas such as art and craft, reminiscence and exercise. People we spoke with were positive

about the choices provided.

The home had a range of systems and procedures in place to monitor the quality and effectiveness of the service. Audits were completed on a daily, weekly and monthly basis and covered a wide range of areas including medication, care files, infection control, health needs and the overall provision of care. We saw evidence of action plans being implemented to address any issues found.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

Not all aspects of the service were safe.

Although risk assessments contained the required detail and information to manage the identified risk, food monitoring sheets showed people had been provided with foods which increased the risk of choking and were not in keeping with their risk assessment and care plan.

People we spoke with told us they felt safe living at Charnley House.

Staff were trained in safeguarding procedures and knew how to report concerns.

Medicines were stored, handled and administered safely by trained staff that had their competency assessed regularly.

Is the service effective?

Good ●

The service was effective.

Staff reported that sufficient training and supervision was provided to enable them to carry out their roles successfully.

All staff spoken to had knowledge of the Mental Capacity Act (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) and the application of these was evidenced in care plans.

The home worked closely with other professionals and agencies to meet people's health needs

Is the service caring?

Good ●

The service was caring.

Throughout the inspection we observed positive interactions between staff and people. Staff members were polite and respectful and took their time to listen to what people had to say, with appropriate physical contact used.

Both people living at the home and their relatives were positive

about the care and support provided.

People were able to make choices about their day such as when to get up and how to spend their time. Staff understood the importance of providing choice and promoting people's independence.

Is the service responsive?

Good ●

The service was responsive.

Assessments of people's needs were completed and care plans provided staff with the necessary information to help them support people in a person centred way.

The home had an activities programme in place. People we spoke with were positive about the activities and events provided.

The home had an effective complaints procedure in place, with all complaints being investigated and outcomes documented.

Is the service well-led?

Requires Improvement ●

Not all aspects of the service were well-led.

We identified a breach of the regulations meaning the well-led key question can only be rated as requires improvement.

Audits and monitoring tools were in place and used regularly to assess the quality of the service, with action points generated and details of progress clearly documented.

Both the people living at the home and staff working there said the home was well-led and managed. Staff felt supported by management.

Meetings were held regularly with staff and people who lived at the home to ensure they had input into the running of the home and were made aware of all necessary information.

Charnley 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.

The inspection was carried out on 29 and 30 November 2017 and was unannounced.

The inspection team consisted of two adult social care inspectors from the Care Quality Commission (CQC) and an Expert by Experience (ExE). An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before commencing the inspection we looked at any information we held about the service. This included the report from our inspection dated 16 and 17 February 2017 and the subsequent action plans submitted by the provider. We also reviewed any notifications that had been received; notifications are changes, events and incidents that the provider is legally obliged to send to us without delay, any complaints, whistleblowing or safeguarding information sent to CQC and the local authority. We also contacted the safeguarding and commissioning teams at Tameside Council.

Due to technical problems on our part, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the course of the inspection we spoke with the registered manager, deputy manager, six staff members and a cook. We also spoke with 16 people who lived at Charnley House and two visiting relatives.

We looked around the home and viewed a variety of documentation and records. This included five staff personnel files, six care plans, six Medication Administration Record (MAR) charts, policies and procedures and audit documentation. We spent time observing the meal time experience on both days of inspection and the administration of medicines to ensure it was completed safely and accurately.

Is the service safe?

Our findings

At our previous two inspections, we looked at how the provider identified and managed risks that were specific to peoples' individual care needs. At that time, we found risk assessments were not always completed and accurate to reflect peoples' current care needs. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection, we also identified concerns in relation to risk management. In particular, where risks had been identified; the appropriate action had not always been followed to mitigate the risk. For example, a person had been identified as having an 'unsafe swallow' and requiring a soft diet but we saw on their food and fluid records that they had been given biscuits. This demonstrated a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found risk assessments and care plans were reflective of people's current needs and contained the required detail and information to manage the identified risk. However, we found the system in place to ensure the care plan was being followed and recommendations made by Speech and Language Therapy (SaLT) were being adhered to, were not effective.

We looked at three people's care records that had been assessed as requiring a soft diet. We saw risk assessments and care plans had been updated in a timely way following SaLT assessments. SaLT guidelines were available for the three people, which meant staff had the required information to mitigate risks associated with the people's dietary needs. However, we cross referenced this information with the three people's food and fluid records and saw foods documented that were not in keeping with their risk assessment and care plan, which could have exposed these people to the risk of harm. The foods given included: apple pie, chicken nuggets and biscuits.

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

We identified the issue with the provider, management and senior care staff during the inspection. We found there was some ambiguity regarding what people's assessed needs were, as the senior care staff told us verbal recommendations had been made by SaLT at the time of assessment that were not included in the written recommendations. Following the inspection, we received confirmation that SaLT had been contacted and clarification sought with documentation provided to support the clinical decision made, dysphagia training was scheduled for all staff to attend and a healthcare professional's document introduced as a written record of the outcome of professional visits.

We checked the progress the provider had made following our inspection in February 2017 when we identified a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to the safe management of medicines. This was because 'as required' (PRN) protocols were not in place, meaning staff did not have sufficient information to ensure people were given these medicines safely and consistently. At this inspection we saw PRN protocols had been drawn up and

introduced for each person who was prescribed 'as required' medicines and the provider was no longer in breach of this regulation.

The home used a book to record all correspondence with the dispensing pharmacist; this ensured staff were updated regarding this communication and any changes. Staff who administered medicines had all received training and had their competency assessed, with records stored in their personnel files. One staff member told us, "I have received medicines training. Competency checks are done yearly, unless there has been an error, when one gets done again straight away."

We observed medicines being administered. The staff member responsible wore a red tabard to indicate they were responsible for this task and ensure they were not distracted. We noted the trolley was locked in between each administration, with the keys kept on the staff members person at all times. One person was administered their medicines at a time, to reduce the chance of errors occurring.

We checked the Medication Administration Record (MAR) charts for six people. Each of these had been completed correctly, with all medicines signed for. We saw running balances had been kept for boxed medicines, to assist with auditing. MAR charts were stored in a file, with an information sheet in place for each person which contained their name, photograph; to assist with identification, GP details and allergy information. As required 'PRN' protocols were also present, which provided details of the medicine, reason for taking, how often, how to decide if it needed to be administered, actions to take prior to administration; including any alternatives to medication, expected outcomes and follow up to check on the efficacy of the medicine.

Transdermal medicine application records, which included a body map had been used alongside MAR charts, to document where patches had been applied and ensure a different site was used each time, as per administration instructions.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD). We found these medicines were kept securely and records were completed correctly, with each person having their own CD register. We checked the stock balance of two people's CDs which were correct.

At the previous inspection February 2017, we saw evidence two people received their medicines covertly. This means giving medicines in a disguised form, for example in food or drink, when a person lacks capacity and refuses the treatment necessary for their physical or mental health. Whilst letters from these people's doctors had been obtained authorising the use of covert medicine, we found no best interest decisions in place for either person, to ensure this practice was in their best interests. At this inspection we saw evidence of best interest meetings taking place involving staff members, the social worker and the persons advocate. We also noted separate administration forms had been introduced for documenting the administration of covert medicines.

We checked the progress the provider had made following our inspection in February 2017 when we identified a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to premises and equipment. This was because there was not an up to date legionella risk assessment in place for the home. At this inspection we found a risk assessment had been completed and was in date and the provider was no longer in breach of this regulation.

A legionella test certificate was issued by an external provider in June 2017, which confirmed the provider was meeting Health and Safety Executive guidance and water was clear of contaminants. We saw water

temperatures had been checked weekly with both weekly and monthly audits completed including the regular flushing of the water system to prevent water stagnation.

We saw that servicing of equipment, such as hoists and lifts, gas and electricity appliances were up-to-date. A register of slings was readily available in the office, which evidenced each person had their own slings, which were regularly checked to ensure they remained fit for purpose.

The home had a dedicated fire file which contained records of checks completed. We saw weekly checks had been carried out at different call points, means of escape and self-closing doors had also been checked weekly, whilst emergency lighting had been tested monthly, as per company policy. There was an up to date fire risk assessment in place, along with personal emergency evacuation plans (PEEPs). The introduction of the Regulatory Reform (Fire Safety) Order 2005 places the onus on providers to ensure that everyone can evacuate safely in the event of a fire or emergency evacuation. In order to comply with legislation, a personal emergency evacuation plan (PEEP) needs to be devised by a responsible person. The PEEP will detail the escape routes, and identify the people who will assist in carrying out the evacuation.

During the inspection we completed a walk round of the building, to look at the systems in place to ensure safe infection control practices were maintained. We found the premises were clean throughout and free from any offensive odours. Bathrooms and toilets had been fitted with aids and adaptations to assist people with limited mobility and liquid soap and paper towels were available, along with personal protective equipment (PPE) such as gloves and aprons. Cleaning products were stored safely and Control of Substances Hazardous to Health (COSHH) forms were in place for all the cleaning products in use.

Each of the sixteen people we spoke with told us they felt safe living at Charnley House. One person said, "I feel safe here, there are no hazards." Another stated, "Yes, without a doubt." A third told us, "I do feel safe here." Visiting relatives also spoke positively, telling us they felt the home was a safe environment for their loved ones. One told us, "Here their room has a bit more space to move around in, it's also a lot more homely." A second stated, "They leave them safe in a chair somewhere quiet, which [relative] prefers."

We looked at the home's safeguarding systems and procedures. The home had a dedicated safeguarding file, which contained reporting guidance and a log of all referrals. For each referral, any related documentation such as incident forms and statements had been attached, to provide an overview of the incident and the action taken. Staff we spoke with confirmed they had undertaken safeguarding training and displayed a good understanding of how to report concerns. One told us, "I have done safeguarding training, we refresh this every three years. I would discuss any concerns with the registered manager and let them take it further." Another said, "I've done training in safeguarding, we have to do it again every so often. I would report any concerns to the senior or manager."

We looked at five staff personnel files to check if safe recruitment procedures were in place. We found robust checks were completed before new staff commenced working at the home. The files included; an application form, interview notes, proof of identity and at least two references. A separate file had been set up to store Disclosure and Barring Service (DBS) check information. A DBS is undertaken to determine that staff are of suitable character to work with vulnerable people.

We looked at how accidents and incidents were managed at the home. We found detailed records had been kept of all accidents and incidents which had occurred since the last inspection in February 2017. Analysis had been completed each month, reviewing the type and frequency of accidents and incidents along with details of action taken and any additional comments. This meant the registered manager had systems in place to monitor trends in accident/incidents in order to put strategies in place to mitigate the risks of future

re-occurrence.

People we spoke with provided mixed feedback about staffing levels at the home. Some told us there was enough staff to meet their needs and waiting times were acceptable, whilst others felt additional staff were required, especially at night. Comments included, "Yes, I do feel there is enough staff", "There's always someone there", "They are a bit short on the staff, but they do their best" and "Sometimes it could do with more staff, it's usually when going to bed or waking up in the middle of the night." Relatives we spoke with felt the home had sufficient staff. One told us, "Always seems a lot of staff here when I come."

We asked staff for their views. They told us enough staff were deployed to meet people's needs. One said, "Yes, we have enough staff, I would say waiting times are quite short." Another stated, "Busiest times of the day are mornings and meal times. We have enough staff to meet needs, but could always do with more."

We were told staffing levels were determined by the seniors, who met monthly to discuss people's dependency levels and number of staff needed to meet needs. This information was passed onto the registered manager who would arrange the necessary staffing levels. We saw staffing numbers fluctuated during the day, based on need and activities. Additional staff were deployed in the mornings and evenings to support people to get up and get ready for bed. Throughout the inspection we observed staff respond timely to requests for assistance. Due to the mixed feedback received, we asked the registered manager if they used a dependency tool to calculate the number of care hours needed to be covered each week and the amount of staff required to do so. They told us they did not, but would look into doing so, in order to better evidence the suitability of staffing levels.

Is the service effective?

Our findings

We checked the progress the provider had made following our inspection in February 2017 when we identified continued breaches of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to need for consent. This was because best interest meetings had not been held to support the decision making process for people who lacked capacity. At this inspection we saw evidence that where people lacked the capacity to consent, best interests meetings had been held. Records of the meeting and agreed decisions was stored in people's care files. To support the completion of six mental capacity assessments we saw the registered manager had contacted the local authority to request their input and assistance. As a result we noted social workers had been allocated to these six people to enable the assessments to be completed utilising a multi-disciplinary team.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We asked staff about their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). All staff confirmed they had received training and had an understanding of both. One told us, "DoLS is when you have to deprive someone of their liberty for their safety. If someone has dementia and can't make their own decisions, we are depriving them, so would have to apply for a DoLS." Another said, "Mental capacity is not having capacity to make decisions. DoLS is then used to ensure we are providing care in their best interest." Whilst a third stated, "The MCA has certain questions we need to ask people, to determine if they lack capacity. You never assume a person lacks capacity until it has been proven."

At the time of inspection 29 DoLS applications had been submitted to the local authority. We saw 12 assessments had been carried out by the local authority and these people had a DoLS in place. We saw evidence action had been taken to chase up the outstanding applications. The local authority rang the service upon receipt and categorised the application as low, medium or high. This determined the time scales for completion of the assessment.

The service had a dedicated DoLS file which contained up to date guidance along with copies of all applications, assessment forms and correspondence. A register had been kept, which included the name of person, the local authority application sent to, date submitted, start and expiry date if granted and if CQC notification submitted. This ensured the home was keeping track of applications.

We checked the progress the provider had made following our inspection in February 2017 when we identified continued breaches of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to meeting nutrition and hydration needs. This was because the home could not provide documentary evidence a person had received fortified foods and snacks to boost their calorific intake. During this inspection we found no concerns with weight loss or the monitoring and recording of fortified diets.

We asked people living at the home for their views on the food and received a mixed response. Eight people spoke positively about the food provided, whereas eight more raised some concerns. One person told us, "Excellent, the food here is very good." Another stated, "I like to eat it when it comes. I get a drink with meal times and I do get a choice. I get enough food." Whereas a third said, "Food is not bad, but nothing special. We could do with a bit more variety; it's normally soup and a meal such as mince and potatoes." A fourth added, "It's not what I call up to standard."

We observed the meal time experience on both days of the inspection. Although the home had planned meal times, we saw people were able to eat at a time of their choosing. For example whilst breakfast was advertised as running from 8am to 10am, on the first day of inspection we saw three people arrive in the dining room and order breakfast at 10.45am.

The home had one large dining room, which was used by all people living in the home. Food was served directly from the kitchen into the dining room via a service hatch. Tables had been set prior to meals and contained place mats, cutlery, drinking glass, napkin, condiments and a vase of flowers. Specific tables had been allocated for people who required support to eat and for those who required some level of prompting, otherwise people were free to sit where they liked.

We found the service on the first day to be quite chaotic, with people being served randomly, rather than table by table. This meant some people had eaten their meal, before others had received food. Drinks were also slow to be provided. We saw this was due to the amount of staff allocated to assist with the lunch time period, compared to the amount left to cover the rest of the home. We noted a contrast on the second day, when service was much smoother, people were served in a timely manner and drinks were readily available.

People living at the home and visiting relatives we spoke with, felt staff were well trained and had the necessary skills to provide good care. One person told us, "They are plenty well trained." Another said, "I am pretty quiet and keep myself to myself but the staff seem to know what they are doing." A relative stated, "They have no issues with the staff here or their training. They do the best they can."

Staff were also complimentary about the training provided. One told us, "It's good; I've done quite a lot this year." Another said, "We get enough training, do something nearly every month." A third stated, "It's good. Whatever you want they will sort it for you. We are always doing training here."

We looked at the training staff received upon commencing employment. We found induction checklists in personnel files, which covered introduction to the home, policies and procedures, training in MCA, DoLS, infection control, safeguarding, person centred care, manual handling and fire safety. Staff told us they had also had to shadow existing staff as part of the induction process. We saw evidence that the Care Certificate was in place. The Care Certificate was officially launched in March 2015 and employers are expected to implement this with new staff that have no previous care experience.

The provider commissioned a number of training courses from an external provider. We noted six courses had been completed so far in 2017, including sessions in challenging behaviour, record keeping and

dementia awareness. The home had a paper based training matrix, which showed all staff were up to date with required training sessions.

We looked at staff supervision and appraisal completion. We saw annual appraisals and performance and development reviews (PDR's) had been carried out between January and April 2017 with all staff members. The process had consisted of three parts, a reflection of the last period, completion of a development plan and discussion of any training needs or further supervision and support. The home completed two different types of staff supervision, reflective supervision used to discuss and reflect on practice, what the staff member did well and areas for improvement and personal supervision, which covered responsibilities, training needs, discussion about people living at the home and any issue the staff wanted to discuss. These meetings ensured staff received enough support to carry out their roles effectively.

At our last inspection, we identified concerns with the identification and management of pressure care. At this inspection, we looked specifically at the documentation and management of pressure care for two people that were identified as being at very high risk of skin breakdown if not managed effectively. We found Waterlow risk assessments had been completed and up to date care plans were in place for the management of pressure areas. We confirmed pressure relief was being provided within the required timeframes and saw the required equipment was in use.

We saw the home worked closely with other professionals and agencies to meet people's health needs. Involvement with these services was recorded in people's files and included general practitioners (GP), chiropodists, district nurses, mental health services (CPN's) and speech and language therapists (SaLT). Baseline observations had been taken monthly by the home to promote people's wellbeing, this included pulse, blood pressure and oxygen levels. Any concerns were escalated to the appropriate medical professional.

Is the service caring?

Our findings

People we spoke with told us they liked the staff and found them to be caring. One person told us, "[Staff are] quite friendly and kind, yes they are." Another said, "They are patient and kind." Residents also spoke positively telling us, "They do seem kind, they always stop to chat to the residents." People also told us they felt listened to. One stated, "The founders of the home come and chat to you, I feel listened to." Another said, "They come and sit down and listen to you."

On arrival at the home, there was a positive atmosphere. People were being supported to breakfast and were animated and engaged in conversation as they took their seat in the dining room. People looked clean and had made an effort with their appearance. Throughout the inspection, we observed people in communal areas. The atmosphere was vibrant and welcoming. People and staff were singing and joking. Conversation and banter between the staff and people living at the home was a constant presence throughout the inspection and people were evidently comfortable in each other's company.

We observed care delivery throughout the day and saw that staff were courteous and kind at all times. Staff took time to explain what they were doing and confirmed with people they were happy to be assisted before undertaking care tasks.

People told us they were treated with dignity, respect and were given privacy at the times they needed it. One person said, "Yes, without doubt they protect your dignity and respect." Another stated, "In all fairness they are very discreet when taking you to the toilet." On both days of the inspection we observed this practice in action. Three people were observed to require changing and this was managed sensitively and discreetly, with the people being guided to the bathroom and their bedrooms.

We asked staff how they ensured people they supported were treated with dignity and respect. One told us, "I try and put myself in the person's situation and think, how would I want this to be done. I ask people what they would like to wear. Ask the person if they want to wash themselves or want me to do it." Another stated, "Knock on doors before entering people's bedrooms. When supporting people to dress, make sure they are covered up. Maintain confidentiality and never discuss people or their needs in front of others."

We noted staff had completed training to assist them in looking after and supporting people with a visual impairment. This had involved staff being blindfolded and exposed them to care scenarios to enhance their awareness of the challenges and obstacles the person may face. The session also identified the pitfalls they may fall in to when caring for a person with a visual impairment. This ensured staff had the skills, knowledge and understanding to meet people's individual needs. A staff member stated, "It's a very rewarding job and I feel privileged working here. It's surpassed all my expectations."

We looked to see how staff promoted people's independence and offered them choices. One person told us, "Yes, they let me do things for myself." Another said, "Staff do not push us to get up, it's as and when we want to." A third stated, "I can do anything I want." A relative told us, "I feel they can make choices about care, including when to get up and go to bed." A staff member told us, "We give choices and try and get them

to do as much as they can for themselves." Another said, "We try and help residents retain skills, not just jump in to help. We have a person who uses a chair for long distances, but we encourage them to walk shorter distances to keep them mobile."

Staff were mindful of the importance in catering for people's diverse needs. At the time of inspection nobody living at the home had any specific cultural requirements; however a staff member told us, "We have one person who is devout Church of England, we have arranged for the minister to visit them, as they can't manage going to church. We also sing hymns with them on Sunday's, like they would if they went to church. We also saw one person who was born and raised in a different country and still spoke their native language. A staff member who could also speak the same language spent time with this person engaging in conversation.

The home had a notice board which contained detailed information about the importance and practice of dignity in care. We noted the home had received accreditation for providing dignity in care from Stockport NHS Foundation Trust.

Is the service responsive?

Our findings

We checked the progress the provider had made following our inspection in February 2017 when we identified continued breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to good governance. This was because care plans did not accurately reflect people's health or care needs. During this inspection we found the provider had made the necessary improvements and was no longer in breach of this regulation.

We looked at six care files and found care plans were person-centred and reflected people's individual needs and personal preference. Prior to any new admission, a pre-assessment had been completed. Care files contained pre-assessment forms which covered a range of basic information about the person including their needs and abilities, likes, dislikes and interests. We saw this information had been used to inform the completion of each care plan. Care plans included; behaviour, cognition, communication, continence, medication, mobility, nutrition and hydration, skin integrity, social inclusion, sleep and personal care.

People's support needs and wishes were documented on their care plans so that staff knew exactly how each person wanted to be cared for. Each care plan was split into three sections, 'care need', 'what I want to achieve' and 'how you can help me'. We found care plans had been written in the first person narrative and were specific to each individual, with concise yet detailed person centred explanations of the person's needs and how they wanted to be supported.

We saw other examples of person centred practice within the care files. Each one contained a 'resident profile' which detailed the person's ability in a number of areas including communication, mobility and, personal care. We saw how people wanted to have their personal care needs supported and staff had captured details that were important to the person, such as whether the person used deodorant and/or talc and their preferred clothes choices. A 'this in my life' document had been completed, which provided a detailed overview of the person's background, work history, favourite books, films, television programmes and music, as well as people who were important to them. Information from these documents had been used to complete a 'resident information sheet' and 'map of my life' document.

We asked staff about their understanding of person centred care and how they knew what was important to people they supported. One told us, "We find out what they want, how they want to be cared for." Another said, "Get to know the person, their likes, dislikes and how they wanted to be cared for and then do this." A third stated, "When they come in we have a chat, get background information and their history. Relatives are also asked to help people complete their life story which is in their care file." People living at the home, confirmed this process took place. One told us, "If the staff want to know something, they will sit down with me and I will talk about it."

Alongside the main care file, each person also had a 'daily file', in which all monitoring forms and daily notes had been stored. Resident profiles were also kept in these files, to ensure personalised information about each person was readily available for staff to refer to. Each daily file contained a personal care record, which

included bathing, showering, toileting, oral care, whether person was dressed in clean clothes, their bed had been made, dirty laundry removed. The form covered nine time periods, and ensured people were supported with all aspects of their daily living skills and this support had been recorded.

We saw examples of personalised assessments for people with specific needs. For example the Disability Distress Assessment Tool, which is used to help identify distress cues in people with limited communication skills, had been completed for people who had difficulty in verbalising their emotions. The tool included a description of how the person presents when content and distressed, to support staff in identifying when the person may be upset, uncomfortable or in distress.

As part of the inspection we looked at the activity programme provided by the home. We asked people for their views on what was available. One told us, "I normally have a go at craft making." Another said, "I do every activity here that I can, for instance on Tuesdays and Thursdays I do the quiz. On Mondays I do the jigsaw and then we also do craft with the craft girls and today we are doing ball throwing."

We asked staff if they thought people had enough to do during the day. One told us, "Pulse come in a few times a week and do exercises with the residents. We have a lady that runs quizzes. We have done a pantomime which staff were involved in. There is also a boat trip two to three times a year. On Christmas day, the provider dresses up as Father Christmas and gives the residents a gift." Another said, "Yes, there are loads to do. A record of activities is kept in the office." A third stated, "Yes, we have something every day in the afternoon. This is the best time to complete activities as there is a longer gap between meals, so have more time."

A weekly activity schedule was on display on at least two noticeboards within the home. We saw activities included art and craft sessions, music and remembrance sessions and Pulse; fun exercise sessions for people of all ages and abilities, which encourages social, mental and physical wellbeing and activity, which were all ran by external providers. The home also provided hairdressing, hand massage and nail care, visiting entertainers and theme days and outings, which were advertised separately. We noted a number of events had been held over the last two months including one of bonfire night and another on remembrance day. Areas and walls throughout the home had been decorated with examples of work produced during crafts sessions and photographs of the various activities, outings and theme days.

We looked at how complaints were handled. People we spoke with knew how to make a complaint, although no one had needed to raise any concerns. One person said, "Never had a complaint but I would go to the office if I did." A second told us, "I don't have any complaints. If I did I would speak to the staff." The home had a complaints file; however we saw no formal complaints had been submitted since our last inspection in February 2017. The home also had a 'dissatisfaction book' used to monitor and record minor issues raised by people. Each entry was recorded using a set process, complaint, action taken and outcome. Examples of issues recorded included a person who complained of feeling cold, so staff went and got them a jumper and another person who complained their toast was overdone, so a fresh batch was prepared for them.

The home welcomed people and their relatives' feedback on the care provided. We saw within the foyer, the opportunity for people to 'have your say on care' with confidential questionnaires available which the person posted to an external company. Reviews were then collated and shared online. The home had displayed a selection of recent reviews. We saw that of the 31 reviews submitted, 100% of people had said they would recommend the home, 25 people had also given the home a rating of five out of five. Comments from people had included, '[My relative] lived here for five years before they recently passed. [My relative] was cared for in the most kind, considerate and affectionate way and never once did I have any concerns for

their welfare. The treatment I have received since they passed has also been wonderful. The service provided is second to none'; 'I found every one very caring here. [My relative] was always clean, well dressed and settled in quickly. This made me more settled when visiting. They were given more freedom than I could manage at home and this settled them' and 'We'd tried other care homes which varied. On arrival at Charnley we were shown around, no restrictions, and saw the staff and residents were smiling and happy. The building was comfortable and clean. We felt so lucky to have found such caring staff and a happy and well run home.'

Although the home was not a nursing residence, people could stay at the home to receive end of life care, as the care staff would be supported to provide this by the district nursing service. Care files we reviewed contained 'advance care plans' which detailed information about the person's wishes for their care as they approached the end of their life. We saw six steps end of life care plans had been completed. This is a North West end of life programme that helps people nearing the end of their life to remain at the home to be cared for in familiar surroundings by people they know and trust.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, 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.

We checked the progress the provider had made following our inspection in February 2017 when we identified continued breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to good governance. This was because the governance systems and auditing processes were not robust as they had not identified the concerns noted during the inspection, when eight breaches in five of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been identified. During this inspection we found significant improvements had been made.

However due to the fact that we identified a breach of the regulations within the Safe domain, the well-led key question can only be rated as requires improvement. Similarly, in line with CQC's enforcement policy, the overall rating for a service cannot be better than requires improvement if there is a breach of the regulations.

The home had a clear management structure in place, with the registered manager now being supported by an assistant manager. Two senior carers were on shift each day and oversaw the allocation of staffing and monitored the daily provision of care.

The majority of auditing and quality assurance tasks had been assigned to the assistant manager following their appointment, with the registered manager reviewing the completed audits, whilst also completing their own audits of care plans, health and safety and the homes continuous improvement plan (CIP). The deputy manager had an audit file with sections for each of the 18 audits they completed on either a daily, weekly or quarterly basis. Areas covered included medicines management, with random sampling completed of MAR charts to ensure these had been completed correctly, care plans, personal care records, mattresses and pressure relief equipment, cleanliness and weight management. For each audit any issues noted had been documented and an action plan generated.

We saw issues noted has also been included on the CIP, which clearly detailed action points identified, who was responsible for completion, target completion date, progress made and date of completion. This document provided an overarching record of the actions taken by the provider to ensure the home and care provided met legal and statutory requirements.

During the last inspection in February 2017, the registered manager was in the process of moving offices from the lower ground floor to the ground floor, in order to be a more visible presence. We had received comments that people and relatives rarely saw the registered manager due to them spending their time 'downstairs'. During this inspection we saw the move had been completed and people and staff we spoke with, viewed this positively. The registered manager told us they spent the majority of time in the new office,

although tended to move down to the other office in the late afternoon, to complete other work which needed to be done there, as this was where relevant documentation was stored. Staff we spoke with confirmed this was the case. "The manager is very visible. Made a big difference being upstairs, as has having a deputy manager." Another said, "Very much so, [registered manager] spends most of the shift upstairs in the office, always available if need to speak to them."

Staff told us they enjoyed working at the home and felt supported. One said, "I love working here and there is always support available if I need it." Another stated, "I feel very supported by management. There are things I struggle with but I am buddied up and supported. It's like a family here. I have no concerns." A third told us, "I feel very supported by management. There is a good structure."

Staff were also supported in their roles, through the completion of staff meetings. We saw a flash meeting was held each day in the afternoon. These meetings covered the resident of the day, which is a process which involved a review of a person's care file and all aspects of the care provided to them. The person was encouraged to participate in this process and relatives were also invited to take part, so they could provide their views and input. The flash meeting also covered any issues which may affect staffing or planned activities, housekeeping, catering, maintenance, activities, care and any other actions. All information discussed was documented and kept in a designated file, which was accessible to all staff throughout the shift.

Team meetings were also held quarterly, with detailed agendas completed in advance. Previous meetings had covered the CQC inspections and findings and the plans in place to address the issues noted, as well as an opportunity for staff to raise any issues or concerns of their own. One staff member we spoke with told us, "Team meetings are regular. Everybody listens to what you have to say." Another said, "We have meetings about three or four times a year, as well as daily flash meetings. We can bring things up at either one."

Resident meetings had also been held quarterly, as per company policy. The last meeting had been held in September 2017 and had covered activities, events and any other business, with people asked for the suggestions and opinions on what had been provided and what they would like to do. A previous meeting had also covered the local elections and offered people who wanted, the opportunity to vote.

Satisfaction questionnaires for people living at the home and their relatives were completed annually in December. As a result none had been completed since the last inspection in February 2017. We saw a new survey was being trialled this year, which focussed more on the care provided at the home and people's involvement in this. This survey had been provided by an external quality assurance company.

The home's policies and procedures were provided by the same external quality assurance company, who automatically sent through updates of any new or amended policies. This ensured the home always had the latest policies available. Staff were made aware of key policies and any changes through training and team meetings.

We saw the home had plans in place to deal with events which may affect the operation of the home such as infection outbreak or failure of utilities, for example a power cut or heating failure. A place of safety had been identified, which was another care home in the local area, with a reciprocal agreement in place should that home experience similar issues.

Since 1 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see

them. Charnley House was last inspected by the CQC in February 2017 and awarded the overall rating of 'inadequate'. During this inspection we saw that the rating was displayed in the entrance hall, as required.

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 12 HSCA RA Regulations 2014 Safe care and treatment People had been provided with foods that were not in keeping with their risk assessment and care plan.