

Mrs Eileen Margaret Horne

# Charlesworth Rest Home

## Inspection report

37 Beaconsfield Villas  
Brighton  
East Sussex  
BN1 6HB

Tel: 01273565561

Date of inspection visit:  
23 March 2018

Date of publication:  
03 May 2018

### Ratings

Overall rating for this service

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 23 March 2018 and was unannounced. Charlesworth Rest Home is a 'care home'. People in care homes receive accommodation and 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.

We carried out an unannounced comprehensive inspection of this service on 8 November 2016. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to the breach.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Charlesworth Rest Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Charlesworth Rest Home is a family-run, residential care home providing accommodation for up to 18 people, some of whom are living with dementia and who may require support with their personal care needs. On the day of our inspection there were 12 people living at the home. The home is a large property situated in Brighton, East Sussex. It has a communal lounge, dining room and garden. It is the only home owned by the providers, who are also the deputy and registered managers. A registered manager is a '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 home is run.

At the comprehensive inspection on 8 November 2016, there were concerns with regards to the provider's failure to notify us of certain events and information about the home to enable us to have oversight and ensure that appropriate actions had been taken to assure people's safety. At this inspection improvements had been made and the provider had been open and transparent and had notified us of incidents that had occurred.

People, a relative, a visitor and staff were overwhelmingly positive about the leadership and management of the home. One person told us, "The home is wonderful, they're wonderful. I could not fault the home". A visitor told us, "They're very good; they'll always deal with any problems. I'm always kept informed. I think the whole place is lovely, you don't feel like you're in a care home. You just come in and you feel comfortable. They treat everyone on their own merits".

It was apparent that the provider's aims, to ensure people were happy and well-cared for, were embedded in the management teams and staff's practice. There was a friendly, relaxed, homely and welcoming atmosphere. People and staff told us that the management were approachable and would offer support and solutions to problems whenever needed.

Quality assurance processes enabled the management team to have oversight of the systems and processes within the home and records showed that immediate action had been taken when changes needed to be made.

People told us that they felt involved and were asked their opinion and kept informed of any changes. There was good partnership working with external healthcare professionals and the local authority to ensure best practice. The management team had networked with other managers within the city to share best practice and learn from one another.

We previously carried out an unannounced comprehensive inspection on 8 November 2016 and the home received a rating of 'Good'.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service well-led?**

We found that action had been taken to improve the leadership of the home and the rating had changed to 'Good'.

There was a positive culture that ensured that people were involved in decisions that affected their lives and support was tailored around their needs and preferences.

Good quality assurance processes ensured the delivery of care. The management team were responsive and drove improvement. They maintained links with other external organisations to share good practice and maintain their knowledge and skills.

People, relatives, a visitor and staff were complimentary about the leadership and management of the home.

**Good** ●

# Charlesworth Rest Home

## Detailed findings

### Background to this inspection

We undertook an unannounced focused inspection of Charlesworth Rest Home on 23 March 2018. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 8 November 2016 had been made. The inspector inspected the service against one of the five questions we ask about services: is the service well led? This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

The inspection was undertaken by one inspector. Prior to the inspection we looked at the action plan that the provider had submitted as well as information we held and feedback we had received. We also looked at notifications that the provider had submitted. A notification is information about important events which the provider is required to tell us about by law. We used all of this information to decide which areas to focus on during our inspection. Prior to the inspection we did not ask the provider to complete 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 any improvements they plan to make. This was because we were undertaking a focused inspection.

During our inspection we spoke with three people, one relative, one visitor, two members of staff, the deputy manager and the registered manager. Prior to the inspection we contacted a healthcare professional from the local authority. We reviewed a range of records about people's care and how the service was managed. These included quality assurance audits, safeguarding referrals, deprivation of liberty safeguards (DoLS), incident reports and records relating to the management of the home. We observed care and support in the communal lounges and in people's own bedrooms. We also spent time observing the lunchtime experience people had and an activity that was taking place.

## Is the service well-led?

### Our findings

At the previous inspection on 8 November 2016 the provider was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was because the provider had not always notified us of certain events or information to enable us to have oversight and ensure that appropriate actions had been taken to ensure people's safety. Subsequent to the inspection the provider wrote to inform us of how they would meet the regulation. At this inspection improvements had been made and the provider was no longer in breach of the regulation.

The provider was aware of their responsibility to comply with the CQC registration requirements. They had notified us of certain events that had occurred within the home so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken.

Comments about the leadership and management of the home were overwhelmingly positive. One person told us, "The home is wonderful, they're wonderful. I could not fault the home". A member of staff told us, "It's a really lovely, family-run home. They consider every detail of everything, they're great".

The home was the only home owned by the provider and was a family-run home. The management team consisted of the providers, who were also the registered manager and the deputy manager. The provider's aims and objectives of the home stated, 'Our aim is to provide a care environment which is clean, comfortable and nicely furnished, with the result being happy and well-cared for residents'. It was apparent that staff shared this objective and there was a welcoming, relaxed, friendly and caring atmosphere. People were at ease in the presence of the management team and staff and were observed to be enjoying shared jokes and banter. One person told us, whilst smiling and laughing, "They'll (management team) torment the life out of me, I love it. They're a lovely family".

Observations showed that caring was at the heart of the management teams and staff's values. One person showed us some notes that a member of the management team had given them. They were smiling and told us how lovely it was and how much it meant to them. The notes had a picture of flowers on them and inside informed the person how much they meant to the management team and that they were thinking of them. When one of the management team was asked about this they explained that they had sometimes observed the person looking slightly sad so had written the notes to cheer them up. This demonstrated that people mattered and were valued and helped to create the loving and caring atmosphere within the home.

People spoke highly of the leadership and management of the home. Comments from staff confirmed that this caring attitude extended to the staff team too. One member of staff told us, "I've worked here for years; it is a nice family atmosphere. They are very involved, if I had a problem I could go to them and they'd change things and help me as much as they could". One person told us, "I can't fault it. I was telling the manager the other day how lucky they had been in recruiting such an excellent bank of carers. I'm quite content; there isn't anything I'd change. I've got nothing to criticise". A visitor told us, "They're very good; they'll always deal with any problems. I'm always kept informed. I think the whole place is lovely, you don't feel like you're in a care home. You just come in and you feel comfortable. They treat everyone on their own

merits". A relative told us, "We just feel so lucky to have stumbled upon this place. It's first class". Comments within a relatives' survey included, 'It feels comfortable and homely' and 'I would recommend and have done, they have a rating of 10 out of 10'.

The management team were experienced and held appropriate management qualifications. This helped ensure that staff felt supported and equipped to support people effectively. Staff told us and observations showed, that management had a visible presence in the home to ensure that both people and staff knew who to approach if they had any queries or concerns. Staff were supported and supervised by the management team who worked alongside them to meet people's needs.

The management team demonstrated their awareness of the Duty of Candour CQC regulation. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons'. A relative told us, "I am kept informed, definitely. Any sign of anything being wrong or if there is a minor problem they'd be on the phone straight away". Although there were no formal residents' meetings, people told us that they could approach staff at any time if they had any queries or concerns and that they were kept fully informed of any changes within the home. Records showed that relatives were informed if people's health needs or condition had changed. People's right to privacy was respected and information held about people, within both manual and electronic records, was stored and passed to other professionals appropriately.

Records demonstrated that the management team was open and transparent with staff within staff meetings and staff told us that as there was a small staff team there was good communication between staff and management. Communication records showed that staff recorded any changes in people's needs or information that needed to be shared with other staff. This helped to ensure that all staff were aware of people's current needs. Supervision of staff was informal and staff told us that they were happy with this as they saw the management team each day and issues such as training and development needs were discussed and feedback provided.

The management team recognised that they could share their good practice and learn from others, They attended regular meetings with other managers within the City of Brighton and Hove. They told us that they learned from these meetings and developed useful links with other managers within the area. They told us that they were going to trial a new initiative that they had learned about through their contacts. This involved having an external company offer 'bike rides' to people, where people would sit at the front of large surrey bikes to enjoy the fresh air and views. The management team told us that they would support people to go to a local park or place of interest and then the external company would support people to enjoy the bike ride. Other links with external healthcare professionals had developed and the management team had been receptive to feedback to assist them to offer the most appropriate support to people and to ensure that they were following best practice guidance.

Quality assurance systems helped the management team to have an oversight of the systems and processes within the home to ensure that they were effectively meeting people's needs. Records showed that when issues had been identified as part of the audit immediate action had been taken. For example, a comment within a relative's feedback survey stated that they were happy with the care that their relative had received, however, they had noticed that their bed was not comfortable and that they had difficulties accessing the bathroom facilities due to a decline in their physical health. The management team had taken immediate action and the day after receiving the feedback a new bed had been purchased and plans had been made to turn one of the bathrooms into an accessible wet room. The local authority also undertook their own quality monitoring visits to ensure that the home was a safe and suitable place for people to live.

Staff were encouraged to identify areas that could be improved upon and were encouraged to share these within regular staff meetings. In addition to this, a whistleblowing policy informed staff of their responsibilities to raise any concerns. A whistleblowing policy provides staff with guidance as to how to report issues of concern that are occurring within their workplace. There were good systems and processes in place to ensure that the home was able to operate effectively and to make sure that the practices of staff were meeting people's needs.