

Charnley House Limited

Charnley House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Charnley House is a residential care home providing personal care to 37 people aged 65 and over at the time of the inspection. The service can support up to 40 people. The home provided care to people across three floors, people have their own bedrooms and can access communal areas including adapted bathrooms, communal lounges and dining room.

People's experience of using this service and what we found

We found there were shortcomings in the way the service handled medicines. Records to show how many medicines were in stock did not always match the actual amount of medicines. Staff did not record when they used thickeners to thicken people's drinks and records for staff were not kept up to date. We found no evidence that people had been harmed but people had been put at an increased risk of harm.

People and their relatives told us they felt safe in the home. Risks to people were assessed and managed well. The home was clean and work was being done to renovate areas in the home. Staff were busy but people told us they felt there were enough staff on duty. Additional staff had been recruited to provide activities for people to do.

People told us there was a culture in the home where people were able to raise concerns and suggestions to improve the home. People felt the registered manager and was approachable and would act on suggestions. We saw the registered manager and other staff worked well with other care providers and organisations such as the local authority to ensure people received the support they needed.

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

Rating at last inspection

The last rating for this service was good (published 14 February 2019).

Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about the management of medicines. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with the management of medicines, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service

We have identified breaches in relation to the safe management of medicines meaning we were not assured systems were in place to ensure people received their medicines as they had been prescribed.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Charnley House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of three inspectors.

Service and service type

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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of inspection was inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people using the service and their relatives about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, regional manager, senior care workers and care workers.

We reviewed a range of records. This included people's care records and medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant 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.

Using medicines safely

- Systems to ensure all medicines were accounted for were not robust. We found a number of people's medicines where the number of medicines in stock did not match the records and so it was not possible to be sure that people had received their medicines as prescribed.
- It was not possible to be sure that people who needed thickened drinks received them as prescribed. Information for staff about who needed thickened drinks was not always kept up to date and staff did not record the use of thickeners.
- At the time of our inspection a new system for the management of medicines was being introduced to address many of the issues we identified, however, this system had not been in place for long enough for us to be assured.
- Following the inspection, the registered manager provided us with evidence to demonstrate they had introduced robust competency assessments for staff supporting people with medicines.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Staff had access to personal protective equipment (PPE) as needed. PPE was accessible at the entrance to the home and a specially designed donning and doffing station was in place. However, we observed that not all staff were wearing this correctly during our visit. We spoke to the registered manager about this and they implemented a system of regular checks of PPE and process to escalate this where there were repeat concerns.
- The home was clean and tidy. We saw domestic staff were busy throughout the day. The provider told us they had bought a variety of new equipment including new hospital bedding to improve infection control practice in the home.
- People's laundry was being safely managed. The laundry area was clean and tidy. There was a dirty to clean one-way system and there were plans to relocate the laundry to further reduce the risk of cross infection.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. We saw that people had positive relationships with the staff supporting them and staff were kind and caring. One relative we spoke with commented, "If I ever need to go into a home I be

happy to go to Charnley."

- Systems were in place for staff to raise concerns and we saw concerns that had been raised were investigated and addressed appropriately.

Assessing risk, safety monitoring and management

- People's individual needs and risk were assessed. Risk assessments covered a variety of areas including nutrition and choking risk, skin integrity and personal emergency evacuation plans (PEEPS). At the time of inspection, the service was moving from a paper based to electronic care planning and this work was ongoing.
- Work to improve the environment of the home was ongoing. The home had recently installed a new call bell system which was more appropriate for the people living at Charnley House to use. The provider and registered manager had a number of plans to improve areas throughout the home including redecorating of all communal areas and bedrooms.

Staffing and recruitment

- Staff were recruited following safe recruitment practices. Appropriate checks with the disclosure and barring service were made and reference checks of previous employment. We spoke to the registered manager about other steps they could take to ensure a robust recruitment process such as exploring why staff had left previous posts.
- Staff told us they felt the training they had received gave them the skills they needed to support people safely. Some staff commented they would prefer more hands-on training.
- Staff were busy and communal areas were often left unattended for periods of time. However, people appeared content and had their support needs met in a timely manner. Staff told us they felt staffing was adequate.

Learning lessons when things go wrong

- Accident and incidents were recorded, and this information was analysed to ensure people were referred for support as needed. The registered manager told us there was a new system in place for analysing themes and trends from accident and incidents and this was still to be embedded within the home.
- The registered manager was receptive to feedback and keen to drive improvement within the home. The new provider had arranged for an external consultant to support this process.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager understood their role and was supported by regional management staff. The registered manager told us, "There's no one I can't reach out to if I need anything or aren't sure of anything."
- A variety of audits and checks were conducted in the home to give oversight of quality and safety, These checks had identified some of the issues with medicines we identified but had not identified the issues relating to thickeners. The provider had recently changed the audit processes in the home to make them more robust. Incidents and accidents were analysed to try to identify trends or patterns.
- The registered manager commented, "Not everything we have changed has been popular but staff understand we need to try things not just for a couple of weeks but months."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home had an open culture and staff worked together to achieve good outcomes for people. Relatives of people confirmed that they felt there was a good culture in the home.
- Staff told us they felt able to raise concerns and we saw examples where staff had raised concerns and appropriate action had been taken by management to address the concerns.
- The registered manager told us, "I have an open-door policy and we have recently reminded staff of the importance of raising things if they see anything that's wrong." One member of staff commented, "We know we have to work together as a team to get the best for the people living here."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the importance of being open with people if things went wrong.
- Relatives of people told us they were kept informed of incidents and accidents in the home.

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

- People felt engaged in the service although this had been limited during the Covid-19 pandemic.
- Relatives of people in the home told us the registered manager was very open to suggestions. At the time of our inspection the registered manager was exploring whether group video calls for relatives would help people feel involved in the service until face to face meetings could resume. The provider was exploring the

feasibility of installing an additional phone line to have a separate line for family and friends to speak with people in the home.

- Staff told us they were able to make suggestions to improve the home. One member of staff told us, "[The registered manager] is really approachable. We can go to her with anything."

Continuous learning and improving care; Working in partnership with others

- The local authority told us they felt the home worked well with them, was open to suggestions and was always looking to improve. The registered manager told us they felt the local authority were very helpful and supportive.

- The registered manager felt support from many local GP practices could be better but spoke highly of some surgeries, the community nurses and the Digital Health service run by the local authority. They said, "The community nurses are very good. They always phone back quickly if we need them."

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 Systems were not in place to ensure people received their medicines, including thickeners, as prescribed putting people at increased risk of harm. Regulation 12 (2) (g)