Centurion Health Care Limited

69 Chartridge Lane

Inspection report

69 Chartridge Lane
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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

This inspection took place on 5 and 9 May 2017. It was an unannounced visit to the service.

We previously inspected the service on 13 and 19 April 2016. The service was not meeting some of the requirements of the regulations at that time. This was in relation to staff recruitment practice, keeping the statement of purpose up to date and records of medicine administration. We asked the provider to make improvements to people's care. They sent us an action plan which outlined the changes they would make. During this inspection we found improvements had been made in each of these areas.

69 Chartridge Lane provides support for up to six adults with learning disabilities. It was full at the time of our visit.

The service had a registered manager in post. 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 received positive feedback about the service. A relative told us "I am very happy" with all aspects of care that (name of person) receives at Chartridge." Another relative said "We would definitely say that the home is providing safe, effective and compassionate care." A third relative commented "I'm more than happy with the care." They added "When I go to visit it's like their home." A healthcare professional had provided positive feedback to the home, saying "The residents are always well supported. The home is clean and tidy. The staff are always welcoming and helpful. My overall impression is that it is a warm and happy place, it is truly a home."

We found there were enough staff to meet people's needs and to support them to access the community. Staff had been recruited using effective procedures to protect people from the risk of harm. They were supported through supervision, staff meetings and a wide range of training. Staff understood their responsibilities to protect people from the risk of harm. They said they would report any concerns to the registered manager or provider.

Each person had a care plan which outlined the support they required. Risk assessments had been written to identify any potential areas where people may be injured or harm. Measures were then put in place to reduce those risks. Staff supported people to attend healthcare appointments to keep healthy and well.

We looked at medicines practice. We noticed medicines cabinets had been moved since the previous inspection and were no longer affixed to a wall; instead they were free standing within a lockable stationery cupboard. We advised the registered manager this arrangement may not be secure. We also noticed some medicines were stored in a plastic crate at the bottom of the stationery cupboard. Action was taken whilst we were at the home to improve arrangements. After the inspection, we were sent photographic evidence of

the cabinets now secured to the wall.

We also found staff had not noticed a medicine had expired and had continued to use it three months after the manufacturer's expiry date. The registered manager addressed this straight away. However, systems within the home and staff who administered medicines had not noticed this medicine was out of date.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The building was well maintained and complied with gas and electrical safety standards. Regular fire safety checks and drills were carried out. Evacuation plans had been written for each person, to help support them safely in the event of an emergency.

The provider checked the quality of care at the service through visits and audits. Required records were maintained by staff. Most records were kept securely in the office when not is use. We advised the registered manager to fit a lock to an archived records cupboard to prevent unauthorised access to people's personal records.

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

The service was not always safe.

Improvement had been made to recording of when medicines were given to people. However, good medicines practice was not always followed.

People were supported by staff with the right skills and attributes because improvement had been made to recruitment procedures.

People lived in premises which were well maintained and free of hazards, to protect them from the risk of injury.

Is the service effective?

Good

The service was effective.

People received safe and effective care because staff were appropriately supported through induction, supervision and training to be able to meet their needs.

People's rights were respected. Decisions made on behalf of people who lacked capacity were made in accordance with the Mental Capacity Act 2005.

People received the support they needed to attend healthcare appointments and keep healthy and well.

Is the service caring?

Good

The service was caring.

People were supported to be independent and to access the community.

People were treated with dignity and respect.

There were regular residents' meetings, where people had the opportunity to share their views and receive updates about events affecting the home.

Is the service responsive?

Good

The service was responsive.

People's preferences and wishes were supported by staff and through care planning.

People were able to identify someone they could speak with if they had any concerns.

People were supported to take part in activities and access the community to increase their stimulation.

Is the service well-led?

Good

The service was well-led.

People's needs were appropriately met because the service had an experienced registered manager to provide effective leadership and support.

The provider monitored the service to make sure it met people's needs safely and effectively.

The registered manager knew how to report any serious occurrences or incidents to the Care Quality Commission. This meant we could see what action they had taken in response to these events, to protect people from the risk of harm.

69 Chartridge Lane

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 and 9 May 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider 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 reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We contacted healthcare professionals, for example, GPs and the local authority commissioners of the service, to seek their views about people's care. We also contacted four people's relatives after the inspection, to ask them about standards of care at the service.

We spoke with the registered manager and three staff members. We checked some of the required records. These included four people's care plans, six people's medicines records, two staff recruitment files and three staff training and development files. We looked at a sample of additional records such as policies and procedures, records of audits, reports from monitoring visits and accident records.

Requires Improvement

Is the service safe?

Our findings

When we inspected the service in April 2016 we had concerns about medicines practice. This was because accurate records were not consistently maintained of when staff had administered or offered people their medicines. We asked the provider to make improvements.

On this occasion we found improvement had been made to medicines records. We observed staff signed the record sheets after they had supported people with their medicines. There were no gaps in the sample of records we checked. This provided a proper audit trail of when people had been given their medicines.

We looked at other aspects of medicines practice. We noticed medicines cabinets had been moved since the previous inspection. They were no longer affixed to a wall; instead they were free standing within a lockable stationery cupboard. We advised the registered manager this arrangement may not be secure as the cabinets were light in weight and could be carried away if accessed by unauthorised persons. We noticed some other medicines were stored in a plastic crate at the bottom of the stationery cupboard. This also posed a risk of access by unauthorised persons. The registered manager told us they would attend to these matters straight away. By the second day of the inspection, they had obtained a cabinet for the medicines previously stored in the plastic crate. Arrangements had been made for the handyman to visit the home to affix all medicines cabinets to the wall. We were sent photographic evidence after the inspection of the cabinets now secured to the wall.

During the inspection we checked expiry dates of a sample of medicines. One person was prescribed a medicine to be used as required. This was to help them when they were distressed and other measures had not calmed them. The medicine had an expiry date of January 2017. We found it had last been administered on 24 April 2017. Use of a medicine beyond the manufacturer's expiry date meant its effectiveness was likely to be reduced. The box of tablets was promptly removed from the cabinet by the registered manager once this was pointed out. However, systems within the home and staff who administered medicines had not identified this medicine was out of date. We also noticed the medicine was not included on the current medicine administration records printed by the pharmacy. This had not been noticed by staff. The registered manager contacted the pharmacy to check that the medicine would be included on the next batch of record sheets. These arrived at the home during the inspection and included the medicine. After the inspection, the registered manager sent us evidence they had contacted the pharmacist and asked them to visit the home, to carry out an audit of medicines practice.

At the last inspection, we had concerns about staff recruitment practice. The service had not ensured recruitment procedures were operated effectively in respect of obtaining all required information before staff started work at the home. We asked the provider to make improvements to people's care.

On this occasion, we found improvements had been made. We looked at the personnel files of two new staff. These contained all required documents, such as a check for criminal convictions, proof of identity and written references. We found the registered manager had taken steps to ensure any deficits in recruitment practice from the last inspection were addressed. For example, an independent person had translated

documents about workers which were written in other languages. A small number of agency workers supported the home at the time of the inspection. The registered manager had ensured confirmation had been obtained from the agency about recruitment checks and training undertaken by temporary workers. These measures helped ensure people were supported by staff with the right skills and attributes.

Staff understood their responsibilities to protect people from harm. They were able to describe different types of abuse to us, such as financial, neglect and physical. They said they did not have any concerns about people's care. They said if they did, they would report these and have confidence the registered manager or provider would take action. There were safeguarding procedures in place to provide staff with guidance. A flow chart of the local authority's referral procedure was also displayed in the office. Staff undertook training each year to make sure they had up to date skills to safeguard people from harm. We also saw people were asked in residents' meetings if they had any complaints or things they were unhappy about. One of the people we spoke with said they would mention anything they were worried about to the registered manager or other staff.

Risks to people's health, safety and well-being had been assessed. Written risk assessments had been prepared for a range of situations. For example, accessing the community, safety on the stairs, accessing kitchen and laundry areas and travelling. Measures were put in place to reduce the likelihood of harm where risks were identified.

People were protected from the risk of unsafe premises. The building had been well maintained. Records showed checks had been made to make sure the home complied with electrical, gas and fire safety regulations. There were regular fire tests and drills to make sure people knew what to do in the event of an emergency. Personal emergency evacuation plans had been written. These outlined the support each person would require if they needed to vacate the premises. Staff had been trained in fire safety awareness and first aid to be able to respond appropriately in emergency situations.

People had support when they needed it. Staffing rotas were maintained. These showed appropriate levels of staff were on duty to meet people's needs. This included taking people out into the community several times a day. One relative told us "There have always been at least three members of staff whenever we've visited, maybe more." People we spoke with during the inspection told us there were always staff around to support them when needed.

Good

Is the service effective?

Our findings

People were cared for by staff who received appropriate support and training to meet their needs. New staff undertook an induction to their work, which led to the Care Certificate. This is a nationally-recognised set of common induction standards for staff who work in health and social care. There were good training opportunities. Staff completed courses the provider considered mandatory. For example, safeguarding, fire safety, first aid, dementia care and epilepsy awareness. Staff were encouraged to complete more in depth courses such as qualifications in health and social care. Staff had also completed a level 2 course in mental health awareness to help them meet the needs of the people they supported.

Staff met regularly with the registered manager for supervision. This is where their professional development was discussed. Staff told us they felt supported and we saw they could speak with the registered manager at any time to discuss matters or ask for advice. Appraisals were also undertaken to assess and monitor staff performance and development needs.

There were good communication systems at the home. Relevant information was documented in daily diaries about people's health and welfare. Verbal handover took place between shifts to update staff on significant evens.

People we spoke with said they knew who their key workers were. This is a member of staff assigned to the person, who helps co-ordinate their care, liaise with family members and ensure care plans are accurate and up to date.

People were supported with their nutritional needs. Each person's care plan contained information about their eating and drinking needs. Food and drink preferences were also noted. We saw guidelines were in place to support people at mealtimes where necessary. Nutritional assessments were also in place where required. We saw people were referred to the dietitian where necessary and any advice was followed.

People were supported with their healthcare needs. Care plans identified any support people needed to keep them healthy and well. Staff maintained records of when they had supported people to attend healthcare appointments and the outcome of these.

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 application 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS decisions had been received back from the local authority about two people's care, a third decision was awaited. There were no conditions attached to the decisions.

Where decisions were made on behalf of people, the registered manager was able to show us that best interest decision processes had been followed in most cases. This involved recording the decision to be made, who was consulted and the outcome. We advised they ensured this was done in the couple of instances where records of decisions could not be found. We saw the registered manager had obtained a copy of the Lasting Power of Attorney document where one person's relative was able to act on their behalf. This showed the service had made sure it consulted the right person to make decisions on the resident's behalf.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received and the support from staff. One person said coming to the home was "Just what I needed." We read positive feedback from a healthcare professional about the home. They said "The residents are always well supported…the staff are always welcoming and helpful. My overall impression is that it is a warm and happy place, it is truly a home."

People were treated with dignity and respect by staff. They encouraged people to tell us about their achievements such as where they worked and the things they were interested in. We heard one person asked the registered manager if they could help them to have a bath. This was done straight away. When we spoke with the registered manager afterwards, to ask if it was part of the person's care plan to bathe during the day time, they discretely told us the person had needed to be changed. Their action to assist the person without any delay when they asked for help showed staff took practical action to relieve any discomfort or distress the person may have felt.

People's privacy was respected. Personal care was carried out behind closed doors. Each person had their own bedroom so they had personal space when they wanted it. We saw notices had been put on bedroom doors to remind other people not to enter if doors were closed.

Staff were knowledgeable about people's histories and what was important to them, such as family members, where they liked to go on holiday and any hobbies or interests they had. Staff spoke with us about people in a dignified and professional manner throughout the course of our visit.

Staff actively involved people in making decisions. This included decisions about meals, going out into the community and encouragement to undertake household chores. One relative told us their family member's opinion was always sought by staff. They added "What (name of person) thinks seems to count, which is what I like."

Some documents such as medicines agreements and information about managing finances had been produced in picture formats. This helped people understand the documents before they signed them.

We saw the home had started to involve people in recording how their day had been. A tick list had been produced as part of people's daily diaries. It contained pictures which ranged from smiling to sad faces; they could chose which one represented how they felt. One person showed us their care plan where they had started to use these images.

People's bedrooms were personalised and decorated to their taste. Each bedroom reflected the interests and colours the person liked. These ranged from a pink theme to one person's favourite football team's blue colour. In one bedroom, staff had helped the person to display their artwork on the walls and door. Staff talked about one picture in particular that they liked and said how well the person had done in creating it. We saw the person give a huge smile in response.

We observed staff engaged well with people. For example, questions were answered patiently and politely. Staff asked people how they had got on when they returned from being at work or going into town.

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People's views were sought through forums such as residents' meetings. These were held each month and showed people were able to contribute to discussions and things they would like to do.

People's visitors were free to see them as they wished. The registered manager told us how they were hoping to arrange a holiday to a part of the country that was near to where one person's relative lived. They told us the person had not seen their relative for some time and this could be a way for them to catch up with the person.

People were supported to be independent. We observed people went during the two days of our visit. This included people being supported on a one to one basis to go shopping or into town, going out independently to have their hair cut and doing their ironing.

Good

Is the service responsive?

Our findings

People had their needs assessed before they received support from the service. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. Care plans were personalised and detailed daily routines specific to each person.

We noted one person's care plan did not provide all the information staff needed to know about managing their diabetes. For example, the care plan did not record the frequency that the person's blood sugar levels needed to be monitored. Information was spread over several types of files which made it difficult to have a clear overview of their care requirements. For example, some information was noted in the care plan, some in the medicines folder and some in a file with healthcare appointments. We advised the registered manager to develop a care plan for diabetes which contained all the information in one place. A copy of the local guidance for managing diabetes in care homes was forwarded to them after the inspection.

People were supported with their spiritual needs. Most people went to church. A number of different churches were used, each person chose where they wanted to go. Staffing rotas were arranged to help people get to and from church each Sunday.

Staff took appropriate action when people had accidents. We looked at a sample of accident and incident records. Risk assessments were put in place as necessary. Monitoring took place to see if there were any trends to the accidents and incidents to try and prevent recurrence.

Staff were responsive to people's needs. When we spoke with one member of staff, they told us how they had helped someone to drink more fluids. This was important due to a health condition. They knew the person was not keen to drink more so they looked at how they could make it more enjoyable for them. They told us they purchased a beaker with a fun design on it which they knew the person would like. This was successful in encouraging them to drink more.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. In addition to group activities people were able to maintain hobbies and interests, staff provided support as required. Minutes of residents' meetings showed people had talked about goals they would like to achieve. These included going on holiday, going to the zoo and seeing 'Frozen' on ice.

One person told us they worked in a charity shop three days a week. They showed us photographs of the shop and said "I love it there." We asked the person how they had come to work there. They told us a member of staff had arranged it for them.

A member of staff spoke with us about one person who now went out more. They told us previously the person spent a lot of time in their room. Staff had supported the person and encouraged them to try different things. We saw the person went into town to a supermarket with staff during the inspection. Staff

told us the person selected what they wanted to buy and stopped to listen to a street musician whilst they were in town. This was a significant achievement for the person. The registered manager told us about and showed us objects of reference they had purchased for the person and had started to use. This was to help the person associate the items with events. For example, a mini shopping trolley for shopping, a toy medical kit for healthcare appointments and a microphone for when a music therapist came to the home. This showed the home supported the person in a person centred way.

We saw pets as therapy dogs now visited the home. Two dogs came to visit regularly. People talked with us about the dogs and clearly enjoyed seeing them. We saw one of the dogs visited during the inspection. Staff were aware of one person who did not like dogs. They informed the person before the dog arrived that it was due to come to the home. They offered the person choices of how they could manage the visit. It was agreed the dog could be in the garden as it was a nice day. We saw other people engaged with the dog, they stroked and combed it whilst they smiled and chatted to the owners.

Staff supported people to avoid social isolation. As well as accessing the community, people were supported to keep in contact with family and friends. People had asked if they could have a family and friends get together during a residents' meeting. This was planned to take place in a few weeks' time. We heard staff supported a person to purchase a card and present for a relative's birthday. In another example, we saw a person's care plan included supporting them to access social media to keep in contact with their family.

There were procedures for making compliments and complaints about the service. People were reminded about this each month in residents' meetings and asked if they had any concerns. There had been one complaint. This was responded to promptly and an apology was given.

People told us they would speak with staff if they were worried or had any concerns. This included the names of their key workers, the registered manager or a relative. They told us these people would listen to them and help put matters right.

Good

Is the service well-led?

Our findings

When we inspected the service in April 2016, we found the provider had not kept their statement of purpose under review and revised it where necessary. Providers are required to do this as part of their registration. We asked them to make improvements to ensure it was accurate.

The provider sent us a revised statement of purpose after our last visit. This now reflected the range of people the service provided support to.

We also recommended training took place in future before the home admitted people with needs staff did not have previous experience of meeting. There had not been any new admissions to the service since the previous inspection.

The service had a registered manager who knew the needs of people well. Staff told us they received the support they needed from them. One member of staff told us "We've got a good boss."

Staff were supported through supervision and we saw they approached the registered manager for impromptu advice or discussion whenever they needed to. The registered manager was supportive of staff doing as much training as possible to help them develop as workers. They had good knowledge of training that was available to social care staff and how to access it.

People who lived at the home had good links with the local community including work placements, church attendance and accessing shops and facilities. The home promoted a person centred approach to people's care and they were encouraged to be as independent as possible.

Staff had access to general operating policies and procedures on areas of practice such as safeguarding, whistle blowing and safe handling of medicines. These were being reviewed and updated by the provider.

Providers and registered managers are required to notify us of certain incidents or occurrences which have occurred during, or as a result of, the provision of care and support to people. The registered manager had notified us appropriately about one matter; they confirmed no other events had happened which we needed to be aware of.

We found there were good communication systems at the service. Residents' meetings were held regularly. These provided an opportunity for communication between people who use the service and staff about concerns or improvements that were being made. Staff and managers shared information in a variety of ways, such as face to face, during handovers between shifts and in team meetings.

The provider monitored quality of care at the service. The registered manager told us the provider or a representative visited the service regularly. However, they were only able to locate records of these visits from January of this year for us to read. Themed audits also took place on topics such as infection control, care plans and medicines practice.

Most records were kept in the office and were secure when not in use. However, we noticed there was an archived records cupboard which was accessed through a person's en suite bathroom. Archive boxes contained confidential personal information about people. There was a potential risk unauthorised people could access this as there was no lock on the cupboard. We advised the registered manager to arrange for a lock to be fitted to keep these records secure. They told us they would ask the handyman to attend to this.