Charlton Care Group Limited

Charlton House

Inspection report

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Plymouth
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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

About the service: Charlton House is a residential care home that was providing personal and nursing care to 37 older people at the time of the inspection. The owners/providers had three other services in the local area.

People's experience of using this service:
● Arrangements to reduce the risk of cross infection were not robust or consistently followed. Staff did not always have access to protective aprons and gloves. Hand gel dispensers for use in the building were not all full. A catheter bag for use overnight had been left uncovered during the day.
● The building was old and had some split levels. Equipment to enable people to access all areas was provided. Some areas of the building were cluttered with equipment being kept in corridors.
● There were enough staff to help ensure people received the care and support they needed. New staff underwent a series of pre-employment checks before starting work.
● People told us they felt safe and staff had an in depth understanding of safeguarding processes.
● The service was busy and most people spent their time in shared areas. Staff stopped to chat with people and supported them to move around the building according to their preferences. There was a choice of areas for people to use, including some quieter rooms if preferred.
● Staff attended regular supervision sessions and staff meetings. They told us they were well supported and had confidence in managers.
● Care plans were kept up to date and reflected people's needs. Staff used hand held electronic devices to record when they had completed care tasks. This provided a clear audit trail of the support given.
● The registered manager was on long term leave. There were arrangements in place to ensure the service was well managed in their absence. The management team worked together well and had a clear sense of each other's strengths.

Rating at last inspection: Good (report published 8 September 2016)

Why we inspected: This was a scheduled inspection and was planned based on the previous rating.

Enforcement We identified a breach of the regulations. See the end of the report for details of the action we told provider to take.

Follow up: We have asked the service to provide us with an action plan to outline how they will address the identified concerns. We will carry out a further inspection in line with our guidelines to check what improvements had been made.

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

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led

Details are in our Well-Led findings below.

Charlton 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 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.

Inspection team:
The inspection team consisted of an adult social care inspector, a nurse specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:
Charlton House is a residential home providing care and accommodation for a maximum of 44 older people, some of who may be living with dementia.

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. The registered manager was on long term leave. Effective arrangements were in place to cover their absence.

Notice of inspection:
The inspection was unannounced.

What we did:
Before the inspection we reviewed information we held about the service including any notifications we had received. A notification must be sent to the Care Quality Commission every time a significant incident has taken place.

During the inspection we spoke with six people and observed interactions between staff and people. We also spoke with a visiting healthcare professional and four relatives. We spoke with the area manager, a

manager from one of the providers sister homes and nine other members of staff including the chef and activities co-ordinator. We reviewed care records for six people, four staff files, Medicine Administration Records and other records relating to the running of the service.

Following the inspection we reviewed the Provider Information Return (PIR) as this was not available to review beforehand. This is a a document the provider sends to us describing what they do well and any planned improvements. We received feedback from an external healthcare professional.

Requires Improvement

Is the service safe?

Our findings

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

Requires Improvement: 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.

Preventing and controlling infection

- Shortly after arriving at the service we walked round the premises. There were shelving areas throughout the building where staff could access personal protective equipment (PPE) such as aprons and gloves. Several of these access points were either out of stock or very low on stock. Some hand gel dispensers were empty. There was no sluice room at the service and three bedrooms did not have en-suite facilities. Staff were vague about arrangements for emptying and cleaning commodes.
- An emergency sling, which had been used the previous night to lift someone who had fallen, had been left with the hoist and was not clearly identified as needing to be washed.
- We had concerns about the arrangements for catheter care. Care plans did not clearly guide staff on how to reduce the risk of infection in this respect. We observed one night leg bag had been disconnected and left out uncovered increasing the risk of infection.

Assessing risk, safety monitoring and management

- Some areas of the premises were cluttered with equipment being stored in corridors and bathrooms. A mop and bucket had been left unattended in a corridor and was a potential trip hazard.
- In one person's bathroom, bed rails were propped up in the corner of the room. They had not been secured. A relative told us these had been there for some time. We highlighted this to the management team who assured us the rails would be moved.

Because of this and the concerns around infection control we have found the service is in breach of Regulation 12 of the Health and Social Care Act (2008) 2014.

- Equipment and utilities were regularly checked to ensure they were safe to use. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- Risk assessments were carried out to identify what level of risk people were at due to their health needs. When people had been identified as being at risk due to poor nutrition or mobility, monitoring checks were in place to help reduce the risk as much as possible.
- Some people could become distressed and anxious resulting in them behaving in a way which could put themselves, or others, at risk. There was a lack of guidance for staff on how to support people at these times. The management team said they had already identified this as an area for improvement and would be updating risk assessments.

Systems and processes

- New staff received safeguarding training as part of the induction process. This was refreshed regularly.

● Staff were able to describe the processes to follow if they had safeguarding concerns. They were confident management would respond to any issues appropriately.
● Step by step flow charts outlining the process for raising safeguarding concerns had been developed.
● People told us they felt safe. One person commented; "I feel very safe and well protected."

Staffing and recruitment
● Staffing levels were sufficient to ensure people's needs could be met. People told us staff responded quickly to any requests for support.
● Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.

Using medicines safely
● There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security. Storage temperatures were monitored to make sure that medicines would be safe and effective. Drugs requiring stricter controls by law were stored and administered appropriately.
● Processes for administering short term medicines such as anti-biotics were not robust. Intervals between the administration of these medicines were not consistent. We discussed this with the management team who assured us they would address the issue.

Learning lessons when things go wrong
● Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
● When things went wrong action was taken to try and prevent a reoccurrence. For example, a member of staff had been operating the stair lift incorrectly. In response the management team had developed the organisational induction so new staff were properly informed about the correct way to use the equipment.

Good

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People were assessed before they moved into the service to check people's needs were understood and could be met.
- Management worked with external healthcare professionals to deliver care in line with best practice.
- Technology was used to support care delivery. Staff used hand held devices to record when care tasks were completed. The premises were spread over three floors and the layout was complicated. Staff had walkie talkies to use if they needed to call for additional assistance.

Staff skills, knowledge and experience
- Staff were supported by a robust system of induction, training, supervision and appraisal.
- New employees who had not previously worked in care were required to complete the Care Certificate. This is an approved set of standards developed to support staff working in the care sector.
- Training methods included online programmes, face to face training and competency assessments.
- Staff told us they were well supported.

Supporting people to eat and drink enough with choice in a balanced diet
- People had access to a healthy and varied diet. Kitchen staff were aware of people's preferences and any dietary requirements to support their well-being.
- Feedback about the quality of food was positive. People were able to request hot meals at any time. Drinks were available throughout the day.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- Staff supported people to access other healthcare professionals when necessary. One person told us; "They get the doctor if I need one."
- An external healthcare professional commented; "[The service] work well within a multi-disciplinary approach."

Adapting service, design, decoration to meet people's needs
- The service was based in an older style property and had not been purpose built. Corridors were narrow and there were some changes in floor levels within the building. The management team had considered people's needs and ability to access all areas of the building. Ramps were used to help people negotiate steps. Stair lifts and handrails had been installed and there was a passenger lift.
- Signage was used to help people identify their own rooms and shared areas of the premises.

● There were several shared areas where people could choose to spend their time. People were able to sit in quieter rooms if they preferred.

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

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

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

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

● There were some DoLS authorisations in place and records were kept to ensure these were updated when necessary.

● DoLS applications had been made on behalf of other people where it was identified restrictions on their liberty were necessary to keep them safe.

● Staff asked for people's consent before delivering care. One person commented; "They always ask if I'm ready."

Good

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; equality and diversity

- Arrangements were in place to help ensure people had equal access to all services provided. For example, to access a room used by the hairdresser, people had to negotiate two steps. Staff used a portable ramp to enable people with restricted mobility to use the room. This demonstrated people's diverse needs were met.
- Care plans included information about people's personal histories. This meant staff were able to build an understanding of people and supported meaningful conversation.
- People told us staff were caring and kind. Comments included; "I'm happy, they always look after me", "Everybody is so very kind" and "They're all kind and they always remember our names."
- In their conversations with us staff demonstrated an approach to care which focused on people's individual needs. For example, one explained; "They are individuals and they have individual needs."

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

- People could make decisions about their daily routines. For example, what time they got up and went to bed.
- 'Resident meetings' were held to give people an opportunity to express their views about the service they received.
- Advocacy services were sought for people who were unable to speak for themselves and who had no family members or friends to support them.

Respecting and promoting people's privacy, dignity and independence

- People were able to move around the service independently and staff encouraged them. One person said; "The staff encourage residents to help themselves."
- Not all toilets and shared shower rooms had locks. This did not promote people's privacy and dignity. Following the inspection the area manager contacted us to let us know they had since fitted locks to all shared bathrooms and toilets..
- People told us staff were respectful when providing care. Comments included; "They always knock before entering my room and then ask to come in" and "They do respect us."

Good

Is the service responsive?

Our findings

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

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

Personalised care
● Care plans were personalised and gave staff a clear picture of people's individual needs and preferences.
● An electronic care planning system was in place. Staff used hand held devices to record when they had completed scheduled care tasks. These created a clear audit trail of the care provided.
● Monitoring systems were in place to alert staff to any changes in people's health needs. When changes were identified action was taken to address this. For example, one person's health had deteriorated over recent months. Additional equipment had been put in place and advice sought from the local district nurses.
● An activity co-ordinator was employed and helped ensure people had access to meaningful pastimes. One person told us; "[The activity co-ordinator] always finds something to entertain me."
● Information about the service was provided in easy read format to support people's understanding. For example, the complaints procedure and information on what people should do if they felt unsafe.

Improving care quality in response to complaints or concerns
● Complaints were listened to and action taken to improve people's experience.
● People told us they were confident any issues would be addressed quickly. Comments included; "If I had a complaint and anything was wrong I would talk to the managers" and "I have no complaints, only occasional minor issues."

End of life care and support
● No-one had been identified as requiring end of life care at the time of the inspection. Care plans reflected people's preferences at this stage of their lives.

Requires Improvement

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

Requires Improvement: Service management was inconsistent and did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Audits had failed to identify the potential risks associated with poor infection control practices. Checks of the premises had not been effective as areas of the building were cluttered and there were potential trip hazards.
- Managers from across the organisation carried out audits of each other's services to encourage an objective approach. A member of the management team told us; "It's having a fresh pair of eyes looking at things. Really valuable."
- The owners of Charlton House were based locally and visited all the services five times a week.

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

- The provider/owners had three other residential homes within a small geographical area. Managers met regularly to support each other and share learning.
- The area manager told us; "I am very lucky [with the management team]. We have all been here a few years and all have our strengths. We work well together."
- The registered manager was on extended leave and arrangements had been put in place to help ensure the service continued to operate smoothly. The area manager was working at the service and was supported by a care home manager and office manager. The registered manager from a nearby sister home was also available for support. There were also two duty managers in post.
- Ratings from the previous CQC inspection were displayed in the service and on the provider's website.

Engaging and involving people using the service, the public and staff; Working in partnership with others

- Staff meetings were held for the whole staff team and staff groups. The area manager had invited relatives to attend a cheese and wine evening to give them an opportunity to express any views or make suggestions. This had not been well attended, the area manager told us; "I'm not giving up, I'll try it a different time."
- Surveys were regularly circulated to gather views of people and relatives.
- A newsletter was produced to keep relatives and other interested parties up to date with developments.
- An external healthcare professional commented; "The information they give is always thorough which is very helpful for us to obtain a full picture which makes a more accurate assessment and helps meet the residents needs in a more timely and responsive way, as well as to ensure they are on the right pathway."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

● Members of the senior management team were frequently present in shared areas of the service. During the inspection we observed the area manager was involved in supporting people with personal care. We asked if this was normal and they told us; "Oh yes, as a manager I have to be diverse."

● One member of staff told us; "[Name of senior manager] is an absolute star, they will help out on the floor. She is very caring, you can talk to her and get feedback."

● 'Champion' roles had been developed. Named members of staff led on specific aspects of care including nutrition and hydration and continence.

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 The provider was failing to ensure the premises were safe. Actions to protect people from the risk of infection were not consistently followed. Regulation 12 (2)(d)(h)