

# Bedford Citizens Housing Association Limited

## Bedford Charter House

### Inspection report

Charter House  
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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

### About the service

Bedford Charter House is a substantial, purpose built residential care home for up to 72 people. At the time of this inspection 70 people were using the service who had a range of needs including dementia and physical disabilities. Short term (respite) care was also provided and three people were receiving respite care.

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

People were happy with the service they received. One person told us, "I love it here, everyone is so friendly. The staff are all smashing, nothing is too much trouble...There's nothing I'd like to change, I'm more than satisfied."

This was echoed by another person who had provided their feedback in writing as follows, 'One and all are fantastic. I can ask them anything. (Staff) help me and everyone with queries etc. The housekeeping team are great and keep our rooms fantastic and the laundry saves me the time of doing it, super-duper. The receptionists are super and I always have a laugh and chat with them. Everyone is super, great, fantastic. It is a pleasure being here, this is my home as I am not going home any more. Love it here. Staff and residents are great. The food is delicious, fantastic'.

People were safe. Staff understood how to protect them from abuse and risks to people were managed, to ensure their safety and protect them from harm. There were enough staff to meet people's needs and the provider checked to make sure new staff were suitable to work at the service. Staff ensured people received their medicines when they needed them and ensured the premises were kept clean and hygienic.

Staff had the right skills and training to carry out their roles. They were caring and treated people with kindness, respecting their privacy and dignity too. People were supported to have maximum choice and control of their lives in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to stay healthy. Staff ensured people had a choice of food and had enough to eat and drink. They also helped people to access healthcare services when they needed to.

There were regular opportunities for people to participate in a variety of meaningful activities, both in and out of the service.

There was strong leadership at the service who regularly sought feedback from people, relatives and staff, to improve the service. Since the last inspection the provider had made several changes to improve people's experience. This included a new electronic care planning system and changing the way staff are allocated to work at the service, to provide more consistency of care for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 22 June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was 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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Bedford Charter 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.

#### Inspection team

Two Inspectors, an Assistant Inspector and an Expert by Experience carried out this inspection. 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

Bedford Charter 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, and we requested feedback from the local authority who work with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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 inspection

We spoke with 10 people who used the service and eight relatives about their experience of the care provided. A further relative provided us with written feedback after the inspection.

We observed the care and support being provided to a number of people throughout the building at different points of the day, including meal times and activities.

We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with 12 other members of staff including the registered manager, a day care manager, two senior care workers, three care assistants, the activities manager, an activity worker, the business support / HR manager, a housekeeper and the catering manager.

We reviewed a range of records. This included care records for five people living at the service, as well as other records relating to the running of the service. These included staff records, medicine records, audits and meeting minutes, so we could corroborate our findings and ensure the care and support being provided to people were appropriate for them.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We asked for information about risk management, staff training, staff rotas, meeting minutes and quality assurance systems - including feedback from people.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- At our last inspection we observed people waiting for assistance before and after lunch. This raised concerns about staffing numbers and deployment. In addition, we found some gaps in employment histories for two staff members. Exploring employment gaps is important to demonstrate staff members are suitable for their positions. During this inspection, we found that improvements had been made in both these areas.
- The service had undergone a structural change since the last inspection and a dedicated team of care staff had been nominated to each floor, providing a more consistent approach for people. One staff member told us, "We are trying our best to provide person centred care. (Managers) allocate us on one floor so we can know the residents. This is a good thing. Residents don't like too much change. They know us and we know them better."
- People confirmed their requests for assistance were met in a timely way, and we observed this to be the case – including at lunch time. One person told us, "They are very good here, the staff come quite quickly if you need them, I have a necklace which I press if I need them." A relative confirmed this by adding, "It's good because you always see the same staff, both day and night. They are very responsive with a lovely attitude."
- In addition, a new recruitment processes had been introduced, to ensure the right care staff were employed. The nominated individual told us the use of agency staff had significantly reduced as a result and added, "Staff are employed for their caring attitude, rather than their care history." The new process ensured that all legally required checks were carried out prior to staff starting work. We checked a sample of staff files and found that all required checks were now in place.

### Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with confirmed they, or their relative, felt safe living at the service.
- Staff had been trained to recognise and protect people from the risk of abuse. They talked to us about the various types of abuse and the signs to look out for. One staff member said, "Any concerns I will speak to seniors or to the day care managers. The managers are very approachable." Staff were also aware of how to report potential concerns outside of the service, if necessary.

### Assessing risk, safety monitoring and management

- Risks to people were assessed to ensure their safety and protect them from harm. Information had been recorded in people's care plans, providing a record of how the risks were being managed to keep them safe, such as not eating or drinking enough, falls and pressure damage to the skin. New risks were acted on promptly, to promote people's safety and well-being.
- Staff understood how to support people if they became distressed, potentially placing themselves or others at risk. Staff were observed successfully refocusing people's attention on other activities. They always

remained calm and respected people's independence and dignity. One staff member talked to us about the experience of people who were living with dementia and said, "They don't know what's going on. We need to be understanding."

- Checks of the building were carried out routinely, and servicing of equipment and utilities had also taken place on a regular basis to ensure people's safety.

#### Using medicines safely

- Systems were in place to ensure people received their medicines when they needed them, including PRN (as required) medicines, such as pain relief.
- Staff told us they had been trained to administer people's medicines as prescribed. One staff member explained they used the 'six R's' approach, which stands for right resident, right medicine, right route, right dose, right time and resident's right to refuse.
- We checked a sample of medicines prescribed for people living at the service and found them to be in good order, in terms of the correct stock numbers and safe storage conditions. Medicine administration records (MAR) had been completed correctly too with no unexplained gaps.

#### Preventing and controlling infection

- People were protected by the prevention and control of infection. One person told us, "Every day they clean my room." A relative echoed this in their written feedback. They wrote, 'I was very impressed with the standard and cleanliness of my (relative's) room'.
- Staff maintained good hygiene by using personal protective equipment (PPE) such as gloves and aprons when handling food or before providing personal care.
- Records showed staff responsible for preparing and handling food had completed food hygiene training. The service had also recently achieved a 5\* food hygiene rating, awarded by the Food Standards Agency for very good hygiene standards.
- We observed the service to be clean, tidy and fresh.

#### Learning lessons when things go wrong

- The management team ensured that lessons were learned and improvements made when things went wrong, such as medicine errors or items going missing. They provided several examples of changes that had taken place in response to incidents that had happened.
- Staff confirmed that information was shared with them to ensure learning opportunities were cascaded throughout the service, and records supported this. One staff member told us, "At handover they (managers) will normally say to you if something has happened. They will say what the error is but not name any names. They will say the steps to prevent it. For example, when we do medication, a second member of staff has to check afterwards to check if everything is okay."
- Records showed that incidents and accidents were monitored for potential themes and patterns, to minimise the risk of them happening again in future.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant 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's needs were assessed prior to using the service and at regular intervals after moving in, to ensure their care and support was right for them and achieved good outcomes.
- The management team met with providers of similar services to share ideas and learn from each other. This enabled them to keep up to date with changes in legislation and good practice.
- The provider had recently invested in technology and equipment to enhance the delivery of care provided. This included a new telephone system to improve their out of hours service. They had also introduced an electronic care planning system which allowed staff to record all care provided and staff interactions with people in real time. Plans were underway to ensure people, and relatives who had permission, could access their electronic care records whenever they wished to.

Staff support: induction, training, skills and experience

- People told us staff had the right skills and training to deliver effective care and support. One person said, "When I had a fall, I felt they knew what they were doing."
- Staff told us they received relevant training to support them in their roles. One staff member talked about some virtual reality training they had attended to improve their understanding of the challenges faced by people living with dementia. They said, "It really helps you to see how life is for people every day. A real eye opener...it makes you more aware of what people have to deal with and changes how you react."
- Staff were provided with additional support to carry out their roles and responsibilities through meetings, individual supervision and competency checks. A relative told us, "The staff are well supervised by the senior carers." Regular 10-minute meetings had also been introduced, to support the management team to focus on the priorities of the service.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food provided and they had enough to eat and drink. One person said, "I had a good lunch today, it was nice and flavoursome." A relative stated in their written feedback, 'The food is excellent and meals are made into a social event in the dining room. My (relative) says the choice of food is really good and it is like being in a hotel'.
- People's care records contained information about their dietary needs and preferences, including cultural and religious preferences. The catering manager talked about how these needs were met, including fortified meals and drinks for those people at risk of not eating or drinking enough.
- People were encouraged to eat and drink and they had regular opportunities to do so. Several alternatives were offered and provided where people did not like the options available. This approach created a relaxed atmosphere where people were seen to enjoy their meals. People were routinely provided with a variety of

equipment to aid their independence with eating and drinking, but where needed staff assisted people to eat where needed, in a quiet, calm and non-obtrusive way.

Staff working with other agencies to provide consistent, effective, timely care; and supporting people to live healthier lives, access healthcare services and support

- Staff monitored changes in people's health needs and took prompt action to seek relevant healthcare advice when needed. One relative provided the following written feedback, 'When my (relative) was unfortunately taken ill, the staff reacted quickly to call for medical advice and an ambulance'.
- Staff provided family members, where appropriate, with regular updates about their relative's current care needs, including healthcare. These records were informative and personalised, with evidence of health monitoring, such as weight loss, and the actions taken where needed. A relative confirmed this in writing as follows, 'In addition to providing me with comprehensive monthly written reports on my (relative's) health and well-being, I am contacted whenever there are any concerns about my (relative)'.
- In general people's care records contained clear guidance for staff on how people's assessed healthcare needs should be met. However, the quality of information about people's oral hygiene needs varied. The management team recognised this as an area for improvement and confirmed the new electronic care planning system would address this issue by ensuring everyone had a comprehensive oral hygiene care plan in place.
- We also found some inconsistencies with how staff completed paper charts where people required more regular monitoring to support their health and wellbeing for example, fluid intake. Although there was no evidence that people were not receiving the right care and support, the registered manager explained the new system would address this too, as prompts would remind staff when someone needed a particular care task carrying out.

Adapting service, design, decoration to meet people's needs

- The building had been designed to provide people with a range of comfortable, spacious and fully accessible individual and communal space – including a Club House, activity rooms, a library / IT suite, hairdressing salon and a garden. One relative had written, 'My (relative) was very happy with her stay at Charter House, she was made comfortable and treated with kindness and respect by the staff. Her room was spacious, homely and beautifully furnished with an en-suite bathroom'.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the consent and decision-making requirements of the MCA and records supported this. One staff member said, "Sometimes we have to assess if people have capacity to make their own decisions about specific things at a specific time." They went on to explain that people's capacity could fluctuate, so they made sure they tried to involve people in decision making at different times of the day, to give them the best opportunity of being involved in decisions about their care and support. They added, "Sometimes it

takes quite a long time, but we still keep trying." We observed staff routinely seeking consent from people about how they wanted to spend their time or what they wanted to eat.

# 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.

At the last inspection this key question was rated good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were well cared for and staff treated with kindness and compassion. One person said, "Staff do their best, they're all very helpful and do what they can." Another person added, "Every day I go to activities downstairs. I didn't go today because I didn't feel well and they (staff) came up to see where I was...The workmen come around mending things, they come in and chat. The cleaners bring me the local paper from home, we have a laugh." A staff member explained, "Staff really care about people and with the new structure we are able to get to know their needs well."
- We observed and heard lots of positive interactions between staff and people. Staff spoke to people with respect and kindness throughout the day.

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

- People were encouraged to express their views and be actively involved in making decisions about their care and daily routines. One person told us, "You have choices, I like to eat in my room. I have a choice of meals, they come and ask me the day before. I sometimes have a male carer at night but I have a choice I could say I don't want a man."
- Staff provided care and support in a compassionate and personal way. One staff member described the steps they took when people were confused and refused care. They said, "We have lots of residents here who struggle with personal care. We observe what they're like at the time, if they don't like to be assisted before breakfast we try and catch them after. If they say no, they say no, then we just keep trying later." A relative echoed this in their written feedback, '(Relative) is treated with dignity and as if they matter...They deal with (family member) in a way that I could never imagine, coaxing and cajoling them but not in a patronising way'.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. One person explained how care staff did this - by drawing the curtains and closing the door before giving personal care. Another person said, "They (staff) help me have a shower, they are very patient. I try to remain as independent as possible."
- We saw the service used a discreet system of colour coded dots to ensure staff understood people's key needs, such as someone who needed extra fluids or preferred female carers only.
- Relatives told us they were made to feel welcome. One relative told us, "I am more than happy with the service...I am able to visit any time and I can have a meal here, I let them know the day before."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had their own care plan which contained personalised information about how they should receive their care and support, to meet their individual assessed needs and personal preferences. Additional records were being maintained to demonstrate the care and support provided to people daily.
- People confirmed they were involved and able to contribute to planning their care and support. One person said, "We all have a care plan, it is reviewed once a month." Another person told us their preferred daily routines were supported by staff. They said "Staff are very kind. I like to go to bed early and get up early."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We checked to see how the service was meeting this standard and found some information had been included in people's care records about their preferred communication methods. Staff spoke about using objects of reference to help people to make choices. Some staff were also able to talk to people in their first language, where this was not English. However, the registered manager told us this was an area for improvement with the new care planning system and further training for staff. This would support all staff to be able to provide more information to, and communicate better with, each person in a meaningful way.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A dedicated team of activity staff meant people had the chance to take part in a wide range of regular, meaningful activities - both in and out of the service. One staff member said, "We try to make people smile and laugh. Try to enhance their day."
- People provided positive feedback about the activity provision including, "The activities are good, I like the bingo each week and the dominoes." Another person said, "There's a shop downstairs where I can buy anything I need. Yesterday we had a fashion show and I bought a skirt."
- A relative praised the 'Daily Sparkle' - a daily reminiscence newspaper, which the provider had sourced for people to use. They had written, 'This keeps (my relative) entertained and has made a big contribution to improving their sense of wellbeing. There are also periodic special events for example a Beside the Seaside event, Halloween Evening and Fireworks Night with themed supper and decorations. My (relative) has only been at Charter House for three months but in this time has also enjoyed visiting entertainers, an outing on

the river and a visitor with small animals'. Another person added, 'There was an excellent programme of activities and the staff took an interest in my (relative's) favourite board game (which was new to them) and arranged for them to play this which my (relative) enjoyed very much'.

- Activity staff were motivated and enthusiastic and as such we observed some lively singing, exercise and dancing sessions taking place in different areas of the home. They engaged with people and encouraged them to join in. The activity manager told us the provider also paid for weekly music therapy sessions which aimed to aid memory and communication for people living with dementia. In addition, a Christmas family evening was being planned for the following month, which would include craft stalls selling items made by people living at the service.

#### Improving care quality in response to complaints or concerns

- Information about how to make a complaint or raise concerns had been developed. People were clear they knew how to raise a concern if they needed to. One relative told us if they had a concern they would, "Talk to carers and the reception staff." Another relative added in writing, 'When I express concerns about things I have noticed this is acted on immediately'.

- Records showed that people were listened to and their concerns were dealt with in a timely way. There was a clear audit trail of how each complaint was investigated and the outcome, once concluded.

#### End of life care and support

- Where needed, the service was able to support people at the end of their life to have a comfortable and dignified death. One relative confirmed this through written feedback, 'The care the team gave my (relative) was excellent. They not only cared for them well but supported my (family) through the difficult decision of placing them in care and throughout their final days. Helping my (relative) to do all the activities they could manage meant their last months were stimulating and they were not just left sitting in a chair with nothing to do. You (staff) treated us all as part of a family. I can't thank you enough for the care you gave'. We noted that people's photographs were displayed after they had died, recognising the bonds that may have formed between staff and other people living at the service, with that person.

- People's care records contained information about their end of life wishes and preferences, although we found one record that would have benefited from more detail about the person's specific spiritual and cultural needs. The registered manager confirmed after the inspection they had already acted to address this. This would ensure all staff understood how to care for the person in a culturally sensitive way, if the need arose.

# 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 good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were complimentary about the registered manager and management team. They told us the leadership at the service was visible and they were involved in shaping and improving the service. One relative told us, "I can speak to [Name of registered manager] any time about any minor issues, I know he is there if I need him." Another relative added in writing, 'It is very easy to communicate with staff by telephone or e-mail. I recently attended the annual relatives meeting and was impressed that the management team are looking for ways to improve the service and encourage suggestions from relatives'.
- Staff spoke positively too. They were motivated and told us they enjoyed working at the service. One staff member told us, "Everyone is wonderful, it's one big happy family." Another staff member added, "I think everything is good about the home, it's a lovely place to work - especially on the floor with people with dementia, they are lovely people. We all muck in. It's nice when you can look forward to coming to work."
- The management team told us they used a variety of methods to share information with, and seek feedback from people, relatives and staff. This included regular emails, satisfaction surveys and meetings. Meeting minutes supported this and showed that people's feedback was regularly sought and acted upon. The most recent satisfaction survey showed that all 50 of the people who returned their surveys were satisfied or very satisfied with the service they received overall.

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

- We found that when things went wrong people were kept informed. In addition, the management team spoke openly throughout the inspection and responded to all our requests for information. They continued to do this after the inspection and kept us updated on key developments. This demonstrated an open and transparent approach.
- Records showed that legally required notifications were being submitted to us (CQC) as required however, there had been a delay in a small number of these being sent in. This was because there was a reliance on the registered manager to notify CQC of incidents. The nominated individual immediately addressed this issue by authorising other members of staff to submit notifications in the registered manager's absence. They also documented the new approach in policy form, which was shared with us.

Continuous learning and improving care

- The provider had made several changes since the last inspection to enhance people's experience, ensure sustainability and to drive continuous improvement. This included investing in new technology systems and making changes to how staff are recruited and deployed.
- Quality monitoring systems were in place, to enable the management team to check if the service was providing safe, good quality care. We saw evidence of audits taking place which reflected the five key areas that we (CQC) use when inspecting services and demonstrated the management team had good oversight of service provision. We noted that audits included areas that had previously been identified for improvement, such as people's meal time experience. This showed that people's feedback and opportunities to improve the service were an integral part of the quality monitoring process, and managers checked to ensure improvements were sustained.
- During the inspection we identified a small number of areas that could be improved on, such as the lack of an overall system to monitor people's routine healthcare appointments - to ensure these were not missed. There was no evidence that this had happened but as a safety measure, the management team confirmed the new care planning system would provide this additional information and oversight. Similarly, there were plans to produce a variety of reports from the new system once fully in use, to assist the management team in identifying what the service does well and where things could be further improved.

#### Working in partnership with others

- The service worked in partnership with other key agencies and organisations such as the local authority and clinical commissioning groups to support care provision, service development and joined-up care in an open and positive way. Examples included improvements to medicine and health appointment reporting and recording systems. In addition, the registered manager told us people's care reviews were being arranged in advance with social workers, to enable the appropriate staff members to be present.