

Notting Hill Genesis

# Charleston House

## Inspection report

Charleston House  
68 Clapham Common South Side  
London  
SW4 9DT

Date of inspection visit:  
21 October 2019

Date of publication:  
22 November 2019

### 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

Charleston House is an extra care housing service, providing personal care to 23 people aged both under and over 65 at the time of the inspection. People using the service lived in flats in one purpose built building. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Records were not always in up-to-date and reflective of people's current needs, this was addressed with the registered manager during the inspection. The registered manager was a visible presence in the service and people and staff spoke highly of the management team. Regular audits were carried out to drive improvements. People's views were sought and action taken to address any issues identified. The registered manager sought and encouraged partnership working.

People were protected against the risk of abuse and avoidable harm as the provider carried out risk management plans and staff received safeguarding training. People's medicines were administered in line with good practice. People received care and support from adequate numbers of suitably vetted staff to keep them safe. The registered manager sought to learn lessons when things went wrong, to minimise repeat incidents.

People received care and support from staff that were knowledgeable in their role. Staff underwent a comprehensive induction programme when first employed and reflected on their working practices through regular supervisions. People were supported to access sufficient food and drink that met their dietary needs and preferences. People were encouraged to monitor their health and well-being.

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

People confirmed they were treated with dignity and respect. Staff were aware of the importance of encouraging people to remain as independent as possible, where safe to do so. Pre-admission assessments were carried out prior to moving into Charleston House, to ensure their needs could be met. People were encouraged to make decisions about their care and treated and their faith and cultural needs were respected and encouraged.

The registered manager took prompt action to address issues identified during the inspection. People were encouraged to participate in activities of their choosing both in-house and in the local community. Complaints were fully investigated, and positive outcome sought for those involved. The provider had a clear end of life policy in place and staff were scheduled to attend end of life training.

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 service was first registered with another provider on 7 June 2018. However, there had not been an inspection before the registration was changed to this provider on 26 November 2018. This inspection is therefore the first one for this service. .

#### Why we inspected

This was a planned inspection was planned in line with our inspection programme.

#### 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.

# Charleston 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

This inspection was carried out by two inspectors.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 21 October 2019 and ended on 28 October 2019. We visited the office location on 21 October 2019.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from 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 three people using the service and a healthcare professional. We also spoke with seven staff members, this include care workers, the co-ordinator, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records relating to tenancy agreements, risk management plans and medicines management.

# Is the service safe?

## Our findings

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

This is the first inspection of the service and this key question is rated Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People's care records did not contain a full list of the medicines prescribed to people. This meant there were a risk that staff could not always identify potential side effects and how a medicine may affect a person.
- We also identified PRN 'as needed' medicines protocols were not signed by a suitable healthcare professional. We shared our concerns with the registered manager who told us, they used the medicines administration records (MAR) as a reference. After the inspection the registered manager sent us updated medicines lists and updated risk management plans to identify medicines and their side effects. We were satisfied with the registered manager's response and will review this at the next inspection.
- Notwithstanding the above; people's medicines were administered as intended by the prescribing G.P.
- One person told us, "The staff will give me my medicines." A second person said, "I can do my medicines myself but the staff help me to order them."
- Staff told us they received on-going medicines training and records confirmed what staff told us.

### Assessing risk, safety monitoring and management ☐

- The registered manager carried out risk assessments to give staff guidance on how to mitigate identified risks.
- Risk management plans covered, for example, mobility, medicines and fire safety. However, during the inspection we identified some risk assessments required updating to ensure they reflected current need. For example, one person's risk assessment included historic information, whilst another's risk assessment had not been sufficiently updated to reflect an ongoing risk.
- We shared our concerns with the registered manager who following the inspection sent us updated risk management plans. We were satisfied with the registered manager's response and will review this at the next inspection.

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

- Everyone we spoke with at the service told us they felt safe at Charleston House.
- Staff had adequate knowledge and understanding on how to identify, respond to and escalate suspected abuse. For example, staff were aware of the provider's whistleblowing policy.
- Records confirmed staff received safeguarding training to protect people from harm and abuse.
- At the time of the inspection there were three on-going safeguarding matters which were being appropriately managed by the registered manager.

### Staffing and recruitment

- People received care and support from sufficient numbers of staff deployed to keep them safe.
- One person told us, "I think there's enough staff." A second person said, "I don't have to wait more than a couple of minutes if I use my call bell, they [staff members] come straight away."
- Staff confirmed there were adequate numbers of staff available on shift, and in instances of staff absence, the co-ordinator would cover.
- Records confirmed the registered manager carried out pre-employment checks to ensure the suitability of staff employed. Staff files contained satisfactory references, application forms and a Disclosure and Barring Services (DBS) check. A DBS is a criminal records check employers undertake to make safer recruitment decisions.

#### Preventing and controlling infection

- People were protected against the risk of cross contamination as staff received infection control training.
- Staff confirmed they were provided with adequate Personal Protective Equipment (PPE), for example, gloves, aprons and shoe covers. The provider had an infection control policy in place which staff were familiar with.

#### Learning lessons when things go wrong

- The registered manager placed great importance on learning lessons when things went wrong.
- Records showed that lessons learnt from specific incidents were shared at the soonest opportunity. Staff were invited to 'lessons learned' meetings to review the events and identify shared learning to reduce the risk of reoccurrence.



# 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.

This is the first inspection of the service and this key question is rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were encouraged to remain as healthy as possible. Staff were aware of the importance of involving healthcare professionals to ensure people's health and wellbeing was monitored and maintained.
- Records confirmed people were supported to access a range of healthcare services. A healthcare professional told us they were satisfied with the support people received and that the service sought guidance from healthcare services and implemented this into the delivery of care.
- People's healthcare needs were documented in their care plan; however, this was not always clearly identifiable. We shared our concerns with the registered manager who after the inspection sent us copies of completed health information in people's care plan. We were satisfied with the provider's response.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving into Charleston House.
- Care plans contained pre-admission assessments which detailed their health, social, emotional, physical and medical needs and preferences.
- The registered manager was keen to encourage people to help share their views and ensured pre-admission assessments were current, in order to ensure their suitability for the service and that their needs could be met.

Staff support: induction, training, skills and experience

- People told us staff members were knowledgeable and well-trained. A staff member told us, "I really liked the dementia training, it taught me a lot."
- Staff received a comprehensive induction when newly employed that covered all aspects of the organisation and their role and responsibilities.
- We reviewed the provider's training matrix and saw that where gaps in training had been identified the individual staff member had been risked assessed to ensure they were competent to continue carrying out the related task. Those that did require refresher training had been booked on upcoming training.
- Training available to staff included, for example, mental health, medicines, safeguarding, first aid, fire awareness and Mental Capacity Act 2005. Staff confirmed they could request additional training if they wished.
- Staff reflected on their working practices through regular supervisions. Staff confirmed they found the supervision beneficial to their role.

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

- Where agreed in people's care plans, people were supported to access sufficient food and drink to meet their dietary needs and requirements.
- One person told us, "The food is perfect." Another person said, "The food is alright, I like rice and peas." A staff member told us, "
- People were encouraged and supported to have their lunch in the communal dining room, situated on the ground floor. However, staff were on hand to support people to make their own meals in their flats.
- People's records included guidance on any support they needed to eat and drink. For example, one person's care plan referred to guidance from Speech and Language Therapy.

#### 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.

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 had an adequate understanding of their roles and responsibilities in line with legislation.
- Care plans contained best interest meeting records signed by appropriate people.
- Tenancy agreements were signed and retained on file.

# 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.

This is the first inspection of the service and this key question is rated Good. 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 and healthcare professionals spoke highly of staff members at Charleston House. One person told us, "[Staff members] are very helpful." Another person said, "They [staff members] are knowledgeable, understanding and polite."
- Throughout the inspection we observed staff interacting with people in a kind and compassionate manner, offering guidance and reassurance when needed.
- People's diverse needs were observed, encouraged and respected. Care plans detailed people's faith and cultural needs. One person told us, "The coach comes and takes us to go to Church, it's just round the corner."

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

- People confirmed they were encouraged and supported to express their views and make decisions about the care they received. One staff member told us, "We [staff members] make sure people are given choices about what they want to do. Its not for me to agree or disagree with their [people's] decisions."
- During the inspection we observed staff members asking people what they wanted to do and were respectful of their decisions. For example, if they wanted to spend time in the communal areas of the service or if they wanted company at lunch time in the main dining room.
- People's care plans detailed people's preferred communication styles and gave staff clear guidance on how to effectively communicate with people to support them to make decisions.

Respecting and promoting people's privacy, dignity and independence

- People confirmed staff members were respectful of their privacy. Staff were aware of the importance of maintaining people's privacy. For example, a staff member said, "Make sure curtains and doors are closed. Make sure the towel is [covering them] when they come out of [the bath/shower]. We press the doorbell and ask for permission before going into people's flats."
- People's independence was encouraged where safe to do so. Care plans detailed people's dependency levels and gave staff guidance on the level of support people required to undertake daily living skills.
- The service had an equality and diversity policy which staff were familiar with.

# Is the service responsive?

## Our findings

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

This is the first inspection of the service and this key question is rated Good. 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

- During the inspection we identified some care plans required updating to ensure they fully reflected people's needs. For example, one person's care records gave conflicting information on their communication abilities, with no specific care plan in place to guide staff as to how best to communicate with them. We shared our concerns with the registered manager who after the inspection sent us an updated care plan. We were satisfied with the registered manager's response.
- Notwithstanding the above, some people had very detailed guidelines as to how they preferred their care delivered, including a comprehensive step by step guide in delivering their personal care.
- Care plans were reviewed regularly and covered, for example, key life events, medicines preferences, hobbies and interests, things I like and don't like, medical, emotional, social and health needs. Staff were aware of the importance of sharing any changes to people's presentation or needs with management swiftly. For example, one staff member told us, "We have to share any changes with management straight away so they can [update] the care plan."

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

- People were encouraged to participate in activities that met their social needs. People spoke positively about the activities provided at Charleston House, with comments including, 'We have outings in the coach now, one in the morning and one in the evening' and 'We go to London on a day trip, we didn't do that before.'
- A staff member told us, "Normally we join people in keep fit, [twice a week]. Twice a month we go to London as a group."
- The service provided a range of activities for people to engage with which minimised the risk of social isolation.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were thoroughly investigated and managed in line with the provider's policy.
- People confirmed they would speak with staff if they were unhappy with any aspect of the service and felt confident their concerns would be addressed.
- Records confirmed the service had received six complaints in the last 12 months, which had been managed swiftly to reach a positive outcome for those involved.

End of life care and support

- At the time of the inspection no one living at Charleston House was in receipt of palliative care.
- The provider had a comprehensive end of life policy in place, which detailed decision making, engagement with family, advanced care planning and what to do after the person had passed away.
- The registered manager confirmed they had end of life training scheduled for the 30 October 2019. The service also had an end of life champion in place.

# 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.

This is the first inspection of the service and this key question is rated Good. 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

- During the inspection we identified records were not always up-to-date. For example, care plans required reviewing to ensure they were consistent and clarified people's up to date needs; and medicines PRN 'as and when needed' protocols had not been signed by a suitable healthcare professional. We also identified, one risk management plan contained historical information, and another had not sufficiently been updated to reflect a continued risk. After the inspection the registered manager sent us up-to-date copies of both the care plans, medicines records and risk management plans. We were satisfied with the registered manager's prompt action to make the required improvements.

- Notwithstanding the above, people spoke positively about the registered manager and management team as a whole. One person told us, "[The registered manager] is a nice man and very helpful. If you want anything changed, he turns up." A healthcare professional said, "I have no concerns, the service is well-led." Staff confirmed the registered manager was a visible presence within the service and staff gave examples of where the registered manager had supported them both professionally and personally.

- Throughout the inspection the registered manager was available to people and staff to offer guidance and support should this be required.

- The registered manager was aware of their duties in line with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

- The registered manager and management team carried out regular audits of the service to drive improvements. Audits included, for example, fire safety, moving and handling, risk management plans, care plans and staff files. Records also confirmed senior management carried out audits and where issues were identified action was taken swiftly.

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

- The registered manager actively encouraged feedback about the service through regular questionnaires. Questionnaires covered all aspects of the service.

- We reviewed the completed questionnaires and found these to be on the whole positive. Action was taken when concerns were raised in a timely manner. For example, in relation to activities, the registered manager

now produced an activities booklet in response to comments raised in the questionnaires.

#### Continuous learning and improving care

- The registered manager was keen to ensure the service continually learnt and improved. Records confirmed the registered manager was proactive in acknowledging and responding to issues identified, in a timely manner.

#### Working in partnership with others

- A healthcare professional confirmed the registered manager encouraged partnership working to improve the lives of people living at Charleston House.
- Records confirmed the registered manager worked in partnership with a wide range of professional services. For example, G.P, district nurses and speech and language teams.