

Methodist Homes

# Charnwood House

## Inspection report

77a Beake Avenue  
Radford  
Coventry  
West Midlands  
CV6 3AQ

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Tel: 02476601404

Website: [www.mha.org.uk/care-homes/dementia-care/charnwood-house](http://www.mha.org.uk/care-homes/dementia-care/charnwood-house)

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Charnwood House is a residential care home and is registered to provide personal care for up to 65 older people. At the time of our inspection 56 people lived at the home. Some of those people lived with dementia. Accommodation is provided in a purpose-built building, split into 4 units.

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

People and relatives spoke positively about the service they received. Staff knew how to keep people safe and protect them from harm. Risks associated with people's care and the environment were identified and assessed. People received their medicines safely, when needed, by staff trained in medicine management. Staff were recruited safely.

The manager had processes in place to monitor and review the quality of the service provided, for example, audits of care records. The provider had a contingency plan in place, to minimise any risks to the service running safely in the event of, for example, adverse weather conditions. Staff felt supported by the management team.

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.

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 24 September 2019).

### Why we inspected

This inspection was prompted due to concerns received in relation to the quality of care and the safety of people using the service. As a result, we undertook a focused inspection to review the key questions safe and well led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Charnwood House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

# The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Good</b> ●</p>

# Charnwood 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 Health and Social Care Act 2008.

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

#### Inspection team

The inspection team consisted of 2 inspectors 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

Charnwood House is a 'care home'. People in care homes receive accommodation and nursing and or personal care as a single package under one contractual agreement dependent on their registration with us. Charnwood House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection the registered manager was unavailable. This inspection was supported by an interim manager who had been supporting the home.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since they registered with the CQC and sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 5 people who used the service and 4 relatives about their experience of the care provided. We spoke with 9 members of staff including the area manager, manager, deputy manager, senior staff, chef, domestic and care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records, including 5 people's care records. We looked at 4 staff files in relation to recruitment and staff support and a range of records relating to how the service operated and was managed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Lessons had been learnt. We found the manager had taken action to address the concerns shared with us prior to our inspection. This ensured people's dietary intake and weight were being closely monitored and referrals were made to health care professionals for specialist advice as required.
- Risks associated with people's care were assessed and regularly reviewed. However, we identified 1 care plan contained some conflicting information. We brought this to the attention of the manager who took action to address this during the inspection.
- People told us staff supported them safely and their care needs were met. One person said, "The staff are very good, we have a laugh. I'm luckily to be living here."
- Relatives were positive about the support people received. One relative said, "Staff know [Person] very well. The tiniest thing and they pre-empt it; they have a grip on everything."
- Staff recorded incidents and accidents, and these were reviewed by the manager and action taken to prevent reoccurrence. Any lessons learnt were discussed in team meetings.
- The provider had a contingency plan to minimise any risks to the service running safely in the event of, for example, adverse weather conditions.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

- People told us, and we saw staff worked within the principles of the Mental Capacity Act by seeking people's consent prior to supporting them.
- Staff have received MCA training and demonstrated an understanding of the principles. One staff member told us, "It's important to ask first and wait for [people] to answer me, I need to respect people's rights."

Systems and processes to safeguard people from the risk of abuse

- People felt safe with staff. One person told us, "I'm very safe, the staff who look after me make me feel safe." Another person said, "I'm quite safe, if I'm worried the [staff] are always there to reassure me, I'm lucky."
- Staff understood their responsibilities to report any concerns to the manager. One staff member told us, "I would tell the manager of any concerns straight away." Another staff member said, "I know the manager would take action straight way to keep people safe."
- The manager understood their responsibility to report any concerns to the local authority and to CQC to ensure any allegations or suspected abuse were investigated.

#### Staffing and recruitment

- People and relatives told us enough staff were on duty to meet their needs. One person said, "When I ring the bell, they are always very quick." A relative told us, "Staff are always around, and I can ask them anything."
- Staff were available when people needed them during our visit and people's requests for assistance were responded to promptly.
- Staff were recruited safely. The provider sought references and completed DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People received their medicines as prescribed from trained staff whose competencies were regularly checked. One person said, "They give me my pills every day." A relative told us, "No issues with medicines and they always tell me of any changes."
- Clear guidance was in place which informed staff when 'as required' and time specific medicines needed to be given.
- People's medicines were ordered, stored, and disposed of safely in line with best practice.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

There were no restrictions on people visiting the home at the time of the inspection. One person told us, "My family can come when they want." A relative said, "Visiting is totally open."



# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

- Prior to our visit the provider had identified shortfalls in the service relating to the concerns which triggered this inspection. An improvement plan was in place and had addressed these areas. This demonstrated lessons had been learnt.
- The manager demonstrated a good understanding of how to use audits for ongoing quality improvements and was committed to ensuring people were supported to achieve good outcomes.

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

- People and relatives spoke positively about staff. One person said, "Staff are nice and respectful." A relative told us, "The staff are amazing, overwhelming so. I like the calmness and continuity of staff here."
- Managerial oversight of the service was good, and a range of quality audits and checks took place to monitor the service and drive forward improvements. For example, checks on care records, staff competencies and equipment.
- The manager demonstrated an understanding of the regulations and their responsibilities. For example, they had informed us about important events within the service.
- Staff felt supported and received the guidance they needed to fulfil their roles through individual and team meetings. One staff member told us, "The managers are supportive, and I feel able to ask if I don't know something."

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

- People and relatives were happy with the service provided and the way the service was managed. Comments included, "I'm happy living here," "[Person] is happy and comfortable here, their physical health has improved too," and "The manager runs a tight ship; they have a fair culture. Honestly, I can't think of anything to improve on."
- People were encouraged to provide feedback on the service through resident meetings, annual questionnaires and during 'informal' chats with the manager.
- Staff gave positive feedback regarding the open, honest and supportive culture of the service. One staff member said, "Morale is good, I feel supported by the manager." Another staff member told us, "The recent management changes have been positive for everyone."
- The providers' policies and procedures prompted inclusion and diversity and reflected protected

characteristics as defined by the Equality Act 2010. The manager said, "We talk with the residents and relatives about culture and their beliefs and ask how they wish to be supported with this, as each person is unique."

Working in partnership with others; 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

- Staff liaised with a range of health and social care professionals involved in people's care to support their physical health and wellbeing as seen in the records we viewed.
- The registered manager understood the need to be open and honest when things went wrong in line with the responsibilities under the duty of candour.