

Methodist Homes

Charnwood House

Inspection report

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08 April 2019

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29 April 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:

Charnwood House is a residential care home that was providing personal care to 61 people aged 65 and over who were living with dementia at the time of the inspection.

People's experience of using this service:

- People liked living in the service and the home had a warm, friendly atmosphere.
- People told us they felt safe. They were protected from abuse and discrimination.
- People told us that staffing levels were appropriate and staff responded in a timely way to people's needs.
- We saw that accidents and incidents were managed appropriately.
- Assessments and care plans were in place and staff knew the people they cared for well. Following on from our site visit the registered manager ensured specific risk assessments and strategies were in place.
- Medicines were being managed safely and were given by staff who had completed relevant training and had their competencies checked.
- Staff told us they received a comprehensive induction and had the right skills and experience.
- People were supported to have meals that met their dietary needs and preferences and the dining room experience was pleasant.
- Staff had appropriate knowledge of the Mental Capacity Act (MCA) and appropriate Deprivation of Liberty Safeguards (DoLS) applications had been made.
- We observed staff to be kind, caring and empathetic. We saw that they treated people with dignity and respect.
- People were consulted about their care and families were involved in reviews.
- The management had a visible presence within the home and positive feedback was given about them, in particular the registered manager.
- Staff told us they felt well supported by the management.

Rating at last inspection: This service was last inspected on 10 August 2016 when we undertook a comprehensive inspection. The service was rated Good. The report was published on 27 October 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury. The information shared with CQC about the incident indicated potential concerns about the management of risk of care provided at night. This inspection examined those risks of care provided at night.

We were aware of past injuries through falls sustained at the location so we looked at falls risk assessments and mitigating actions during the inspection.

Inspection team:

The inspection was carried out by one inspector, an assistant inspector 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. The expert by experience had experience of caring for a person with dementia.

Service and service type:

Charnwood Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Charnwood house accommodates up to 65 people in people across four separate wings, each of which has separate adapted facilities and shared communal areas.

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 and took place on 08 April 2019

What we did:

Prior to inspection we reviewed the information we held about the service, including notifications that the provider had sent us. A notification is information about significant events which the provider needs to send to us by law. We reviewed the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority to seek their views about the service. We used this information to help plan the inspection.

During the inspection, we spoke to nine people who lived at the service and spoke to six relatives.

We spoke with the registered manager, the deputy manager, five members of care staff and the cook. We also spoke with a visiting health professional.

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 looked at five people's care records and medicines administration records (MARs). We also looked at a range of records relating to the running of the service, including records of accidents, incidents, training records, quality monitoring records, complaints, staff recruitment and policies and procedures.

After the inspection, the provider sent us additional evidence to corroborate findings as detailed in the report.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- Risk assessments were in place. People's needs had been assessed to identify any risks to their health and wellbeing, such as mobility, nutrition and skin damage.
- We noted that one area of carpet in the building was made of more hard-wearing material which gripped to the soles of shoes and could pose a falls risk. The deputy manager informed us that there had been a recent fall in this area leading to a serious injury. The floor material had not been risk assessed however the registered manager ensured that this was addressed promptly following on from inspection to reduce the risk of incidents.
- We saw evidence of accidents and incidents that had been documented and actions taken to prevent a reoccurrence.
- Some people who lived at the service could become distressed due to their varying and complex needs. There was minimal information within peoples care plans to guide staff on how to support people to manage their anxieties or how to reduce their distress. Despite this, staff knew people well and understood how to keep people safe. We raised this with the provider who ensured additional information would be added to risk assessments and care plans.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe, one person told us "I know everybody. There's always plenty of people around if you are feeling a bit dodderly."
- The registered manager understood their legal obligation to report their concerns to the relevant authorities and sent us statutory notifications to inform us of any events that placed people at risk.
- People and their relatives told us they received safe care. A relative told us "I have no doubt it is safe"
- Staff had received safeguarding training and a safeguarding adults' policy was in place. Staff knew their responsibilities around keeping people safe and felt comfortable raising concerns.

Staffing and recruitment

- The service had a robust recruitment process to prevent unsuitable staff working with vulnerable adults.
- There was a sufficient number of staff on to meet the needs of the people living at the service. People told us that staff responded promptly to call bells both during the day and at night.

Using medicines safely

- People received their medicines as prescribed.
- Medicines were stored securely, and medication administration records in use were accurate, and regularly checked for any mistakes.
- Staff had received appropriate training in medication and competency checks were in place.

Preventing and controlling infection

- The home was clean and tidy. There were systems to prevent and control the risk of infection., Staff had access to personal protective equipment (PPE) and wore this when needed.
- All staff had received infection control training and were aware of their responsibilities in relation to this.

Learning lessons when things go wrong

- Staff understood the importance of recording accidents and incidents and notifying the manager of any events. The manager reviewed information to identify if any changes were required to people's care needs to keep them safe.
- Changes to people's care were shared with staff through handover of information at shift changes, to reduce the likelihood of further incidents reoccurring.

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's needs were assessed before they moved into the service. Assessments and care plans were in place and were reviewed regularly to ensure the information remained accurate.
- Staff were aware of good practice guidelines and used them to support the delivery of care. The home had achieved accreditation to 'The React to Red' scheme. This is a pressure ulcer prevention scheme run by health and social care partners. Homes have to meet and maintain certain standards to achieve accreditation.
- People and their relatives felt confident staff understood their care and support needs. Staff were aware of people's likes and dislikes and knew people well.

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.
- Records showed us people's capacity had been fully assessed. Where people had been assessed as lacking capacity, DoLS applications had been made to review any restrictions within their care
- Best interest decisions were made with the involvement of appropriate people such as relatives, staff and other health and social care professionals.
- Staff had received training in MCA and DoLS. Discussions with them demonstrated they understood the principles of MCA. We observed staff asking people for consent and people we spoke with confirmed this.

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction and told us they felt well supported.
- People were supported by staff who had received training relevant to their roles.
- Staff told us they had received training to understand how to support people living with dementia however some staff told us they wanted to complete additional training to gain more knowledge about this. We shared this with the registered manager and provider who informed us they would be providing

additional training to staff within the next 12 months.

- Staff confirmed they were receiving supervision and support was available when required.

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

- People told us they enjoyed the food and were offered choices at meal times.
- The dining room experience was pleasant and people told us they were happy with the choice of food. The chef and staff knew people and their preferences and dietary needs well. We saw people were supported to maintain specialist diets.
- People received the support they needed to eat and drink at mealtimes.

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

- People told us they had access to outside professionals should they need it and a relative praised how quickly their family member had been referred for additional support following a change in their needs.
- A healthcare professional told us they had positive relationships with staff and people received the care they required promptly.

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

- The home was a single storey building with four wings which surrounded a courtyard and sensory garden. Each wing contained communal lounge and dining areas. There was also a large communal area which was often used for activities and could be accessed by all the people living at the service.
- People and relatives commented positively on how the home was furnished. One relative told us, "It is like a hotel". However, we identified that additional steps could be taken to make the home more 'dementia friendly' such as signage to orientate people around the building. We discussed this with the registered manager who organised for these to be ordered the day after our site visit.

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; respecting equality and diversity

- People told us staff treated them well and with kindness. One person told us "The staff are very friendly. They come and chat" and another person said, "If you've got to be somewhere, it's a nice place." A relative told us "Staff are very welcoming. Staff spend a lot of time sitting with my relative" another relative told us "My relative is very happy here. I would recommend it."
- We observed positive interactions with staff during our inspection. Staff that we observed presented as compassionate, kind and caring.
- People told us they could have their family members visit them whenever they wished.
- Policies were in place to guide staff around the importance of treating people equally and ensuring their rights were respected.

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

- Regular resident's meetings were held where various topics were discussed such as people's preferences for their bedrooms and food. People also had the opportunity to discuss any activities they would like to do. For example, one person previously enjoyed sewing but due a change in health needs was unable to continue with this. It was agreed at the meeting to look for adaptive technology which would enable the person to enjoy this activity again.
- People told us staff had taken time to get to know them and they felt valued. They told us they had opportunities to express their views about the care they received.
- We observed staff supporting people to make decisions about their day to day care. Staff told us how they encouraged people to make their own decisions such as times of getting up and going to bed and menu planning.
- People told us communication was good within the service and they felt listened to.

Respecting and promoting people's privacy, dignity and independence

- People told us their rights, preferences and dignity were respected. Staff understood the importance of supporting people to maintain their privacy and promoted this when caring for people. We saw staff knocked on doors before entering, and respected that people's rooms were their own private spaces.
- We saw people were supported to be as independent as they wanted to be. One person liked to be involved with household tasks and we saw they chose to do some of the washing up after they had a drink. Another person enjoyed gardening and we saw they were given a broom to help clear the garden area of leaves.
- All staff were aware of the need to maintain confidentiality.

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had assessments and care plans in place which were reviewed and updated regularly.
- People told us they received support that met their individual needs.
- Staff were aware of people's diverse needs and protected characteristics such as age, disability and gender.
- There was an activities board for each day displaying activities on offer. One person told us they enjoyed music therapy which was offered each week. A relative told us that they thought the activities were good for people who enjoyed communal activities however more could be done on a one to one basis. A person told us "I prefer to sit in reading."
- One person spoke very positively of the garden, "I'm the only one who sits there. I love watching the birds. I can always get out into the garden- I get the staff to open the door. I feel over the moon after being in the garden."

Improving care quality in response to complaints or concerns

- The home had a complaints policy and procedure and people knew how to access this. People and relatives knew who they could approach if they had any concerns.
- Two complaints had been received since the last inspection which the provider had responded to and the complainants were satisfied with the outcome. One relative told us they had raised concerns with the registered manager and was impressed with how quickly the concerns were resolved.
- People told us they could raise concerns without feeling they would be discriminated against.

End of life care and support

- People were supported at the end of their lives. The registered manager explained care staff worked alongside other organisations, such as district nurses, to provide end of life care to people which was responsive to their needs.
- A healthcare professional told us they were included in planning end of life care for people and that staff contacted them to review people's medicines when their needs changed.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The culture of the organisation was described as open by relatives and staff. Staff told us there was an open-door policy and they felt able to raise concerns.
- Staff told us the registered manager was very supportive and approachable. One member of staff said, "She is very supportive and you can talk to her in confidence."
- Staff told us communication was good within the home and they were encouraged to suggest improvements and share information during staff meetings. Staff explained they also shared information about people's changing needs during daily shift handovers.
- The service understood the duty of candour and were aware of their responsibilities.

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

- The provider had systems and processes in place to monitor the quality of care within the service. We saw evidence of weight monitoring, daily health and safety checks and, infection control and medication audits.
- Accidents and incidents were recorded and analysed for trends.
- Policies and procedures covered all areas of the service and were available for staff to use as guidance in their day to day practice.
- The registered manager understood their regulatory responsibilities and notifications about incidents that affected people's safety or welfare were sent to CQC in a timely manner.

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

- There were surveys for people, relatives and staff to feedback about the service. The most recent survey showed high levels of satisfaction about the care provided.
- Staff we spoke with were happy working in the home and they had felt been supported effectively by the management team.
- People who lived at the home had resident's meetings to discuss issues such as menu planning and activities.

Continuous learning and improving care

- We found an open and transparent culture, where constructive criticism was encouraged. Managers and

staff were enthusiastic and committed to further improving the service delivered for the benefits of people using it.

- The registered manager had an action plan to take forward improvements to the service based on feedback they gained from a variety of sources and the findings from quality audits.

Working in partnership with others

- Staff worked collaboratively with other agencies to improve people's experience of care. These included local authority social work teams and health and social care professionals. A health care professional spoke positively about how their relationship with care staff had developed and this improved the support people received.