

## Choice Support

# Charlton Road

### Inspection report

30a Charlton Road  
Blackheath  
London  
SE3 8TY

Website: [www.mcch.co.uk](http://www.mcch.co.uk)

Date of inspection visit:  
29 August 2019  
04 September 2019

Date of publication:  
11 October 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

30a Charlton Road is a care home providing accommodation and personal care support for up to four people with learning and physical disabilities. At the time of the inspection the home was providing care and support to four people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People and their relatives gave us positive feedback about their safety and told us that staff treated them well. The provider had a policy and procedure for safeguarding adults and the registered manager and staff understood what abuse was, the types of abuse, and the signs to look for. Risk assessments and management plans were completed for people and the home environment to ensure safety. There was a system to manage accidents and incidents and to reduce them happening again. People were supported by effectively deployed staff. There were effective recruitment and selection procedures in place to ensure people were safe and supported by staff that were suitable for their roles. People received their prescribed medicine and were protected from the risk of infection.

People's needs were assessed to ensure these could be met by the service. Where appropriate, staff involved relatives in this assessment. The provider trained staff to support people and meet their needs. Staff supported people to eat and drink enough and to maintain good health. The provider worked with other external professionals to ensure people received effective care. People's capacity to consent to their care and support was documented.

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.

Staff supported people and showed an understanding of equality and diversity and people were treated with dignity, and their privacy was respected. People and their relatives were involved in the planning and review of their care and people were supported to be as independent as possible.

Care plans were person centred and contained information about people's personal life and social history,

their health and social care needs. The provider had a clear policy and procedure for managing complaints and this was accessible to people and their relatives in a format that met their needs.

The provider had a policy and procedure to provide end-of-life support to people. However, people did not require end-of-life support at the time of the inspection. The provider had systems and process in place to monitor the quality of the service. The registered manager and staff worked well together as a team. People who used the service completed satisfaction surveys and the results were positive. The registered manager remained committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people.

The service applied the principles and values consistently of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Rating at last inspection: The last rating for this service was good (published 15 March 2017).

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

Follow up: We will continue to review information we receive about the service until we return to visit as part of our re-inspection programme. If any concerning information is received we may inspect sooner.

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

The service was safe

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our well-Led findings below

Good ●

# Charlton Road

## 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

On the first day the inspection team consisted of one 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. On the second day a single inspector returned to complete the inspection.

#### Service and service type

30a Charlton Road 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.

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. We sought feedback from the local authority and 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

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with two members of staff including the registered manager and the acting manager. We carried out observations of people's experiences throughout the inspection. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found and looked at the End of Life care records.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported to stay safe as policies and procedures were in place. The service had a policy and procedure for safeguarding adults from abuse.
- People and their relatives gave us positive feedback about their safety and told us that staff treated them well. One person told us, "Yeah, I like it here." One relative said, "I visit on a regular basis, I've got no worry about my relatives' safety, I am happy my relative is happy." Another relative commented, "Because I have confidence in the staff, I am very happy they look after my relative well."
- The registered manager and staff understood what abuse was, the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse. This included reporting their concerns to the manager, the local authority safeguarding team, and the Care Quality Commission (CQC) where necessary.
- Staff we spoke with told us they completed safeguarding training and were aware of the provider's whistle-blowing procedure and they said they would use it if they needed to ensure that people were kept safe.
- There had been no safeguarding investigations since their previous inspection in February 2017.

Assessing risk, safety monitoring and management

- Risks were mitigated to help keep people safe. Senior staff completed risk assessments for every person and they had detailed guidance for staff to reduce risks. These included risks around manual handling, eating and drinking, pressure care and accessing the community.
- Risk assessments were up to date with detailed guidance for staff on how to reduce individual risks. For example, where people had been identified to be at risk of falls, control measures were in place for staff to follow which included the use of mobility equipment.
- In another example, we saw guidance in place from the Speech and Language Therapist (SALT) where one person had been identified as being at risk of choking. We observed staff following this guidance and providing appropriate support to the person during a lunchtime meal in order to manage the risk.
- The provider had arrangements to deal with emergencies. Records confirmed that the service carried out regular fire drills. People had personal emergency evacuation plans (PEEPs) in place which gave guidance for staff and the emergency services on the support they would require evacuating from the service safely.
- Staff received first aid and fire awareness training so that they could support people safely in an emergency.
- Staff and external agencies, where necessary, carried out safety checks on the environment and equipment such as hoists and the safety of appliances.

Staffing and recruitment

- There were enough staff on duty to support people safely and in a timely manner. The registered manager carried out regular reviews of people's needs in order to determine staffing levels.
- Records showed that staffing levels were consistently maintained to meet the assessed needs of people.

- The provider carried out comprehensive background checks on staff before they started work. These included checks on their qualifications and experience, reviews of their employment history, references, criminal records, proof of identification and the right to work in the United Kingdom.

#### Using medicines safely

- The provider had a medicines policy and procedures which gave staff guidance on how to support people to manage their medicines safely.
- Staff supported people to take medicines. We observed staff providing people with appropriate support whilst administering medicines, for example by ensuring that they were positioned correctly and comfortably.
- Staff completed Medicines Administration Records (MAR) which were up to date and accurate. The numbers on the MARs when reviewed matched with the numbers of medicines in stock.
- The service had PRN (as required) medicine and topical medicine protocols in place for any medicines that people had been prescribed but did not need routinely. PRN protocols gave staff guidance on when they could give the medicines, the required dosage and how often the dose should be repeated to ensure these were given as required.
- Medicines were securely stored and were only accessible to trained staff whose competency to administer medicines had been assessed. Staff monitored fridge and room temperatures to ensure that medicines were stored within the safe temperature range.

#### Preventing and controlling infection

- Staff kept the premises clean and safe. They were aware of the provider's infection control procedures and followed these to ensure that people were protected from the spread of infection. Bedrooms and communal areas were kept clean and tidy.
- We observed Staff using personal protective equipment such as gloves, and aprons to prevent the spread of infection. Staff told us they washed their hands before and after any procedure. They used protective equipment like gloves and aprons when necessary and appropriately changed these to prevent transferring infection.

#### Learning lessons when things go wrong

- The service had a system to manage accidents and incidents and to reduce the likelihood of them happening again.
- Staff completed accident and incident records which were reviewed by the registered manager to improve safety and prevent reoccurrences. For example, when a one person tripped from a wheel chair, a multidisciplinary team meeting was held and 1:1 support was put in place, we noted that their risk assessment and care plan had subsequently been updated to include further guidance for staff on how best to support them.



# 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 has 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

- Staff carried out a pre-admission assessment of each person's needs to see if the service was suitable and to determine the level of support they required. This assessment included people's medical, physical and mental health needs; mobility, nutrition and social activities.
- Where appropriate, staff involved relatives in these assessments. Staff used this information as a basis for developing personalised care plans to meet each person's needs.

Staff support: induction, training, skills and experience

- The provider supported staff through training to ensure they had the appropriate knowledge and skills to meet people's needs. Staff told us they completed a comprehensive induction training when they first started work.
- People told us that staff provided care and support that met their needs. One relative told us, "I do think staff do a good job, the staff are attentive and look after my relatives' hygiene."
- Training records showed staff had completed mandatory training in areas including basic life support, food safety, health and safety, infection control, moving and handling, administration of medicines and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff told us they found the training programmes useful.
- Records showed the provider supported staff through regular supervision and yearly appraisals. Supervision included discussions about staff wellbeing and sickness absence, their roles and responsibilities, and their training and development plans. One member of staff told us, "We discuss my job, what I have learnt, and I get feedback that I am doing good. I have learnt how to communicate with people, for example, eye contact is very important when communicating to make them comfortable."
- Staff told us they felt supported and could approach their line manager, and the registered manager, at any time for support.

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

- Staff assessed people's nutritional needs and supported them to have a balanced diet.
- Staff recorded people's dietary needs in their care plan to ensure people received the right kind of diet in line with their preferences and needs.
- The service protected people from the risk of malnutrition and dehydration. We saw action had been taken where risks associated with nutrition had been identified. Staff ensured people were kept hydrated and juices and snacks were available and offered to people.
- People received appropriate support to eat and drink. For example, staff sought advice from speech and language therapist (SALT) about food and drink texture, correct positioning and the use of equipment. We

saw staff followed the guidance.

- We observed staff providing support to people who needed help to eat and drink and encouraging them to finish their meal.

Staff working with other agencies to provide consistent, effective, timely care

- The service had strong links and worked with local healthcare professionals including a GP surgery, district nurses, speech and language therapist and dietitian.

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

- The service met people's needs by suitable adaptation and design of the premises. People's rooms were decorated and personalised to their needs. The home also had adapted communal bathrooms to support people with limited mobility where required.
- People's bedrooms were personalised and were individual to each person.
- Access to the building was controlled to help ensure people's safety.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access healthcare services as and when required.
- GP regularly reviewed people's health needs. We saw the contact details for external healthcare professionals, specialist departments in the hospital and their GP in every person's care record.
- Staff completed health action plans for people and monitored their health and supported them to attend appointments.

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

The Mental Capacity Act 2005 (MCA) provides 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

- The registered manager was aware of MCA and DoLS and worked with the local authority to ensure the appropriate assessments were undertaken. Where applications under DoLS had been authorised, we found that the provider was complying with the conditions applied on the authorisations.
- Staff understood the importance of gaining people's consent before they supported them. For example, one member of staff told us, "I ask, if it is ok to support them to do specific things, for example supporting them in the shower/bath, I support them after they say yes."
- Records showed that people's mental capacity had been assessed relating to specific decisions about the support they received where staff suspected they may not have capacity to make the decision for themselves.

# 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 as good. At this inspection this key question has 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's care plans included details about their ethnicity, preferred faith and culture to ensure that staff could provide personalised care.
- Staff showed an understanding of equality and diversity. For example, one staff member told us, "Irrespective of different cultural backgrounds, I treat everyone with the same respect."
- Staff received training on equality and diversity and they worked to ensure people were not discriminated against any protected characteristics they had in line with the Equality Act 2010.

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

- Staff involved people and their relatives in the assessment, planning and review of their care.
- Staff respected people's choices and preferences. For example, staff ensured people's choices were respected, such as the clothes they wanted to wear, food and drink preferences, and what they wanted to do during the day.
- We saw staff addressed people by their preferred names or titles in line with the information in their care plan.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity, and their privacy was respected. One relative told us, "I am not here day in and day out but, I am confident that the staff treat my relative really well." Another relative said, "Staff treat [my relative] very well, I have nothing to be concerned about."
- People were supported to maintain their independence. We saw people with various mobility aids mobilising with staff support. Staff told us that they would encourage people to complete tasks for themselves as much as they were able to.
- People were supported to maintain and develop relationships with those close to them.
- We saw staff knocked on people's bedroom doors before entering and they kept people's information confidential.
- We noticed people's bedroom doors were closed when staff delivered personal care.
- People were well presented, and we saw examples of staff helping them to adjust clothing to maintain their dignity. Staff received training in maintaining people's privacy and dignity.

# 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 has 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

- Staff recognised people's need for stimulation and supported people to follow their interests and take part in activities.
- The provider arranged various activities daily. These included music, arts and crafts, massage, going out for lunch, day centre and meeting/visiting family. People responded positively to these activities.
- Staff completed care plans for every person, which described the person's likes, dislikes, life stories, career history, their interests and hobbies, family, and friends. Staff told us this background knowledge of the person was useful to them when interacting with people who used the service.
- Care plans were reviewed on a regular basis and reflective of people's current needs.
- Staff completed daily care records to show what support and care they provided to each person in line with the care and support planned for. Staff continued to monitor people's needs to ensure they were being met.
- Relatives told us there were no restrictions on visiting and that all were made welcome. We saw staff made visitors feel welcome and comfortable.

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.

- People's communication needs were assessed and identified in their care plans. Staff communicated with people in the way they understood. People had a hospital and a communication passport in a pictorial format, to guide staff and help people understand aspects of daily living.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and would do so if necessary. One relative told us, "I made a complaint, things were resolved right away."
- The provider had a policy and procedure for managing complaints and we saw this information was displayed in the communal areas to ensure people were aware of what they could expect if they made a complaint.
- The registered manager maintained a complaints log to identify any learning. Complaints had been responded to in line with the provider's complaints policy.

End of life care and support

- The provider had a policy and procedure to provide end-of-life support to people. The registered manager

was aware what to do if someone required end-of life care.

- There was nobody receiving end of life care at the time of the inspection, but we saw the service had prepared end life care plans to ensure people's preferences and wishes as well as their full range of care needs were met.

# 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 has 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

- People and their relatives told us the service was well managed, and the care and support was meeting their needs. One person told us, "It's alright" Another person said, "Nice." One relative commented, "Very good presently." Another relative said, "From what I have seen when I visit they [staff] are doing a good job. My relative is always smiling and seems happy, overall care at this time is good."
- The service had a positive culture, where people and staff told us they felt the provider cared about their opinions and included them in decisions.

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

- The service had a registered manager in post. They had detailed knowledge about people living at the home and made sure they kept staff updated about any changes to people's needs.
- We saw the registered manager interact with staff in a positive and supportive manner.
- Staff described the leadership at the service positively. One member of staff told us, "Manager is doing great, anytime I need help they attend to me." Another member of staff said, "Manager is ok, I have been supported to do training."
- The service had an effective system and process to assess and monitor the quality of the care people received. This included checks and audits covering areas such as staff observations, medicines audits, health and safety checks, house maintenance, care planning and risk assessments, food and nutrition, infection control and night visits by the management team.
- As a result of these checks and audits the provider made improvements. For example, people had appropriate mobility equipment, care plans and risk management plans were updated when people's needs changed.

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

- The provider sought people's views through the use of satisfaction surveys. We found the responses were good. One relative told us, "I've been involved in my relative's care."
- The manager held meetings with staff where staff shared learning and good practice, so they understood what was expected of them at all levels. This included details of any changes in people's needs, guidance to staff about the day to day management of the service and discussions about co-ordinating with health and social care professionals.

- Staff also discussed the changes to people's needs during the daily shift handover meeting to ensure continuity of care.

#### Continuous learning and improving care

- The registered manager encouraged and empowered people and their relatives to be involved in service improvements through periodic meetings.
- We observed that people, relatives and staff were comfortable approaching the registered manager and the acting manager and their conversations were friendly and open.

#### Working in partnership with others

- The provider had worked effectively in partnership with a range of professionals. For example, they worked with dietitians, GPs, SALTs, hospital staff, and commissioners. Records we saw confirmed this.

#### 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

- There was a duty of candour policy and the registered manager understood their responsibility under this regulation. Staff were encouraged to report all accidents incidents or near misses and to be open and honest if something went wrong.