

Charnley House Limited

Charnley House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Charnley House is a residential care home providing personal care to up to 40 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 35 people using the service. The home provided care to people across three floors, accessible via a passenger lift and stairs. People have their own bedrooms and can access communal areas including adapted bathrooms, communal lounges and dining areas.

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

Measures to ensure people received their medicines safely were not always in place. We noted areas for improvement regarding manual handling and these were immediately addressed. People had individual risk assessments to guide staff on how to support them. Environmental risk assessments were not readily available to guide staff and we have made a recommendation about this. Recruitment checks were being completed but record keeping was not always robust and we have made a recommendation about this. Staff were very busy but feedback was that generally there were enough staff. We have made a recommendation about the assessment of individual and staff dependency assessments.

Systems for checks and improving the quality of the service had not been consistently completed in the absence of the registered manager which had meant timely action had not always been taken. The registered manager was committed to improving the service and working on an action plan. People, relatives and staff generally spoke positively about the service and felt able to give feedback.

People's needs were assessed and staff knew people well and would seek health care input when this was needed. People were supported to have 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. Kitchen staff understood people's nutritional needs and how to meet these and people appeared to enjoy their meals. Work to improve the premises was ongoing and we have made a recommendation about this.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 February 2021). The service remains rated requires improvement. This service has been rated requires improvement for two consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

We received concerns in relation to a safeguarding investigation around how people were being cared for. As a result, we undertook a focused inspection to review the key questions of safe, effective 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 requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Charnley House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the safe management of people's medicine and the systems for oversight and governance checks at the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Charnley 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 was carried by one inspector and one medicine inspector.

Service and service type

Charnley 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. Charnley 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced on the first day of inspection.

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 sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used information gathered as part of a monitoring activity that took place on 22 February 2022 to help plan the inspection and inform our judgements. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We used all this information to plan our inspection

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with five relatives to gain their views on how their family members were supported at Charney House during our site visit. We spoke with 13 members of staff including the registered manager, senior care workers, care workers, auxiliary workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with a visiting professional about their views of the service. We observed how people were being supported during the day and walked around the service to ensure it was clean and a safe place for people to live.

We reviewed a range of records. This included three people's care records and a variety of records relating to the management of the service, including policies and procedures.

We watched people being given their morning medicines. We looked at medicine records, including eleven people's medicine charts. We also looked at the medicine policy and the manager's recent medicine audit.

After the inspection

We received additional information provided by the service including information that had not been available on the days of site visit.

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 requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection we found the provider did not have Systems in place to ensure people received their medicines, including thickeners, as prescribed putting people at increased risk of harm. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- During the inspection we saw staff sign the medication administration record (MAR) after observing a person take their medicine. However, we found that some staff had signed MARs without giving a medicine thus falsifying records.
- Medicines were not always given at the right time intervals.
- Records were not in place to ensure that people's skin was cared for properly.
- Medicines were not stored safely.
- Records of medicines leaving the home were incomplete.
- Guidelines for staff about the administration of medicines prescribed 'when required' for pain relief (PRN protocols) were good and up to date. However, PRN protocols were not in place for all 'when required' medicines.

Systems to ensure medicines were effectively managed were not always sufficiently robust. This placed people at risk of harm. This was a continued breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They took steps to ensure medicines were securely stored and develop more robust records for the management of medicines.

Assessing risk, safety monitoring and management

- The service was using an electronic care planning system and people's needs and risks were being assessed and reviewed by staff regularly.
- We observed areas for improvement regarding how people were supported with their moving and handling needs and discussed these further with the registered manager. The registered manager took immediate action to ensure people who may require a flexible moving and handling plan were reassessed and that lap belts were being used when moving people in wheelchairs as needed.

- Equipment was being serviced and maintained as needed including moving and handling, and fire protection equipment.
- Environmental risk assessments were not readily available during the inspection and were provided following the site visits. This meant that staff did not have access to the guidance they may need to reduce risk.

We recommend the provider review the access arrangements for risk assessments and ensure that all aspects of potential risk identified are assessed, with measures to reduce risk implemented as much as possible.

Staffing and recruitment

- People, families and staff generally told us they felt there was enough staff. We observed staff were very busy but responded to requests for support and call bells quickly. We observed some instances where people living at the home became distressed or unsettled but staff were not available to provide assistance. We discussed this further with the registered manager as people's assessed dependency levels did not always reflect the needs we observed on the day.

We recommend the provider review people's levels of dependency and staff dependency tool to ensure sufficient staff are available and deployed across the home to meet people's needs.

- Systems to make safer recruitment decisions were being followed. Disclosure and Barring Service (DBS) checks were being completed which provide information including details about convictions and cautions held on the Police National Computer. However gaps in employment were not always explored; the relationship of people providing personal references was not always documented and it was not always clear that original documentation such as proof of identity had been seen.

We recommend the provider review systems to ensure robust processes for reference collection, interviewing and the review of recruitment related documentation.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt the service was safe. One person said, "I feel safer here than I did at home." A relative told us, "We feel [family member] is safe. They look after everyone well."
- Staff had completed recent training regarding their responsibilities to safeguard people. Staff told us they felt confident to raise concerns with the registered manager and there were policies to underpin this.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

Visiting in care homes

The service was supporting visits to the home through an appointment system. The guidance in place at the

time of inspection was being followed. Visitors and relatives told us they felt that visiting arrangements were being managed as safely as possible.

Learning lessons when things go wrong

- The registered manager was responsive to feedback and suggestions and committed to improving people's experiences of living in the home.
- Systems were in place to analyse accidents and incidents. However, in the absence of the registered manager, this had not always happened meaning that there was a potential that action was delayed. This is discussed further in the well led section of this report.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and care plans developed based on these assessed needs. Care plans and risk assessments were available for staff and staff had a good understanding of these assessed needs. Work was ongoing to improve and personalise care records and we will review this at our next full inspection.

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

- The service had a plan for redecoration across the home. We noted some improvements had been completed since our last inspection but there were still a number of areas outstanding. We discussed with the registered manager some areas for immediate action including the fitting of radiator covers in some areas. Some people expressed that they wanted to go outside and the registered manager was looking at ways to create a safe and secure outside area for people. We will review these actions and plan for improving the environment at our next inspection.
- The layout of communal areas did not always best meet the needs of the people living at Charnley House. For example, there was one large communal dining room which felt cluttered and very busy at mealtimes, and a large communal lounge where chairs were set out in lines, which may have contributed to some of the negative interactions between people which we observed on the first day of inspection. We discussed this with the registered manager who told us they would review arrangements and look at alternative options with input from people and staff. We will review this at our next inspection.
- People were supported to personalise their bedrooms and there were plans to improve the facilities to ensure adapted and accessible bathrooms and toilets. Some signage was in place to support people, particularly those living with dementia, to find their way around the home.

We recommend the provider review best practice guidance to ensure the programme of redecoration meets the needs of the people living at the home, including people living with dementia.

Staff support: induction, training, skills and experience

- Staff felt supported and told us they had the training they needed to undertake their role. One staff member told us, "We get a lot of training. It's all relevant and most of it's on the computer." At the time of the inspection two training matrix were in use and we requested the registered manager review these to ensure staff had completed all the relevant mandatory training and take any action that may be needed.
- Staff told us the programme for induction was suitable. One staff member told us, "I got to do all the relevant training and read the policies and procedures. I then did some shadow shifts and got the opportunity to get to know people and understand their needs."

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

- Staff understood people's eating and drinking needs. The kitchen staff were aware of who required specific diets and how to meet these needs. There had been a recent concern about the provision for people who required a modified diet which we discussed further with the registered manager. Appropriate action had been taken subsequently to ensure people had appropriate assessments by the speech and language therapy team.
- People had nutritional care plans in place which told staff how to support people. Information about food preferences was not always very detailed, but the cook knew what people liked and disliked. People at risk of weight loss received fortified meals and supplements as needed and dietician input was sought.

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

- Staff worked closely with health care professionals to ensure people received the care and support they needed. We spoke with one visiting professional who spoke positively about the service and said, "The staff have a good knowledge of people."
- Staff maintained records of health care input and documented the advice given. Relatives told us the service would arrange for health care services to visit when needed and one relative told us. "They will arrange for my [family member] to see the GP when needed. They are pretty good and keep us informed."

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager had made DoLS applications for people who lacked capacity and were subject to restrictions. Some of these were still awaiting assessment from the placing local authority. The registered manager was aware of the importance of following these up, particularly for those who were expressing a wish to leave the service and was taking the necessary action.
- Staff completed decision specific capacity assessment and best interest decisions where people lacked capacity around areas such as the administration of medication and receiving care and treatment.
- Training around mental capacity and DoLS was part of the mandatory training for staff. We observed staff obtain consent before supporting people during the inspection.

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 requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance checks were in place and identified some of the shortfalls we identified during the inspection. However, they were not robust enough to have identified other areas of shortfall and did not always lead to timely action being taken. For example, shortfalls in the storage of medicine had been identified by senior carers a month prior to the inspection but had not been remedied until after our initial site visit.
- Systems to ensure important oversight in areas such as the analysis of accidents and incidents were not effective in the absence of the registered manager.
- Risk assessments, such as the use of equipment in the kitchen and laundry, to guide staff were not accessible to staff and the registered manager was not able to find these on the day of inspection. The provider did not have robust systems to ensure the provider information return (PIR) was completed as requested and notifications about safeguarding events had not always been submitted in a timely way when the registered manager had not been present.

Systems to ensure effective oversight and drive improvement across the home were either not effectively implemented or sufficiently robust to identify shortfalls. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had taken action to address where areas for oversight had been missed in their absence and had completed analysis of all accidents and incidents since their return to work.

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

- Meetings had been held with staff and people living at the home to discuss plans for the home. These had not been held consistently and the registered manager told us they intended to arrange more meetings.
- The registered manager told us that they had not completed any formal systems for feedback such as surveys during the pandemic. Staff maintained a detailed record of feedback from people and took steps to address any concerns people had.

Promoting a positive culture that is person-centered, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The registered manager had an action plan and was making progress on this. The quality monitoring manager was completing checks to enable further quality checks. The registered manager and staff team were responsive to feedback and took immediate action to address any issues raised.
- Staff and relatives gave positive feedback about how the service had developed and improved. One staff member said, "I've seen lots of improvements here; the environment and food are better. Training is good and I feel well supported." A relative told us, "I feel able to raise concerns, staff are good, and things are looking better now, more up to date and clean."

How the provider understands and acts on the duty of candor, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirements of duty of candor. Accidents, incidents, and complaints were investigated. Responses, and an apology, were given when needed.

Working in partnership with others

- The provider and registered manager worked with the local authority to look at areas where the home could improve.
- Staff worked closely with other professionals and services to meet people's needs. Staff told us they felt able to provide feedback and felt that they were listened to by the registered manager.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems to ensure medicines were effectively managed were not always sufficiently robust. 12 (2) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to ensure effective oversight and drive improvement across the home were either not effectively implemented or sufficiently robust to identify shortfalls. 17 (1)