

Charnley House Limited

Charnley House

Inspection report

Albert Road
Hyde
Cheshire
SK14 1DH

Tel: 01613684664

Website: www.charnleyhouse.co.uk

Date of inspection visit:

21 February 2023

22 February 2023

Date of publication:

10 March 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Charnley House is a residential care home providing accommodation and personal care for up to a maximum of 40 people. The service specialises in providing care for older people and people living with dementia. There were 38 people living in the home at the time of the inspection.

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

We recommended the provider make some improvements to ensure people living in the home are fully engaged with the service and the policies and procedures are strengthened in relation to the submission of statutory notifications.

People told us they felt safe living in the home, and they were mostly happy with the service provided. Staff understood how to protect people from harm or discrimination and had access to safeguarding adults' procedures. There were sufficient numbers of staff deployed to meet people's needs and help ensure their safety. The provider had an appropriate procedure for the recruitment of new staff. Individual risks had been assessed and recorded as part of people's care plans. The registered manager agreed to review the environmental risk assessments. There were appropriate arrangements for routine repairs and maintenance. The provider had an improvement plan for the premises and work was ongoing at the time of the inspection. People's medicines were managed safely. The registered manager explained there were plans to improve the storage of medicines.

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

The management team carried out a series of audits to check and monitor the quality of the service. This included a detailed analysis of accidents and incidents. The registered manager had made appropriate referrals to the local authority in line with safeguarding adults processes.

People living in the home had limited opportunities to engage in the service. People had not been invited to complete a satisfaction survey during 2022 and the minutes of the last residents' meeting were dated November 2022. We made a recommendation about ensuring people's active participation in the development of the service.

Following the inspection, the registered manager sent us a detailed action plan to address the issues found at the inspection.

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

Rating at the last inspection

The last rating for this service was requires improvement (published 29 April 2022).

Why we inspected

We carried out an unannounced focused inspection of this service on 31 March 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the management of medicines and the governance systems. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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 changed from requires improvement to good. This is based on the findings at this inspection.

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.

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.

Recommendations

We made recommendations about the people's engagement in the service and the policies and procedures in relation to the submission of statutory notifications.

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.

Is the service safe?

The service was safe.

Details are in our safe 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

An inspector and an expert by experience undertook the inspection on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. An inspector visited the service on the second day.

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.

What we did before the inspection

We reviewed information, we had received about the service, such as notifications. These are events that happen in the service that the provider is required to tell us about. We also sought feedback from the local authority.

The provider completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed how staff provided support for people to help us better understand their experiences of the care they received. We spoke with 6 people living in the home, 5 visitors, 4 members of care staff, the laundry assistant, the activities coordinator, the deputy manager and the registered manager. We also spoke with 2 visiting healthcare professionals.

We had a tour of the building with the manager and reviewed a range of records. This included 2 people's care documentation, 2 staff files and 10 people's medicines records. We also reviewed a range of records relating to the management of the service as well as policies and procedures.

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 requires improvement. At this inspection, the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection, the provider had failed to manage medicines safely. This was a breach of regulation 12 (g) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection, and the provider was no longer in breach of regulation 12.

- People told us they were satisfied with the way the staff managed their medicines.
- The staff maintained appropriate records for the receipt, administration and disposal of medicines. There were written protocols to guide staff on the administration of medicines prescribed 'as and when' required.
- Staff were suitably trained to administer medicines and checks on their practice had been carried out.
- Medicines were stored securely. The registered manager explained there were plans to develop a dedicated medicines room. This will help to improve the storage and organisation of medicines.

Assessing risk, safety monitoring and management

At our last inspection, we recommended the provider ensure all aspects of potential risk were identified and assessed. The provider had made some improvements.

- The provider had systems to assess and manage risks to people's health and safety. Risk management strategies were included in people's electronic care plans and there was guidance for staff to follow to support people safely.
- The registered manager had carried out environmental risk assessments, however some had not been reviewed since 2021. The registered manager agreed to review the assessments and consider any new risks.
- The provider had arrangements for routine repairs and maintenance of the premises. The safety certificates pertaining to installations and equipment were complete and up to date. The provider had an improvement plan for the premises and work was ongoing during the inspection.

Following the inspection, the registered manager sent us an action plan which stated work on the environment was ongoing. This included refurbishment of the bathrooms. They also intended to add more soft furnishings, ornaments and pictures which had been removed during the pandemic and improve ways the bedding was presented and managed.

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.

Following the inspection, the registered manager sent us an action plan which stated a section will be added to people's care plans to provide information about any DoLS applications or authorizations, any conditions and the least restrictive options of care.

Staffing and recruitment

At the last inspection, we recommended the provider carried out a review of people's levels of dependency to ensure sufficient staff were available and deployed across the home to meet people's needs. The provider had made improvements.

- The registered manager had completed dependency assessment tool on a regular basis to monitor the staffing levels.
- There were sufficient staff deployed in the home at the time of the inspection.

At the last inspection, we recommended the provider improve the recruitment processes. The provider had made some improvements.

- There were suitable arrangements for the recruitment of new staff. We found there was a minor shortfall in the one staff member's records. The registered manager agreed to carry out an audit of all staff files.

Following the inspection, the registered manager sent us an action plan to assure us the recruitment process would be further updated.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had systems and processes to safeguard people from abuse. Staff had completed training and were aware of the reporting procedures.
- People told us they felt safe in the home. One person told us, "The staff are good I know I am safer living here."
- The registered manager and staff had maintained a record of accidents and incidents and made referrals, as appropriate to other organisations and professionals.
- The management team had carried out a detailed analysis of the accident and incident data on a weekly and monthly basis to identify any patterns or trends. Any learning had been discussed with the staff team both at group and individual meetings.

How well are people protected by the prevention and control of infection?

- We conducted a tour of the building, observed staff practices and discussed the infection prevention control arrangements with the manager.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. However, whilst the home had a satisfactory standard of cleanliness, we noted there were odours in several areas of the home. This issue was addressed during the inspection.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visitors and maintain contact with their friends and families in line with government guidance. We observed visitors talking with people in the home 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, this key question was rated as requires improvement. At this inspection, the rating 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.

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

- People were not always provided with opportunities to be engaged and involved in the operation of the service.
- Whilst people were consulted about daily aspects of their care, there were limited opportunities for them to express their views on the service. People had not been invited to complete a satisfaction survey during 2022 and the last residents' meeting was held in November 2022.
- People were not aware of their care plan and some people raised issues about communication in the home, and the lack of suitable activities.

We recommend the provider seeks best practice guidance to ensure people are actively engaged in the operation and development of the service.

The activity co-ordinator took immediate action during the inspection to consult people about their preferred activities. Following the inspection, the registered manager sent us an action plan which stated all people, their relatives, staff and visiting professionals will be invited to participate in a satisfaction survey.

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

- The registered manager understood her responsibility under the duty of candour.
- The registered manager had made appropriate referrals to the local authority in line with safeguarding vulnerable adults. However, the registered manager had not always submitted statutory notifications to the Care Quality Commission.

We recommend the provider strengthens their policies and procedures in respect to the submission of statutory notifications.

The registered manager submitted the notifications immediately after the inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, the provider's quality assurance processes were not always effective. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection, and the provider was no longer in breach of regulation 12.

- The registered manager and staff had a clear understanding of their roles and contributions to service delivery.
- The registered manager had established systems to monitor the standard and quality of the service. The audits covered all aspects of the service. We saw action plans were drawn up to address any shortfalls.
- The provider's representative visited the home and we saw a sample of provider oversight reports.
- Staff had mixed views on the management of the service, however, the majority confirmed the registered manager was approachable and supportive.
- The registered manager utilised staff and handover meetings to ensure continuous learning and improvements took place.

Following the inspection, the registered manager sent us an action plan in response to the inspection findings. This set out their intended actions to further improve the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The registered manager and staff were committed to delivering a person-centred service which achieved positive outcomes for people. They were knowledgeable about people's needs and preferences.
- The registered manager and deputy manager promoted a positive open culture. They worked alongside care staff as necessary, which meant they had a good understanding of people's needs.
- The registered manager and staff respected people's rights and encouraged people to make choices about their daily care and support. Risks to people's health and well-being were assessed and kept under review; care records reflected people's choices and preferences.
- The registered manager and staff worked in partnership with other professionals and external agencies to learn and share knowledge and information which promoted the development of the service. We spoke with 2 health care professionals during the inspection, who provided us with positive feedback about the service.