

Charlton Care Limited

Charlton Kings Care Home

Inspection report

Moorend Road
Cheltenham
Gloucestershire
GL53 9AX

Tel: 01242 521 812

Website: www.Charltonkingscarehome

Date of inspection visit: To Be Confirmed

Date of publication: 04/12/2015

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 

Overall summary

Charlton Kings care home is owned by Charlton Care Limited. It is situated in the town of Cheltenham and offers accommodation for up to 36 older men and women. The service is a care home without nursing and provides accommodation for people who require personal care. There were 24 people who used the service at the time of the inspection. The previous inspections of April 2013 show the standards were not met. These standards included; consent to care and

treatment, cleanliness and infection control, supporting workers and records. A follow up inspections which took place in July and September 2013 showed the standards were met.

The registered and deputy manager were present at the time of the inspection. They will be referred throughout this report as the management team. There was a registered manager in post at the service. A registered manager is a person who has been registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of

Summary of findings

the law; as does the provider. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us if there were any concerns they could speak to the care staff and the registered manager who were always available. People's concerns were promptly actioned which were used as an opportunity to enhance the provision of care. People spoke positively about the service and were encouraged to provide feedback about the care they received. People had access to a range of activities which prevented social isolation and promoted an active life where people could enjoy their time at Charlton Kings care home.

The service had a good management and leadership team. Relatives were involved in their family members care and the enthusiasm of the care staff was observed

throughout our inspection visits. People's care and welfare needs were regularly monitored with the assistance of the local GP and the multi professional agencies. The provider had robust systems in place to assess and monitor the quality of the service to ensure people received consistent standards of care which enhanced people's quality of life.

Staff told us there was an open culture and the environment was an enjoyable place to work. People felt management had their best interests at heart and they were integral to the process of providing effective care to people. Family members and friends said the management was approachable and transparent. Staff said management was supportive and open to their development of skill and knowledge. For example, there was regular training for staff to enhance their competence in their caring role.

Summary of findings

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:

The provider had in place effective procedures to ensure concerns about people's safety were appropriately addressed. Staff could describe clearly, recognise, record and report suspected abuse.

There was adequate staff on duty and people had built up trusting relationships. The staff rota showed there were sufficient staff on duty to meet people's assessed needs. The registered manager followed robust recruitment and selection practices and procedures. This ensured potential employees selected were of good character had the qualifications, skills knowledge and experience necessary to carry out their role.

People's medicines were safely managed and the practice and procedures followed maintained minimal risk for error. A medicine round was observed and found to be safe. There were clear policies and procedures in the safe handling and administration of medicines. People's medicines were safely stored and their medicines were given as per prescription. People were supported to take their medicine safely and according to their wishes.

Good



Is the service effective?

The service was effective:

Senior staff were confident in their role and felt they had the knowledge to support people's needs which enriched people's quality of life. People confirmed their needs and preferences were respected by staff which followed good practice guidelines.

People were supported by a staff team who were carefully chosen to provide care treatment and support to people with changing needs. Their care plans showed people were encouraged to maintain their independence.

Good



Is the service caring?

This service was caring

People were treated with kindness and compassion in their day to day care. We saw people were given the choice when accepting visitors. Visiting was flexible and people had the choice and in some instances support to make their own decision with flexible visiting time. One person told us, "I choose when I wish to see my visitor".

Residents said that their relatives and friends are able to visit without undue restriction.

People received care and support from staff who knew and understood their history; likes, preferences, needs, hopes and goals. The relationships between staff and people receiving support consistently demonstrated dignity and respect at all times.

Staff knew how to respond, understand each person's diverse, cultural, gender and spiritual needs in a caring and compassionate way. For example, staff provided care in a personalised and individualised manner, people spoke positively about the person centred care they received.

Good



Summary of findings

Is the service responsive?

The service was responsive:

People were able to discuss how they maintained hobbies and interests. A variety of activities were available, hobbies and interests for people to take part whenever they wished.

During our visits, afternoon activities were taking place there were weekly programme available to inform people of hobbies.

The people were keen to engage and were guided in the task gently by the care worker who evidenced good communication skills and supported people with patience and maintained their dignity at all times.

Good



Is the service well-led?

The service was well led:

The management team were approachable and the culture was transparent. The providers had a long established career in care and were supported by a reliable team of staff with varying skills and experiences.

The service had a warm and welcoming atmosphere; there were plans to update and renovates parts of the property to make change to support a residential care environment. A respite unit is being designed to support friends and families nearing the end of life. People had added personal touches to their rooms and their pride in their surroundings was apparent. People were confident and open and responsive in their feedback. Families and friends spoke positively about the staff and the management team.

Regular audits took place and people were given the opportunity to provide feedback on the care, support, treatment they received within the service. Relatives were involved in the care, planning and feedback for their significant others.

There were effective monitoring systems in place to measure and test out the quality of care, make continual enhancements to the service and the premises. There was an open door culture and up to date policies and procedures to maintain people's safety and welfare.

Good



Charlton Kings Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 and 17 February 2015 and was unannounced. The inspection was carried out by an inspector from the Adult Social Care (ASC) directorate and an Expert by Experience (Ex by Ex). An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, their area of expertise was older people and dementia care.

Prior to the inspection we looked at the information we had about the service. This information included the

statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR) before the inspection. The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make which would be of benefit to people who used the service.

At the time of the inspection we talked with the entire residential community; this is all the people who used the service and included; their relatives, friends and other visitors. We interviewed members of staff which included the management team and the care workers; 6 care records were pathway tracked, we looked at 4 staff recruitment files and training records, staff duty rotas and a selection of policies and procedures relating to the daily operations of the service.

Is the service safe?

Our findings

People said they felt safe in their environment. The provider had obtained advice from other agencies which they implemented to enhance peoples safety. The provider has a safeguarding policy which provides guidelines for the staff to follow. The service had a policy which admits people as an emergency and who could be fleeing from personal difficulties within their own home. For example, people who had been admitted into the service as an emergency from home as a result of personal vulnerability were made safe. The provider worked with other agencies to maintain people's safety whilst in their care. People were encouraged to take control of their rights to live in a safe environment. People told us they have the choice to accept or decline their visitors. People told us there were quiet rooms to receive visitors if they wish. Another person told us, "I have no worries about my spouse they are safe here".

The provider had in place effective procedures to ensure concerns about people's safety were appropriately addressed. The pre-inspection information pack showed the service was reporting its safeguarding to the relevant agencies. Staff could describe clearly, recognise, record and report alleged abuse. Staff training records in safeguarding confirmed regular guidance had been received. Staff said, they had learnt a lot from their safeguard training which helped to keep people safe. One member of staff told us, "Its great here we get everything we need". Another member of staff said, "The training is so good we learn so much". The registered manager provided us with a brief training demonstration which was found to be both stimulating and thorough addressing staff needs to enhance and maintain their knowledge and skill.

People said that they felt safe in Charlton Kings Care Home. They said staff assisted them when necessary and explained any hazards whilst providing assistance. One person told us, "I feel very safe here. Security is good and staff will look after us when we move around the building; we use the lift when we go downstairs".

The environment was spacious and there were clear walkways which enabled people who utilised walking aids could move around easily. Residents had access to all parts of the home and staff were aware and attentive to those known to be in need of assistance or at risk of falling.

There were adequate staffing on duty and people had built up trusting relationships. The staff rota showed there were sufficient staff on duty to meet people's assessed needs. We looked at the staff rota spanning over 4 weeks and what people had told us confirmed the service to be sufficiently staffed to meet people's needs.

People told us, "They're always able to interact with residents, even passing in corridors; they always find something to say to residents. I'm always amazed how good they are, there are quite a few 'old faithful [long-standing staff] which always a good sign". People continued to say, "I find the staff very helpful, they have of a lot of staff, they're not short of staff" The staff carried out their role in a calm and unhurried manner and this was seen throughout the inspection visits. One member of staff told us they "Feel safe when on duty".

The registered manager followed robust recruitment and selection practices and procedures. This ensured potential employees selected were of good character, had the qualifications, skills knowledge and experience necessary to carry out their role. The staff spoke favourably about working in Charlton King care home. A new member of staff explained the recruitment practices and the staff files confirmed thorough procedures had been followed.

People's medicines were safely managed and the practice and procedures followed maintained minimal risk for error. A medicine round was observed and found to be safe. People medicines were safely stored and their medicines were given as prescribed. People were supported to take their medicine safely and according to their wishes. One person liked to take their medicines with squash. Another person liked to take their medicine with water. The medicine charts showed peoples medicines were given at the right time and no omissions of staff signatures were seen. There were clear policies and procedures in the safe handling and administration of medicines. Medication administration records demonstrated people's medicines were being managed safely. There had been no errors involving medicines in the last 12 months.

Arrangements were in place to ensure people were protected from cross infection. The premises were found to be clean peoples rooms were tidy. The entire building was odour free. There was effective infection control practices were followed throughout the home. The staff followed strict hand washing procedures and wore personal protection equipment (PPE) when care was provided. The

Is the service safe?

fixtures and fittings of the home were clean. There were cleaning schedules for the staff to maintain the high standard of infection control throughout the service. The laundry room had a clear decontamination process which included the management of clean and dirty laundry. There were redecorating plans to redesign the laundry area to improve the area on the lower ground of the property. The kitchen area was awarded a four stars from the Food Standards Agency. This award shows the home was found to have good hygiene standards in the preparation of food.

The premises were maintained to ensure people, their relatives and visitors were safe. The equipment was checked for any defects. The carpets and floor covering were clean.

Family members were flattering with their praise and felt their loved one were protected and secure.

One relative said, "Mum thrived in the homely atmosphere". Another relative told us, "I feel so much better when I know my family member is happy and settled they are enjoying life in a safe and environment".

Is the service effective?

Our findings

People had their needs assessed before they moved into the service, these assessments were recorded. The registered manager took into consideration people's preferences and choices. One member of staff told us, "The family sometimes give us hints and tips in communicating with people". People and their relatives were given sufficient information describing the provision of care the service had to offer. There were daily staff handover where staff shared information related to people's changing needs. This enabled people's needs to be consistently and precisely met by staff; to ensure people received support in the manner they preferred.

During a tour of the premises we saw the bedrooms were of single or double occupancy where couples wishes could be accommodated. The bedrooms were individually decorated with pleasant colour schemes and were individually styled. Access to hospital type beds and equipment was arranged based on people's assessment of need. People were encouraged to bring their own personal items to personalise their rooms.

Staff had been trained in the principles and practice with regard to the Mental Capacity Act (MCA) 2005. The Alzheimer's society offered this definition of the Mental Capacity Act 2005 which is a law that protects and supports people who do not have the ability to make decisions for themselves. This could be due to a learning disability, or a mental health problem or condition such as dementia. Staff understood their obligations to respect people's choice and decisions. Staff were able to demonstrate their responsibility to respect people's choices and decisions. Deprivation of Liberty Safeguards (DoLS) ensured people were given the care they needed in the least restrictive manner and according to their needs and preferences. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005 suggests the Alzheimer's society. The act aims to make sure people residential care, hospitals and supported living are looked after in a way which does not inappropriately restrict their freedom. For example, people living at Charlton Kings care home were independent and supported to walk around the home freely. The environment was designed in such a way people had the opportunity to choose where they wished to go and the staff were readily available to meet people needs.

The provider's information return stated a registered manager was not in place. During the inspection the manager has received confirmation their application was successful. The service has a number of long standing staff who had been employed at the service on average for 4 years. They spoke positively about their role and knew the people well. The staff team were suitably trained and qualified with National Vocational qualifications in health and social care (NVQ) levels 3 and 4. Staff told us the registered manager was supportive with their development which enhanced their skill and knowledge.

People were supported with their medical and clinical needs. Residents said their needs were met by staff that performed their roles well. Residents said, "They check on me before I go to sleep".

Mealtimes were relaxed and sociable occasions, with the day's menu available on a notice board. The refurbished dining room was clean and fresh. The food was home cooked and people's choice were clear to both the kitchen staff and the staff team.

People commented, the food was of good quality, served at the right temperature and a choice was always available. People confirmed there were always alternative choices of menu on offer. One person said, "Fresh cooking, on the premises just like a 5 star hotel, with three courses menu available". Another person told us, "The menu comes around the day before, there are two options to choose from and puddings éclairs, there's plenty of choice of sandwiches whenever we want". "So far, very good quite a good choice, no complaints". One person said, "Lunch is getting better it came as a lump before but now we have nice fresh vegetables and there's enough." Another person said, "The meal look very nice and today's lunch smells good".

One person told us what they had ordered for lunch and their choice was respected. People were complimentary with their praise of mealtimes and the choice available. Food was served appropriately and at a suitable temperature. We saw that when people required assistance such as help with cutting their food, this was done discreetly and with dignity. One person said, "I enjoy every meal". Another person told us, "Everything is fresh and homemade; I especially like the afternoon tea cakes". People felt general satisfaction regarding food; the nutrition provided was sufficient for their needs. Peoples

Is the service effective?

nutritional needs were confirmed when we looked at peoples menus, nutrients and we observed the portions people received during mealtimes. One person told us, “I get more than enough to eat”.

Staff told us they had received training which was of good quality, informative and rewarding. These included first aid, safeguarding, dementia, end of life care. One member of staff told us, “I am happy it is to be working here, there have been improvements”. The staff files contained, completed training and the certificates confirmed training had taken place. One member of staff said, “Training is supported by practical and theory with real life examples”. The registered manager encouraged and promoted good practice by developing the skill and knowledge of the staff to provide consistent care to people with the service. The training schedule showed recently planned and future training for the staff and new employees.

Staff received regular supervision and appraisal which provided staff with formal support with their development of skill and knowledge. This was to ensure people continued to receive high standards of care from staff that were well trained and supported by senior staff that cared and assisted the care staff to perform well within their role. One member of staff told us, “This is the nicest place I have worked, I feel supported and the care is excellent”.

One person told us, “It’s lovely very I’m very lucky to be here”. One person said, “Senior staff were confident in their role and felt they had the knowledge to support residents”. People knew who they could go to and often called staff by name if assistance was required.

Is the service caring?

Our findings

People felt cared for and supported in their choices. One person said, “If you want something late at night they [the staff] get it for you”. Another person said, “I don’t think you will find a better place they [staff] are always ready to talk with you”. One person commented, “I have my newspaper delivered daily”. Another person told us, “[Staff] are so kind I get up when I want to”. The comments obtained from people and their relatives confirmed the service was caring and that positive relationships between people and the care staff had been formed.

People’s care plans showed their welfare needs were met in a respectful and dignified manner. For example, people’s individualised needs were actioned and met. One person likes to have their daily newspaper delivered to the home. The staff team were seen to value people’s wellbeing and paid attention to their needs. This was seen throughout the inspection visits. People were greeted by their preferred name and were met with compassion.

Staff were seen to be caring and gentle, speaking to people with affection and respect. Staff responded to each person’s needs taking into account any cultural, spiritual and gender requirements in a caring manner. The staff knew the people well and demonstrated they knew the majority of their individual preferences and choices. Examples were seen during the lunch time meal and at the time of the medication round.

Staffs communicated effectively and were respectful in their manner, they demonstrated understanding by using open ended questions and waiting for answers, stimulating conversation and encouraging the person to lead the conversation. One member of staff had written in their survey, “It is important to be kind to the residents and have patience and treat people with respect”.

One relative said, “The manager always keeps me informed and will contact me by email which is great”. The manager showed us the correspondence between relative friends and families.

Relatives and friends were welcomed into the homely atmosphere and a clear communication pathway has been maintained between the management, staff team and between friends and relatives.

One person said, “I can ask staff anything”. A relative told us, “I am always made to feel welcome, whatever time I arrive”, People felt cared for and supported in their choices. One relative told us, “The manager always makes time to answer questions, even though they must be busy”. Another relative commented. “Mum is involved in every aspect of her care; it couldn’t be any other way”. A friend told us, “It is always welcoming here”. A relative said, “I have always seen kindness and caring”.

People felt cared for and supported in their choices. One person said, “I love the girls, they always come to ask me about my day”. Another person said, “They [care staff] are good company”. One person commented, “They [care staff] are a smiley bunch and I can ask for anything”. Another person told us, “I look forward to care staff coming on duty”. One person said, “They always check that I am OK “. Another person said, “I think [care staff] loves their job, they are always good natured”. The comments obtained from people confirmed the service approach to caring and demonstrated the positive relationships people and the care staff have formed.

After lunch people had the option of taking an afternoon nap and some stayed in the lounge enjoying a quiet game of cards and a chat. On day one of the inspection picture bingo was taking place.

People looked comfortable in their surroundings. There were pictures and paintings on the walls around the home. There were soft furnishings with plenty of lighting along the corridors, the stairs wells and in the bedrooms. This giving the people a sense of wellbeing and satisfaction of where their live.

The registered manager took great pride in showing us where people lived and how they lived. People shared with us how much the staff and the registered manager cared for them and examples were endless over the two days. The manager showed us the plan for a respite room. This room was being decorated to make a place for friends and family to use when their relative is nearing the end of life.

Is the service responsive?

Our findings

People felt they would talk to the care worker or senior staff initially and wouldn't hesitate in accessing the manager if an issue was not resolved. People were asked who they would speak to if they had any concerns. People said; "Whoever is on duty that day there always is somebody to whom you could make an observation, a polite way of saying have a moan". Another person told us, "I would speak to the manager, if there were anything serious; when I am listening to or having a conversation with a carer for example, if it was a minor thing." A person said, "I would speak with the supervisor, the lady, the manager". Another person told us, "I would come and see manager if I had any concerns. Staff and the people told us they were aware of the complaints procedure. "If I wasn't happy I would most certainly say" a person commented. There were complaints procedures available for all people to use if they so wished. Complaints were logged and the manager addressed the issues in a timely manner. For example, when dealing with missing laundry. People told us, "We have nothing to complain about".

One person said, "There always prompt response to the call bells ". This showed staff are prompt in attending to people's needs. People's care records were reviewed every month and documented peoples changing goals and aspirations. For example, one person was happy to share their goals and have them included in their daily living. One person's goal and aspiration was to dance with their spouse, this was achieved and encouraged and there were trips to the local town hall. The people were supported to access the dance hall these trips were positively received and the couple has discussed their adventure in detail with us during the inspection.

Peoples care records were detailed and included input from other relevant agencies. Any changes to peoples care needs were well documented and staff were made aware of people's changing needs via meetings, handovers and general communications throughout the day.

People had the opportunity to take part in a number of activities the service had to offer. The activities included; chill and chat, people, can have the manicures and the men have the option to attend the barber, puzzles, and craft with salt dough, fun and games with a quiz. One person wrote in the resident's survey, "I like taking part in the music; we have music regularly which is good". This person continued to say, "I like you can take your time doing what you want".

This service is part of the listening to the voices of older people project in care homes. The manager explained the scheme as identifying what is important to older people whilst they live in a care home, how they feel about life what their goals and aspirations and how connected they feel to the world beyond residential care. People made a variety of comments and many included thoughts on activities. One person wrote, "There are lots of activities, here and they are always offered-we get a list every two weeks which are colour coded for the different days of the week they come and do quizzes and things with me on a one to one in my room".

The lounge was clean and had defined seating areas which promoted positive interaction between people and their visitors. The lounge also contained a reminiscence area which had photographs of events held. These photographs were available for people to use and share memories, building trusting and consistent relationships.

Only one negative comment arose in interviews with residents. This relates to a couple who have single beds far apart, one at each end of a long room. They commented: "I think it's very tragic, at the end of our lives, we're not allowed to communicate without shouting which would not be popular at night". The other person said, "Yes, we find that very irritating. "The manager told us there are plans to rearrange the room so the couple can be closer together. There are plans to redecorate the rooms are being scheduled in the coming months.

Is the service well-led?

Our findings

People felt the service was well led and appropriately managed. They were confident management had their best interests at heart and they were integral to the process. During the inspection the registered and deputy manager were present. The deputy manager has been in place for several years and showed enthusiasm when they described their role. People spoke highly about the management team. One person said, “The manager is very nice and has made this a lovely home”. Another person told us, “The manager walk around every day and ask how we are, I like that a lot”. “The manager is lovely, homely, approachable supportive” one person told us. During the inspection visit the manager frequently asked people about their welfare and explained they were being inspected by CQC. Family members and friends thought management was approachable and transparent. One person said, “It’s well organised, this place”. “I certainly have no complaints here” replied one person.

Staff commented, “It’s a good place to work”. One member of staff told us “I’m so happy here now that we have a new manager”.

People benefited from the continuity of care provided by management and a reliable team of staff. People and their relatives said they were accessible at all times and this was commented on throughout the inspection. The service obtained guidance from other agencies and professionals and applied the information to further enhance peoples comfort. One relative said, “I am asked my opinion and so is mum, I have trust in the managers that they will care for her”. Another relative commented, “It seems like a well ordered place, it is always calm, clean and welcoming, that gives me confidence”.

Regular audits took place and these included; medicine audits to check stock take and expiry dates. There was a clear process for disposal of unused medicines. Peoples care plans were audited to ensure the information was accurate and up to date. The home’s policies and procedures were updated with review dates seen. The audits were to monitor trends and maintain and enhance the quality of care.

People, relatives and staff were given the opportunity to provide feedback. The questionnaires were given on a yearly basis. People’s survey responses showed they were

consulted in matters relating to their health care and treatment, activities, menu, administration of the home and any external services they may receive. People commented in their survey responses they liked best about the home was “make you feel wanted”. Another person commented, “The feeling of being comfortable without any worries”. People commented they joined in the organised activities and particularly liked musical entertainment. One person commented “I like my room and all the care workers are attentive and caring, always happy to help no matter the time of day”. One relative was impressed by the openness of the management team. When researching a suitable place for their mother this care home was one of the ‘finalists’ following initial elimination rounds; when the family ‘phoned for an appointment to view, the response was simply to drop in without notice whenever it was convenient for the family. The relative remembers “...how friendly and welcoming the staff were” when they dropped in unannounced. Other people commented, “I would tell anyone to come here. I do as I want and they don’t bother me, they’re always there. I love it”.

The staff team were given the opportunity to help shape the service to make a more comfortable working environment. There is now a new registered manager in place and the staff told us there have been rapid improvements since the new manager has started and we “Thank her”. There were regular staff meetings and the agenda items for discussions were safeguarding concerns, care plan security, uniform and a positive comment made on the smart appearance of the care workers. The staff were able to make comments on their place of work the service they provide to people. All staff observed, appeared to be happy and positively engaged in their roles. Good relationships were seen to have evolved between staff and the people and there were indications relationships between staff and management were good. This was seen over the two days and the staff spoke positively about the management team.

One person commented during the lunchtime meal, “I cannot fault it in any area. Cleanliness, caring, friendly, happy. It’s just like being at home, only better there’s no housekeeping to do”. The nursing staff from the primary care sector, who were visiting on day one of the inspection, spoke positively about the manager and the care people received.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.