Fidelia CK Limited

Charlton Kings Care Home

Inspection report

Moorend Road
Charlton Kings
Cheltenham
Gloucestershire
GL53 9AX

Tel: 01242521812
Website: www.charltonkingscarehome.co.uk

Date of inspection visit:
12 March 2018
13 March 2018

Date of publication:
15 May 2018

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

Charlton Kings Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Charlton Kings Care Home accommodates up to 32 people in one adapted building. There were 26 people living at the home at the time of this inspection.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run

This was the first inspection under the current provider registration which started in March 2015. Previously the service was inspected under a previous provider name in May 2014 and had never formally been rated. While the provider name had changed the service and its staff had remained the same. At this inspection we rated the service as 'Good' overall.

Staff had received training appropriate to their role. Staff had received training around safeguarding and were confident raising any concerns relating to potential abuse or neglect. Staff received regular supervision from the management team. The administration and management of medicines was safe. There were sufficient numbers of staff working at Charlton Kings Care Home. There was a robust recruitment process to ensure suitable staff were recruited.

Risk assessments were updated to ensure people were supported in a safe manner and risks were minimised. Where people had suffered an accident, action had been taken to ensure the on-going safety of the person.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were encouraged to make choices about their day to day lives. People were supported to access health professionals. They could choose what they liked to eat and drink and were supported on a regular basis to participate in meaningful activities.

People and their relatives were positive about the care and support they received. They told us staff were caring and kind and they felt safe living in the home. We observed staff supporting people in a caring and patient way. Staff knew people they supported well and were able to describe what they liked to do and how they liked to be supported.

The service was responsive to people's needs. Care plans were person centred to guide staff to provide consistent, high quality care and support. Daily records were detailed and provided evidence of person centred care.

People at the end of their life received emphatic person centred care. The service was working towards a nationally recognised end of life care practice accreditation. We made a recommendation to support the service to develop outstanding and innovative person-centred end of life care.

The service was well led. Quality assurance checks were in place and identified actions to improve the service. Staff and relatives spoke positively about the management team. People's feedback and the views of relatives and staff were sought to make improvements to their experience of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient staff to keep people safe.

Medicines were managed well with people receiving their medicines as prescribed.

Staff reported any concerns and were aware of their responsibilities to keep people safe from harm.

People were kept safe through risks being identified and well managed.

Is the service effective?

Good

The service was effective.

Staff received adequate training to be able to do their job effectively. Staff received regular supervisions and appraisals.

The registered manager and staff had a good understanding of the Mental Capacity Act (MCA).

People received the support they required to eat well and to eat safely.

People had timely and on-going access to health and social care services.

Is the service caring?

Good

The service was caring.

People received the care and support they needed and were treated with dignity and respect.

People we spoke with told us the staff were kind and caring. People were supported in an individualised way that encouraged

them to be as independent as possible.

People's views and preferences about their care and support were promoted.

Is the service responsive?

Good

The service was responsive.

People were able to express their views about the service and staff acted on these views. People at the end of their life received emphatic person centred care.

There was a robust system in place to manage complaints. All people and staff we spoke with told us they would be comfortable to make a complaint. They were confident any complaints would be listened to and taken seriously.

Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

Is the service well-led?

Good

The service was well-led.

Quality monitoring systems and regular audits were used to further improve the service.

There were positive comments from people, relatives and staff regarding the management team.

People's views and those of their relatives and staff were sought to make improvements to their experiences of the care and support.

The management team and staff worked closely with other agencies and organisations.

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.

Prior to the inspection we looked at information about the service including notifications and any other information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). 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.

We spoke with the registered manager and seven members of care staff. We spoke with six people living at the home and four relatives who were visiting. We spoke to one health and social care professional who was visiting the service and we received feedback from one relative and two health professionals after the inspection. We reviewed six people's care files. We also reviewed staff training and recruitment records and records relating to the general management of the service.

Good

Is the service safe?

Our findings

People and their relatives told us the service was safe. One person said, "I feel really safe. They are amazing here. I am so happy". One relative said, "I'm glad we've found such a lovely home. People are safe and well looked after".

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Policies and procedures with regards to safeguarding were available to everyone who used the service. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Staff told us they would report any concern to the registered manager who would raise these with external agencies. People were offered the support of independent advocacy services or mental capacity advocates (IMCA) if required. These are individuals not associated with the service who provide support and representation to people if required.

The number of staff needed for each shift was calculated based on the number of people using the service and their needs. People, staff and rotas confirmed there were sufficient numbers of staff on duty and the same staff were consistently used to ensure continuity for people. Throughout our inspection, we observed a strong staff presence in the service. People and their relatives told us they felt there were sufficient staffing levels to ensure people received care when they needed it. The staff we spoke with told us the registered manager ensured the service was always sufficiently staffed and if further staff support was required, the registered manager was always willing to support the care staff.

We looked at the recruitment records of a sample of staff employed at the home. Recruitment records showed that relevant checks had been completed including a Disclosure and Barring Service (DBS) check. A DBS check allowed employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to help ensure staff were suitable and of good character. The registered manager told us that where references could not be sought a risk assessment would be put in place and closer monitoring would be carried out. Where staff had gaps in their employment history, these were investigated and a full account of each applicant's employment history was available to ensure suitable staff were employed.

Staff completed a six month probationary period which enabled the registered manager to decide whether the member of staff was suitable to work with people. The provider had a disciplinary procedure and policies relating to staff employment to ensure people who used the service were kept safe. One staff member said, "I am fairly new, and I feel like I've been well looked after".

People were supported to take risks to retain their independence. We found individual risk assessments in people's care and support plans relating to their risk of falls, medicines, choking and moving and handling safety. The risk assessments had been regularly reviewed and kept up to date. One person's risk assessment had been updated after falling on two occasions. The risk assessment had been regularly updated as the person's level of need changed to ensure the support they received managed their changing risk. Another

person was at risk of choking and had speech and language therapist (SALT) guidelines for staff to follow to support them to eat safely. Their electronic care plan did not include all their SALT guidelines and the registered manager took immediate action to ensure a comprehensive risk management record was available to staff.

The service had effective arrangements to respond to incidents, accidents, concerns and safeguarding events. The service was able to identify areas for improvement and lessons were learnt from each event. For example, one person had suffered a wound. The cause of the wound had been investigated and safeguards had been implemented to minimise the risk of future injuries. Staff had also used documents such as wound charts to fully map the person's injury, treatment and subsequent recovery.

Medication administration records (MAR) demonstrated that people received their medicines as prescribed. Arrangements were in place for the safe receipt, storage and disposal of people's medicines. Staff received medicines training, observed other staff and completed a full and comprehensive competency assessment, before being able to administer medication independently. People were supported to take their medicines as they wished. Care and support plans gave staff guidance on how people preferred to take their medication.

Health and safety checks were carried out regularly to ensure the service was safe for people living there. Environmental risk assessments had been completed, any hazards were identified and the risk to people was either removed or reduced. There were policies and procedures in the event of an emergency and fire evacuation. Each person had an individual evacuation plan to ensure their needs were recorded and could be met in an emergency. These detailed methods of evacuation and any support needs people may have such as anxiety or stress. Other areas such as; legionella, water temperatures, moving and handling equipment and electrical equipment checks had all been carried out at regular intervals.

Staff completed training in infection control and food hygiene. We observed staff wearing gloves and aprons when supporting people with their care. Staff told us they had received infection control training in their induction and understood their responsibilities to ensure good infection control practices were followed.

Good

Is the service effective?

Our findings

People and their relatives told us they felt people were well looked after and their health needs were addressed. Relatives told us staff made them aware of any changes in their relatives' health. One relative said, "They always communicate with us".

People were supported by staff who had the skills and knowledge to meet their needs. Training systems were in place to deliver induction training which included the care certificate to new staff, proceeding to nationally recognised social care qualifications. The care certificate is a set of national standards that health and social care workers adhere to in their daily working life. Staff had received training in core areas such as; adult safeguarding, first aid, manual handling, Mental Capacity Act (MCA) and DoLS. Other training courses specific to people's needs were provided such as; dementia, care planning and person centred care. Staff told us they felt adequately trained to provide people's care effectively. One staff member said, "I feel well supported. I really enjoy my job".

Staff had completed an induction when they first started working in the home. This included reading policies and procedures, completing core training such as first aid and safeguarding and undertaking shadow shifts. These shifts allowed a new member of staff to work alongside more experienced staff so that they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them. A dignity workbook had been introduced in September 2017 for all new staff to complete as part of their induction.

Supervisions were used to monitor and improve staff performance. Supervisions are one to one meetings that a staff member has with their supervisor. Staff said these meetings were useful and helped them provide care more effectively. All staff we spoke with said their managers were supportive. Annual appraisals were being completed to monitor staff development. One staff member who had recently had their appraisal said, "It went really well. I feel fully supported".

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible and legally authorised under the MCA. From speaking with staff, it was evident they had a good understanding of the act and how it impacted on their day to day roles of supporting people.

People can only be deprived of their liberty so that they can receive and treatment then this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Where required, the registered manager had ensured people's mental capacity had been assessed. People's mental capacity assessments were decision specific and had been reviewed at regular intervals. Where people were assessed as lacking mental capacity; the

service had worked closely with the person's representatives and relevant professionals to ensure decisions were made in their best interests.

Some people could not consent to restrictions being placed on them, to keep them safe. The registered manager had made the required applications to seek authorisation to lawfully deprive people of their liberty under DoLS, where this was in their best interests. The registered manager regularly reviewed people's DoLS application to ensure these were still required and where a person's DoLS was due to expire; a renewal was applied for in a timely manner.

People spoke positively about the food provided at the service. One person said "It is fine. There are options if we don't like what's on the menu". Another person said "The food is lovely". Staff told us people were supported to eat a healthy diet and drink plenty of fluids. People's dietary and fluid needs were assessed. If people were at risk of malnutrition or dehydration the service monitored their food and fluid intake. We looked at the menu and found there was a varied choice of meals available to people. The chef told us there was always an alternative available to people if they did not like what was on the menu and home cooked food was being introduced. Relatives we spoke with told us they felt the meals served at the home were of good quality and people had a good choice of meals. One staff member told us they asked people every day what they would like as even though they have had porridge every morning for months, they may like a change on that particular day. The service used electronic devices to show people pictures of food so that they had a visual aid to look at if required to make their meal choices.

The provider assessed people's needs and choices in line with current legislation and standards. One health professional told us, "If someone is developing a pressure sore, they are pro-active. They will sort things out immediately. Pressure sores are however, rare in this home". A doctor from the local GP surgery gave us some feedback by email after our inspection. They said, 'I always find the staff at the care home to be excellent, always very caring, understanding and considerate to their residents and extremely helpful to ourselves at the surgery. They are always very approachable and well organized. We enjoy a very good working relationship with the care home and they are always looking at ways to further enhance the care that we all provide to their residents. The staff care passionately about the wellbeing of their residents in all stages of health and I am always impressed by their thoughtfulness and professionalism'.

People's care records showed relevant health and social care professionals were involved with people's care; such as GPs, dentists, opticians, specific health professionals such as; occupational therapists and cancer specialist nurses. In each care and support plan, support needs were clearly recorded for staff to follow with regard to attending appointments and specific information for keeping healthy. We spoke with a specialist diabetes nurse who was visiting the home on the first day of our inspection. They told us, "They are very good here. Communication is good and the staff will ring us if and when required. We visit regularly and have no concerns. People are encouraged to be as independent as possible". Hospital passports and software were used for people requiring an admission to hospital. This documented all of the relevant information for external agencies to provide safe and effective care.

Charlton Kings Care Home had a welcoming and homely feel and some areas had recently been decorated. People had access to communal areas and we saw people socialising in the conservatory area which had views to the well-kept gardens and chicken enclosure. The home was clean and free from odours. The service had an on-going maintenance plan to ensure inside and outside areas were serviceable and maintained to a high standard. One relative said, "The care home is a very clean tidy beautifully decorated and excellently run home".

Good

Is the service caring?

Our findings

People were treated with kindness and care. They had positive relationships with staff and were observed chatting amicably with them, enjoying their company and sharing a joke. There were positive comments about the staff from people and relatives and health professionals. One person said, "The staff are really caring. I like being here". Another person said, "We are well looked after here". One relative told us, "It is an excellent care home with excellent, kind, caring very compassionate staff and management. From Christmas my relative was in palliative care and the compassion, kindness, care, dignity and respect with which he was treated was exemplary".

The provider told us staff showed real compassion and kindness and many care staff were nominated for local and national awards. The head of care had claimed an award for 'Putting people first' in the South West of England and one staff member had won 'Carer of the year' in Gloucestershire.

People and their relatives were provided with opportunities to give feedback regarding their experience of the service. The service had received a number of positive comments from relatives of people who used the service. For example, one relative had written, 'I cannot thank you enough for all the kindness and care shown to [person] in her last months of life'. Another relative wrote, 'You are all so professional and caring. I couldn't wish for [person] to be in a better home'.

People were supported by a consistent team of staff. This ensured continuity and enabled people to get to know the staff team. One person said, "They will do anything for you, so lovely". Staff commented on how they worked well as a team and were keen to support each other in their roles.

People's care records included an assessment of their needs in relation to equality and diversity and dignity and respect. Staff we spoke with understood their role in ensuring people's needs were met in this area. All of the people we spoke with told us that staff treated them with dignity and respect, particularly when they were delivering personal care. People were supported in an individualised way that encouraged them to be as independent as possible. People's protected characteristics under the Equality Act were promoted. Staff had not yet had access to training in Equality and Diversity but this had been identified and specific training being organised.

People's spiritual, religious and cultural needs had been identified and details of people's preferences were documented within their care and support plans. People were supported to attend their chosen place of worship. One person was supported to attend the church which was situated directly across the road to the home. Staff would walk the person over and collect them at the end of the service.

Care and support plans gave staff guidance on how to support this person and an independent risk assessment had been completed. The registered manager told us people, relatives and their representatives were provided with opportunities to discuss their care needs during their assessment prior to their service being set up.

The registered manager also stated they used evidence from health and social care professionals involved in the person's care. Examples of the involvement of family and professionals were found throughout people's care and support plans, in relation to their day to day needs. One relative said, "Communication is really good. Always someone to discuss things with. We are included which is nice".

Good

Is the service responsive?

Our findings

Each person had a care and support plan to record and review their care and support needs which provided guidance on how staff were to support people. Each care and support plan covered areas such as; communication, cultural and religious preferences, nutrition, mobility, night care, medication and psychological needs. Each person's care and support plan had a page detailing their likes, dislikes and care and support needs. People's preferred routine was also recorded to show how people liked things to be done.

People's care plans were software based person centred and gave staff relevant information on their life stories and what was important to them. One person's care plan stated they did not like to wear trousers, disliked eating things with seeds in and needed reminding to use a frame when walking around the home. The software was used to share information and involve relatives and health professionals where appropriate.

Regular reviews of people's care plans were being carried out. The registered manager told us reviews were carried out monthly and more frequently if required. People's relatives and healthcare professionals who visited the service told us they felt staff responded well to people's needs and were proactive in managing their changing needs. One health professional said, "They are very pro-active at communicating". People were regularly consulted and actions taken from feedback. The service consulted people on the re-decoration of communal areas.

Changes to people's needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. We were told by the registered manager that staff would also read the daily notes for each person. Daily notes were detailed and contained information such as what activities people had engaged in, their nutritional intake and also any issues occurring on shift so that the staff working the next shift were well prepared.

People were supported on a regular basis to participate in meaningful activities. During the inspection we observed daily activities in the mornings and afternoons. When observing these, there was evidence staff involved all people who indicated a preference to participate in activities. People took part in activities within the home such as; yoga, daily exercises, bingo, crossword and arts and crafts. A full time activities' co-ordinator was employed who told us how regular activities were important to people living there. A local college and primary school in Cheltenham visited regularly with students and children who would spend time with people and get to know them. We were told people loved interacting with younger people and this was important to people specifically living with dementia.

Activities included visits from the miniature zoo, falconry experts and even a project called 'the living egg' whereby people took possession of eight eggs and monitored them through hatching into chicks. One person enjoyed gardening in the grounds and looking after the chickens. Day trips out were planned and risk

assessed for those who wished to participate. Some people had been to an airport open day and to visit the beach. For people who did not wish to participate in group activities one to one sessions of their choice were offered. A record was kept for people who accessed the community with aims and objectives of the outings identified. Evaluation and feedback was completed by people taking part and the activities co-ordinator to improve sessions. People and their relatives told us activities were amazing and there was always plenty to do.

People told us they were aware of who to speak with and how to raise a concern if they needed to. No-one we spoke with had concerns at the current time and those that had raised concerns previously told us they were happy with the outcomes. People felt that the staff would listen to them if they raised anything and that issues would be addressed. One person had fallen in 2017 and the procedure changed to minimise the risk of this happening again. One relative said, "If you have any questions or concerns the management and staff are always available any time to answer your concerns". People were regularly consulted and actions taken from feedback. For example, the service consulted people on the re-decoration of communal areas in the home.

People were supported at the end of their life to have a comfortable, dignified and pain free death. If people required end of life care, the service sought support and guidance from specialist health professionals. One person had been diagnosed with a palliative care condition. Consistent staff were used and extra training identified for this person who did not wish to move to a nursing home. The provider liaised with the relevant health professionals and specialist equipment was used to ensure the person could spend the end of their life at the home in accordance with their wishes.

People and their families were encouraged to participate in advanced care planning and also to make an 'emotional will'. This gave families information about what was important to the person. It prompted them to listen to certain songs and read books that people cherished when they were alive and would like their relatives to remember them by.

It was evident end of life care was seen as an important part of providing effective and responsive care. The registered manager told us staff training regarding end of life care was being introduced and they were working towards gaining nationally recognised gold standards framework (GSF) accreditation. The provider told us they liaised with health professionals to ensure people's end of life was as dignified as possible. One person who was on end of life care was supported to use a talking device to help them speak at the end of their life. Reflective meetings were held after any death to look at what went well and any areas for improvement. One staff member had gained a qualification in palliative care in March 2016.

We recommend the provider continues to develop and embed their good end of life care practice to enable the service to become outstanding and innovative in providing person-centred end of life care.

Good

Is the service well-led?

Our findings

There was a registered manager and a head of care employed at the home. People, staff and relatives told us they felt well supported by the registered manager and the provider. One person said, "She is lovely, really approachable." Another person said, "They can't do enough. No concerns here. The managers are all lovely". We saw many examples of positive feedback received by the service.

The registered manager and head of care were responsible for completing regular audits of the service. The audits included analysis of incidents, accidents, complaints, staff training, and the environment. The audits were used to develop action plans to address any shortfalls and plan improvements to the service. The registered manager shared with us the improvements they had planned for 2018 and going forward including, maintenance and re-decoration and updating care plans to a new electronic system.

A general action plan which was designed using the CQC key lines of enquiry and characteristics had been implemented in July 2017. This was a robust audit which was completed on a monthly basis focussing on each key question. Areas such as; confidentiality, risk assessments, regular reviews, assistive technology, competency assessments, training and the culture of the home had all been discussed and had outcomes.

The provider had a strong focus on continuous learning and development of the service. For example, internet connections had been set up to support people to use technology and contact others. A new electronic care plan system had also been introduced. A new complaints flow chart had been implemented and advanced care planning with the palliative team had been introduced. The service worked corroboratively with other agencies to enable people's health and end of life needs to be met in the home. The service was completing nationally recognised gold standards framework (GSF) accreditation for end of life care to further support the development of outstanding end of life care practice.

Managers and staff attended regular team meetings and briefings. Staff explained regular meetings and briefings gave the team consistency and a space to deal with any issues. One staff member had stated that more activities at weekends would be beneficial for people. The registered manger told us this was being discussed. A weekly manager meeting was held to discuss what needs doing and how to do it. The minutes documented areas discussed such as; activities, marketing, operations and staffing. The dining experience for people living at the home had been discussed and in March 2018 the notes stated that vegetables being put on tables rather than plates was working well. The use of agency staff had ceased due to forward planning on rotas and a new cook had been recruited with more freshly cooked food on the menus.

The service was actively seeking the views of people using the service, relative and staff through sending out regular questionnaires and having regular meetings. The registered manager told us this was a way of ensuring everyone involved with the service had a voice. The results of the surveys were analysed and evaluated. An action plan was produced following the feedback and actions and outcomes were recorded. We noted that In the August 2017 survey results one person felt the home could be better maintained. An increase of housekeeping hours was implemented in October 2017. All of the people living at the service, relatives and health professionals were satisfied with the service on offer at Charlton Kings Care Home. For

all staff the service had a board entitled 'How to do it better' where staff might identify a problem and the management team worked to find a solution before measuring and auditing any responses.

From looking at the accident and incident reports, we found the registered manager was reporting to CQC appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. All accidents and incidents such as falls, ill health, aggression /abuse or accidents for people were recorded. The registered manager told us any accidents or incidents would be analysed to identify triggers or trends so that preventative action could be taken. People who were at risk of falls were monitored and action plans put in place. One person had fallen in 2017 and the service's procedures had been reviewed to minimise the risk of this happening again.