Charnley House Limited

Charnley House

Inspection report

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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?	Requires Improvement

Summary of findings

Overall summary

This inspection was unannounced and took place on the 9 and 14 January 2019.

Charnley House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

We last carried out a comprehensive inspection of this service on 29 and 30 November 2017. At that inspection we found the service to be in breach of one regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to people being put at risk because they had been provided with foods that were not in keeping with their risk assessment and care plan. The service was given an overall rating of requires improvement.

Following the last inspection, we asked the provider to complete an action plan to tell us what they intended to do and by when to improve the key questions; is the service safe and well led to at least good. At this inspection, we found that improvements had been made in all areas. We have made one recommendation relating to records of care provided.

Care records were detailed and person centred. They contained information based on people's needs and wishes and were sufficiently detailed to guide staff in how to provide the support people required. Appropriate care was provided but records were not always kept up to date with action taken. We recommend the provider reviews their processes for recording decisions about care, how that care is provided and how they audit that information.

Charnley House is a large extended detached house situated in the Hyde area of Tameside. It provides care, support and accommodation for up to 40 people who require personal care without nursing. At the time of our inspection there were 38 people living at the home.

Individual and environmental risk assessments were person centred and gave staff guidance on how to minimise and manage identified risks. People's dietary needs were identified and records reviewed showed that people were provided with suitably prepared food and drinks.

The service had policies to guide staff on health and safety and infection control. Appropriate health and safety checks had been carried out and equipment was maintained and serviced appropriately. We identified some remedial work that needed to be carried out on window restrictors and radiator covers. The work was completed immediately following our inspection.

Significant improvement was found with the systems in place to assess, monitor and improve the quality and safety of the service provided. The new systems needed to be embedded and evidence of sustained improvement was required.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. 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 were positive about the register manager, who is also one of the providers.

Staff were aware of their responsibilities in protecting people from abuse and were able to demonstrate their understanding of the procedure to follow so that people were kept safe.

Medicines were managed safely. Staff had received training in medicines administration and had their competency checked regularly.

There was a safe system of recruitment in place which helped protect people who used the service from unsuitable staff.

There were sufficient staff to meet people's needs and staff received the induction, training, support and supervision they required to carry out their roles effectively. Staff liked working for the service and told us they felt supported in their work.

People who used the service told us they were consulted about the care provided and staff always sought their consent before providing support. People were involved in decisions about their care. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA).

People had their nutritional needs met and were very positive about the food provided. People were supported to access a range of health care professionals to meet their health needs.

Everyone we spoke with told us they found the staff to be caring, compassionate and kind. Staff knew people well and spoke in respectful terms about the people they supported. We observed staff interacted in a polite, respectful and good-humoured way with people who used the service.

People enjoyed the activities on offer at the home. People felt they were listened to and were involved in developing the service. There was a system for recording and dealing with any complaints.

The service had notified CQC of any accidents, serious incidents, and safeguarding allegations as they are required to do. The provider had displayed the CQC rating and report from the last inspection on their website and in the home.

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.

Medicines were managed safely. Risks to people were identified and guidance given to staff on how to minimise those risks.

People told us they felt safe because they were supported by staff they knew and trusted.

The recruitment of staff was safe and there were sufficient staff to provide the support people needed.

Is the service effective?

Good

The service was effective.

People's rights and choices were respected. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA).

Staff had received the induction, training and supervision they required to ensure they were able to carry out their roles effectively.

People who used the service received appropriate support to ensure their health and nutritional needs were met.

Is the service caring?

Good

The service was caring.

People told us staff were caring and kind and that the atmosphere was 'homely'.

The registered manager and staff had detailed knowledge of people and were able to tell us what was important to people, their likes and dislikes and the support they required.

Staff respected people's privacy and maintained their dignity.

Is the service responsive?

Good

The service was responsive.

Care records were detailed and person centred. They contained information about people's needs and wishes. They provided staff with the information they needed to support people appropriately.

A range of activities were available to help promote people health and wellbeing.

There was a complaints procedure for people to voice their concerns.

Is the service well-led?

Requires Improvement

The service was well-led.

Significant improvements were found with the systems in place to assess, monitor and improve the quality and safety of the service provided. Evidence of continued sustained improvement and embedding of the new systems is now needed.

People who used the service and staff were positive about the registered manager.

Staff enjoyed working for the service. People who used the service were encouraged to give their views on the quality of service they received and how it could be improved.

Charnley House

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 9 and 14 January 2019 and was unannounced on the first day. It was undertaken on the first day by one adult social care inspector, an assistant inspector, an inspection manager and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day was undertaken by one adult social care inspector.

Prior to the inspection we reviewed information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to help us plan the inspection. We also asked the local authority for their views on the service. They raised no concerns.

As some people living at Charnley House were not able to tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

During our inspection we spoke with seven people who used the service, five visitors, the two providers; one of whom is also the registered manager, the deputy manager, a domestic, the cook and seven support workers.

We carried out observations in communal areas of the service. We looked at three peoples care records, a range of documents relating to how the service was managed including medication records, four staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Charnley House. People said, "Yes, I feel safe in here. I'm well looked after", "Oh yes I'm safe in here" and "Oh, I think we're all safe in here."

Visitors we spoke with said, "My [person who used the service] is safe in here. I like the signing in and out system at the front entrance. They always answer the front door quickly" and "My [person who used the service] is safe in here. I'm pleased [person] is here it means I don't have to worry."

At the last comprehensive inspection of the service in November 2017, we found that the home was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people identified as being at risk of choking had been provided with foods that were not in keeping with their risk assessment and care plan. The overall rating for this key question was requires improvement.

Following the last inspection we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key questions to at least good. At this inspection we found the required improvements had been made.

We looked at the care records for three people who used the service who had different care and support needs. We saw that risk management plans were in place to guide staff on the action to take to mitigate the identified risks. Risk assessments included; nutrition and hydration, skin integrity, falls, continence, behaviour, mobility, moving and handling and medicines. We saw that risk assessments had been regularly reviewed and updated when people's needs changed.

We saw that where people were at risk of choking, risk assessments were in place and records included guidance from Speech and language therapists [SALT]. Daily records we reviewed included details of all food and fluids given, which indicated people were given appropriate foods and fluids as recommended by SALT.

We saw that risk assessments were in place for the environment and systems in place to ensure the premises in which people lived were safe and that regular checks were carried out by staff in relation to the home environment.

To ensure the safety and security of the building the main entrance was kept locked. All visitors were asked to sign in so that the service was aware of those people in the building. We saw that following a recent incident external door security had been improved. Remedial work had been carried out on a door that had not closed properly following an alarm test. Doors were connected to the alarm system and regular checks were now completed by staff to ensure they were operating correctly. One staff member told us, "We do security checks each night, all doors are coded and alarmed."

We found some radiators in corridors on the lower ground floor had thermostatic temperature control

valves but did not all have radiator covers. These are needed to reduce the risk of injury to people who may have reduced response to hot surfaces. The provider said that covers had never been in place on these radiators, but that they would immediately arrange for suitable covers to be fitted. We also found that whilst some windows could be locked and needed a key to open them, once they were unlocked they could be fully opened without the need for a special tool. Two windows in hall ways on the upper floor did not have restrictors on. This posed a potential risk of people falling from heights. We gave the provider information relating to health and safety executive ([HSE) guidance on the use of window restrictors. Following the first day of our inspection the provider confirmed risk assessments had been completed and no one using the service was currently identified as at risk and that new window restrictors meeting HSE guidance had been ordered. The week after our inspection the provider confirmed all radiators now had an appropriate cover and window restrictors were in place where needed. They also confirmed that window restrictors checks had been put in place. We have addressed these issues in the Well-led domain of this report.

We reviewed certificates and maintenance records from the safety checks performed on the home. We saw the required checks and maintenance had been completed for gas, electricity, water quality, fire safety systems and servicing of the hoists and passenger lift. We saw that Personal Emergency Evacuation Plans (PEEPS) had been completed for each person who used the service. PEEPs described the support people would need in the event of having to evacuate the building. We found that regular fire safety checks were carried out on fire alarms and fire extinguishers. The service had a contingency plan which guided staff on the action to take in the event of a serious incident that could stop the service, such as outbreak of infection, damage to the building or extreme weather.

We looked to see if there were safe systems in place for managing people's medicines. We found that people received their medicines as prescribed and saw that medicines were stored securely. One person who used the service told us, "They keep my medication and I always get it at the right time. They come round and ask you do you want pain relief. I've never been left in discomfort or pain."

We found medicines management policies and procedures were in place. These gave guidance to staff about the storage, administration and disposal of medicines. The training matrix and records we saw showed that staff had been trained in the safe administration of medicines and had their competency to administer medicines regularly checked.

We looked at seven people's Medicines Administration Record (MAR). We found that all MAR contained a photograph of the person to help ensure correct identification of the person. All MAR we reviewed were fully completed to confirm that people had received their medicines as prescribed. We found the stocks of medicines we reviewed were accurate and matched what was shown on the MAR.

People's medication was stored in a separate monitored dose system (MDS) with their name. Some medicines, such as creams and eye drops were not in this system and needed to be used within a certain time after being opened to ensure they remained effective. Where medicines had been opened the date of opening had been clearly marked on the label and all the medicines we saw were in date. All medicines that were prescribed 'as required' (when needed) had information to inform staff of what medicine to give, what to give it for and how often it can be given.

If medicines are not stored at the correct temperature they may become less effective or unsafe to use. The medicine storage room contained a suitable lockable fridge. The temperature of both the medicines fridge and the medicine room had been recorded daily and were within the acceptable ranges. This meant the medicines were being stored and managed in a safe way.

Some prescription medicines are called controlled drugs and are subject to stricter controls to prevent them being misused or obtained illegally. We saw that controlled drugs were stored separately in a locked medicines cabinet. There was a separate controlled drug register in use for each person who was prescribed controlled drugs. This was signed by the staff member administering the drug and a witness. We saw that stocks of these drugs were checked by staff each day. We reviewed the stocks of all controlled drugs and found they matched the entries in the controlled drugs registers.

We looked to see if arrangements were in place for safeguarding people who used the service from abuse. We found there were policies and procedures for safeguarding people from harm. We saw that the service had a whistleblowing policy. Staff we spoke with told us they knew how to report concerns and said they would feel confident telling managers of the service any concerns they had. One said, "[Registered manager] would definitely follow it through." Another said, "I would go and report it to the management and if we didn't feel the management are on top of it, then CQC." Training records identified staff had received training in safeguarding people from abuse.

We found there was a safe system of staff recruitment in place. We reviewed four staff personnel files. All the staff personnel files we reviewed contained an application form where any gaps in employment could be investigated. We noted that one person had a gap in their employment and there was not a written explanation for this gap, as is required. The registered manager was immediately able to tell us why the person had a gap. They said this had been an oversight and they would review procedures to make sure all explanations were noted in writing at the time of interview.

The staff files we looked at contained at least two appropriate written references and copies of documents to confirm the identity of the person, including a photograph. We saw that checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff being employed.

We saw the service had policies and procedures to guide staff on staff recruitment, equal opportunities, sickness and disciplinary matters. These helped staff to know and understand what was expected of them in their roles.

We looked at the staffing arrangements in place to support the people who were living at the home. Most people told us there were usually sufficient staff on duty to meet peoples support needs. A person who used the service told us, "I think on the whole there's enough staff on, but sometimes maybe there's not." A visitor said, "There's always enough staff on duty." Staff told us that most of the time there were sufficient staff, but mornings were the busiest time. One said, 'It depends on the people themselves. More of a heavy load is in the morning. But we are never short." Staff rotas we examined showed that staffing levels were provided at consistent levels. During our inspection we observed that people received the support they needed in a timely manner. We saw staff provide support in a relaxed and unhurried way.

People had staff call bells in their bedrooms for requesting staff support. During our inspection we noted that call bells were answered promptly. People who used the service told us, "My call bell is by my bed and is answered quickly. There seems enough staff on duty and they seem to be able to deal with any situation" and "With the call bell, they come as fast as they can." A visitor told us, "I think [person] is probably safe most of the time. The call bell is not always in reach, but most of the time it is." We discussed this with the registered manager who arranged for an extended cord to be fitted to the persons call bell.

The service had an incident and accident reporting policy to guide staff on the action to take following an accident or incident. Records we looked at showed that accidents and incidents were recorded. The record included a description of the incident and any injury and action taken by staff or managers. We found that managers of the service kept a log of all accidents and incidents so that they could review the action taken and identify any patterns or lessons that could be learned to prevent future occurrences.

We saw that the service had an infection control policy and procedure. These gave staff guidance on preventing, detecting and controlling the spread of infection. They also provided guidance for staff on effective hand hygiene, disposal of contaminated waste and use of personal protective equipment (PPE) such as disposable gloves and aprons. Staff told us that PPE was always available and always worn. We saw that staff wore appropriate PPE when carrying out personal care tasks. Records showed that staff had received training in infection prevention. People we spoke with told us the home was usually clean. One person said, "I think the home is clean and tidy. They do their best, there's always a cleaner about." During our inspection we toured the building and found it to be clean and free from malodours.

We looked at the systems in place for the management of the laundry and found the procedures ensured people's clothes were cleaned and people were protected from the risk of infection.

Good

Is the service effective?

Our findings

People who used the service told us staff knew them well and provided the support they needed. They said, "Staff have the skills and experience to meet my health and care needs. They work well together and appear to know what they are doing" and "I'm being looked after, all the staff treat me well, they do everything that needs to be done. It's a very nice place, I've been here a while and I've no complaints."

A visitor said, "I think staff do have the skills and experience to meet [peoples] needs. They all appear to know what they are doing. They seek advice when they don't know."

We found staff received the induction, training, supervisions and support they needed to carry out their roles effectively.

Most staff working at Charnley House had either an NVQ level 2 or level 3 social care qualification. New staff were given a detailed induction which included all aspects of their role. Staff told us the induction helped prepare them for working in the service. One staff member said, "You sit and read the induction paperwork then you shadow until you have got your moving and handling and everything in place."

Records we reviewed showed that staff employed in the service had received training to help ensure they were able to safely care for and support people. Records we looked at and staff we spoke with showed that staff received training that included; first aid, diet and nutrition, dementia awareness, record keeping, moving and handling, fire awareness, dysphasia, oral health, challenging behaviour, tissue viability and end of life care.

Staff we spoke with and records we reviewed showed that staff attended staff meetings, received formal supervisions and had an annual appraisal of their performance completed with a manager. Supervision is important as it provides the opportunity for staff to review their performance, set priorities and objectives in line with the service's objectives and identifies training and continual development needs. Staff also had regular reflective practise sessions. As part of these, staff looked at their practise in a particular area and what was good or what could be improved. Staff told us they felt supported.

The provider had also introduced a staff observation tool which was used to assess staff practise. We saw this included a checklist which covered areas such as entering the home, handovers, communication, support individuals to meet their personal care needs, manual handling, support nutrition and hydration, environmental, health and safety, safeguarding, compliments and complaints.

The registered manager told us that before someone started to live at the home an assessment of their needs and preferences was completed. We saw that the assessments included dressing, personal care, diet, bathing, toileting, hearing aids, oral hygiene, sight, sleeping, and mobility. These were used to develop care plans and risk assessments. The assessment process ensured people were suitably placed, staff knew about people's needs and goals before they stayed and staff could meet people's needs.

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 Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). During this inspection we checked to see if the registered manager was working within the principles of the MCA. A review of records showed that consideration was given to people's mental capacity and whether they were able to consent to their care and support and whether a DoLS authorisation was required. We saw that records were kept of all DoLS applied for and granted.

We saw that people, or where appropriate their representatives, had signed plans of care to agree to the care and support. Training plans we looked at, and staff we spoke with, showed that staff had received training in MCA and DoLS and understood their responsibilities. This training is important and should help staff understand that where a person lacks mental capacity and is deprived of their liberty, they will need special protection to make sure their rights are safeguarded.

We spent time looking around the home. There was a variety of communal rooms and seating available so that people could sit in an area that was suitable or comfortable for them. Bedrooms we looked at had been personalised and contained people's own belongings such as photographs, paintings, furniture and ornaments. We saw that some areas of the home had new flooring and some bedrooms had been redecorated. The provider told us they were aware that some other areas of the home were in need of updating and this was in progress.

The home had a reminiscence room. This was full of memorabilia and furnishings that people may have had earlier in their lives. This was used to promote discussion and memories.

Records we saw showed that where people had behaviours that challenge guidance was provided to staff on what might make the person angry or upset and how they would show this. This guidance also provided staff with guidance on how to prevent incidents or respond to the person if they became upset. As we arrived on the first day of our inspection we saw one person in the entrance hall, who was upset and in their underwear. We saw staff respond promptly and respectfully in order to maintain the person's dignity. On reviewing the person's care record we found it included information about what the person might do to show they were angry or upset and what staff could do to support them. We noted that, although staff had responded appropriately, the care record did not advise staff on how to protect the person's dignity. The deputy manager said they would ensure the record was updated to include the action staff knew to take.

We looked at the systems in place to ensure people's nutritional needs were met. Malnutrition Universal Screening Tool (MUST) monitoring sheets were in place for the people at risk of malnutrition and were reviewed monthly and were up to date. The MUST is an assessment tool, used to calculate whether people are at risk of malnutrition. We saw that where required, records were kept of people's weights, food and drink intake and positional changes to prevent pressure sores.

We looked to see if people were provided with a choice of suitable and nutritious food. During our inspection we observed the lunch time meal. We saw that people were offered choice and staff took meals to people's table to show them what was available. We found the atmosphere to be calm and relaxed. Staff

responded quickly to people's requests and encouraged them with their food.

We spoke with the cook and found they had good knowledge of people's likes and dislikes and details of people's food allergies or special dietary requirements. We saw that people's preferences were respected. We found the kitchen was clean. Checks were carried out by the kitchen staff to ensure food was stored and prepared at the correct temperatures. The service had received a 5-star rating from the national food hygiene rating scheme in July 2017 which meant they followed safe food storage and preparation practices.

People were complimentary about the food. One person said, "Oh, it's lovely, every meal. I eat with everyone else and mealtimes are pleasurable. A lot of its homemade, the stews are particularly nice. There's not a great amount of choice but the meals are very varied, I've never had a meal that I haven't enjoyed. It's good quality, braising steak and the Sunday lunches are really good, you just can't fault it. It's always well presented, it's always hot and good size portions too. You never go to bed hungry. They don't rush you and they give assistance were necessary." Another person told us, "It's excellent and I'm very fussy and I have different allergies. I just tell them what I can't eat or what I don't like and they know. Meal times are a pleasant time. The quality of the food is brilliant, it's very tasty and varied. They come round and ask you what you want. I think it's very nutritious and you can always ask for more." A visitor told us, "[Person who used the service] seems to be eating a lot better since [person] came in here. There's plenty of fruit and vegetables." People told us they were always offered snacks and drinks in between mealtimes.

People who lived at the home had access to healthcare services and received on going healthcare support. Care records contained evidence of visits from and appointments with their G.P, district nurses, opticians, speech and language therapist and dietician. One person told us, "I came in here because of [injury] and they support me in doing the various exercises I need to do."

We saw for one person who had developed high blood pressure, the GP had indicated the person should have their blood pressure monitored daily. Records showed that this had happened for 3 days. Whilst the blood pressure on the third day indicted it was within normal limits there was no reference to further instructions from G.P or why the monitoring had stopped. Managers of the service were able to tell us why, however records did not reflect this action. We have addressed these issues in the Well-led domain of this report.

The registered manager told us the service used an electronic system; 'Digital Health' which allowed them to make immediate contact with health care professionals at the local hospital. This allowed the service to relay people's symptoms via a hand held electron tablet and improve treatment response times.

Good

Is the service caring?

Our findings

Everyone we spoke with told us they found the staff to be nice and caring. People who used the service told us, "They've [staff] been lovely with me, everybody has been so nice. The hospital recommended that I came here. They are very caring and very polite. I would say they are kind and compassionate. They love the job and they've been lovely with me" and "I like the staff that look after me, like anything else I have my favourites. The girls here are very good. Yes, I would definitely say they are kind and compassionate. Many times, they have gone out of their way to help me, it's a vocation to them."

Visitors told us, "I came in one day and a staff member was sat with [person who used the service] showing [person] pictures from a book. I thought it was wonderful that they should spend time with [person]. Staff have a real heart and compassion", "It's a real family atmosphere" and "The staff are genuinely caring. They do an excellent job. The staff are the hallmark of this place. The staff care about each other as well. They work as a team."

During the inspection we spent time observing the care provided by staff. The atmosphere was relaxed and we saw pleasant interactions between staff and people who lived at the home. Staff we spoke with took a pride in the care they provided and in the homely atmosphere. One staff member we spoke with said, "I think all the staff get on brilliantly, it is relaxed, you are not rushed about."

All the staff we spoke with knew people well and were able to tell us what they liked or didn't like and things that were important to each person. One staff member said, "A lot of people have lived here for a long time, you tend to get to know them very quickly, a lot of them have family which helps and they can tell you what they like."

People who used the service told us staff respected their privacy and maintained their dignity. One person said of the staff, "They treat you with respect, always knock before entering and always checking to see if you are ok. They're really brilliant." A visitor we spoke with said, "[Person who used the service] is definitely treated with respect, very caring. I'm made to feel very welcome, people are very friendly. Staff are very patient and they spend time with [person]. I've not got a bad thing to say about this place."

Care records detailed what people could do for themselves and how staff could help to maintain and promote people's independence. Staff described how they took time to encourage people to make choices and do things for themselves. They said they did this by; "letting them retain their independence for as long as they can, not rushing them and giving them choices" and "Asking them everything that they want, what they want to wear, do they want to go to bed, give them choices."

People who used the service and visitors we spoke with told us that visitors were always made to feel welcome. A person who used the service said, "People can visit without restrictions." Visitors said, "I'm made to feel very welcome, people are very friendly" and "They [staff] know us all, all the family. They ask how members of the family are."

Care records identified whether people who used the service had a specific religion or faith and also whether they would require support to practise this. A religious service was held regularly at the home.

Care records we reviewed also contained 'advanced decisions care plan'. This identified if the person had specific wishes about how they wanted to be cared for if their condition deteriorated. The home was accredited to the north west six steps programme. This promotes good practise for people preparing for and at the end of their lives.

Care records contained information about how people communicated. For those who had difficulty communicating verbally, this included guidance to staff on signs and behaviour the person might use. This included facial expression, noises, mannerisms, posture and movements. It indicated to staff what each of these things might mean and what they should do in response. For one person we saw this included certain words that the person used when they were distressed.

We found that care records were stored securely. Policies and procedures, we looked at showed the service placed importance on protecting people's confidential information.

Good

Is the service responsive?

Our findings

People we spoke with told us the service was responsive to meeting their needs.

We looked at three people's care records. We found they contained risk assessments and care plans that were very detailed and written using respectful terms. They gave information about things that were important to and for the person including life history, routines, communication, continence, medication, mobility, nutrition and hydration, personal care and hygiene, skin integrity, sleeping pattern and social isolation.

We saw that people, and where appropriate their relatives, had been involved in creating the care records and in the reviews of the care and support provided.

Records we looked at had been regularly reviewed by managers of the service and updated when changes in people's needs had occurred. We saw references to one person who had lost their walking stick and another person who had lost their glasses. There was no indication of action taken to find the items. We were told by the deputy manager that this was because the person did not need the walking stick and the other person refused to wear glasses, so neither item needed to be replaced. We discussed with the provider that audits had not picked up that the information was not included in the care records. We have addressed this in the well-led domain of this report.

We looked to see what activities were available for people who used the service. The service did not have an activity coordinator but we found there was a range of activities provided within the home by external activities organisation and groups. These included exercise classes, singing and old-time music hall. At Christmas staff had performed a pantomime. There were also trips out and during the summer people had been on barge boat trips.

People were very positive about the activities on offer. People who used the service told us, "There's plenty to do in here, I like reading. There's flower arranging, two ladies come in to do that. There's quizzes and bingo. There's an entertainer comes in and plays keyboards and other people come in as well, a husband and wife team also a theatrical lady" and " We went out to a carol service and I believe they have trips out during the better weather."

During one activity session we observed, people were doing seated exercises taking turns throwing and catching a ball. People appeared to enjoy the exercises and the instructor obviously had a good rapport with the people. We also observed an old-time music singalong afternoon. One of the entertainers played a keyboard another sang the songs. People wore dress hats, others played musical instruments. Everyone sang along enthusiastically and some people danced with each other. People were actively involved and obviously having a lot of fun.

We also saw that regular 'pat' dog sessions were taking place. The dog was brought into the home so that people could stroke and care for it. We were told this was not only a nice experience for those who used to

have dogs but also had therapeutic value in that it helped people relax and reduced social isolation. We saw this was very popular. People were eager to talk to the dog or have the dog sat on their knees.

The provider was also developing links with a local nursery who had started visits and also with the local school choir.

We asked how the home used technology to improve care provided. Wi-Fi was available throughout the home and the provider told us that some people used personal electronic devices to keep in contact with family members who lived outside the local area or abroad.

We saw the service had an equality and human rights policy. This gave staff information on the risks to people's human rights in health and social care provision. It guided staff on action to take when planning and delivering care and support and to ensure peoples protected characteristics are respected, protected and supported.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The provider told us that information could be made available in different formats such as large print and languages other than English if anyone using the service needed it.

We looked to see how the service dealt with complaints. We found the service had a policy and procedure, which told people how they could complain and what the service would do about their complaint. It also gave contact details for other organisations that could be contacted if people were not happy with how a complaint had been dealt with. A person who used the service told us, " Yes, I would feel comfortable raising a concern or a complaint." A visitor said, "I have had issues in the past with the home, but I was happy with the way it was dealt with and the final outcome." Records we saw showed that there was a system for recording complaints, compliments and concerns. This included a record of responses made and any action taken.

Requires Improvement

Is the service well-led?

Our findings

People who used the service were positive about the way the home was organised and managed. They said, "Yes, I consider the home is well managed. The manager is very approachable. I would recommend living here to others, I wouldn't like to be anywhere else" and "I would recommend this place if you have got dementia, it's well managed."

A visitor said that since the last inspection; "They [Managers] have pulled out all the stops. And have sustained the new practises" and "This may not be all five-star accommodation, but it is five-star care."

The service is required to have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. 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. The service had a registered manager. During our inspection we spent time with the registered manager, who is also one of the providers. We found them to be approachable and committed to providing good quality care and support.

One person who used the service said, "I know the owners name and the manager, and I would definitely recommend this place. It's well managed." A visitor said, "[Registered manager] is ever cheerful, ever helpful. She knows where people are and who they are."

Staff were very positive about the registered manager and the way the service was managed. One staff member said, "I have no problems. She's lovely [registered manager], she's approachable. She will help you with anything." Others said, "They are brilliant. [Registered manager] is amazing for a boss, you know she is always there and if there is anything you need for the house she will go out of her way to get it. Her door is always open for you", "[Registered manager] is very supportive, very approachable. It's well run. There is a friendly, homely vibe" and "They are fair bosses, they are nice people. I like the atmosphere, it's like my second home."

The home was accredited to the 'Dignity in care' scheme. This aims to promote good practise and dignity within care homes. We saw the registered manager had received an award; 'for excellent leadership on the daisy accreditation programme involving and sharing passion for dignity with the team'. Charnley house had been given an award; 'for providing excellent surroundings for residents and making it their home'.

The registered manager told us they regularly attended meetings arranged by the local authority for providers in the area. They told us this was very useful in sharing good practise and a good source of support.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensures they provide people with a good service and meet appropriate quality standards and

legal obligations.

During this inspection we found there were good systems of weekly, monthly and annual quality assurance check and audits. These included medicines storage and administration, use of bed rails, care records and daily records, staffing levels, weight checks, cleanliness throughout the home and mattress audits.

The provider also completed quarterly health and safety checks. These reviewed all audits and checks that had taken place including those relating to fire safety, accidents, housekeeping, trips and falls. Records showed that the registered manager also kept a separate log of any safeguarding, accident or incidents which had occurred in the service. This information was used to identify any concerns, themes or patterns so that action could be taken to prevent future occurrences.

However, whilst no breaches of regulations were found, some issues found during the inspection had not been identified through internal audits. Whilst people were receiving the support they needed, some care records did not reflect action taken or reasons for decisions. We recommend the provider reviews their processes for recording decisions about care, how that care is provided and how they audit that information.

The need for remedial work on window restrictors and radiator covers had not been identified and the provider was not aware that one gap in employment did not have a written explanation for it.

Although we saw improvements had been made, we have not rated this key question as 'good', to improve the rating to 'good' would require the embedding of audit systems and a longer-term track record of sustainable good practice.

'Flash meetings' were held every morning. These were used to identify work and tasks that needed completing during the day. They included resident of the day, issues affecting staffing, housekeeping, catering, maintenance and activities. Staff told us these meetings helped to keep them informed and plan for the day.

We looked to see if people had the opportunity to comment on the service they received. We saw that a survey had been sent to all the people who use the service in December 2018. At the time of our inspection the provider had not completed analysis of these as only six had been returned. We did note that all 6 contained positive comments about the home, service and staff.

We saw that regular residents and relatives meeting were held. These provided people with information about upcoming events and activities. Records of one meeting detailed the improvements that had been planned to the decoration of the home and flooring.

We saw that the service had a range of policies and procedures in place. These provide information and guidance to staff about the provider expectations and good practise.

We saw there was a resident handbook and statement of purpose. These documents gave people who used the service details of the facilities provided at the home. These also explained the service's aims, values, objectives and services provided. We saw the vision statement for the home was; 'To create a community where all residents achieve all they can'.

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of any accidents, serious incidents, and safeguarding allegations as they are required to do.

This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating and report from the last inspection on their website and in the home.