

Mr & Mrs J Addle

# Charlton House Residential Care Home

## 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?	Good ●

# Summary of findings

## Overall summary

Charlton House Residential 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 House provides accommodation with personal care for up to four people. At the time of our inspection two people were living in the home.

At the last inspection in August 2016 we found a breach of the regulation relating to quality assurance and we issued a requirement action. Overall, we rated the service as Good. Following the inspection, the provider sent us an action plan telling us how they would make the required improvements.

We carried out a comprehensive inspection on 11 July 2018. At this inspection, we found improvements had been made and the legal requirements had been met.

Overall, the service remains Good.

One of the registered providers was also the registered person/manager. The registered providers, who lived on the premises, had registered with the Care Quality Commission to manage the service. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered person worked every day and employed one member of staff. This was sufficient to meet people's needs at the time of our visit. Staff performance was monitored through supervision and appraisal.

Medicines were safely managed. Actions were taken after the inspection to make sure supporting records were fully maintained.

Staff demonstrated a good understanding of safeguarding and knew how to report concerns.

People were helped to exercise support and control over their lives. People were supported to consent to care and make decisions.

Risk assessments and risk management plans were in place. Actions were taken after the inspection to make sure risks associated with legionella were identified and managed. Incidents and accidents were recorded.

People were provided with choices at mealtimes. Healthy eating was promoted.

Staff were kind and caring. People were being treated with dignity and respect and people's privacy was maintained.

Systems were in place to monitor the quality of the service provided. People were given the opportunity to

provide feedback.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service has improved to Good.

The registered person assessed, monitored and mitigated risks to people. Their system needed to be further strengthened to make sure all risks were fully identified so actions could be taken when needed.

A registered person was in post. People spoke positively about the leadership in the home and could provide feedback and express their views.

The registered person recognised their responsibilities regarding notifications required by the Commission.

# Charlton House Residential 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook a comprehensive inspection of Charlton House Residential Care Home on 11 July 2018. This involved inspecting the service against all five of the questions we ask about services: is the service safe, effective, caring, responsive and well-led.

The inspection was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by one inspector.

Before the inspection visit we looked at the information we had received about the home. We looked at the notifications we had received. Notifications are information about important events that the provider is required to tell us about by law. We also used information the provider sent to us in their Provider Information Return (PIR). This is information we require providers to send to us at least once each year, that gives key information about the service, what they do well, and improvements they plan to make.

During our visit we spoke with the two people who used the service. On the following day we spoke on the telephone with one relative. We spent time with people in their bedrooms and in communal areas. We observed how people were being cared for and supported.

We spoke with the registered person and one member of staff. We received feedback from one healthcare professional. We have incorporated their views into the main body of the report.

We looked at two people's care records. We looked at medicine records, health and safety record checks, policies and procedures and other records relating to the monitoring and management of the care home.

## Is the service safe?

### Our findings

At the last inspection in August 2016 we rated this key question as Good. At this inspection the service remained good. We identified shortfalls in management of health and safety as noted below. However, the provider took prompt action to complete health and safety checks and risk management plans to ensure people's safety.

At the time of our inspection, the premises had not been risk assessed and checks were not in place to minimise the risks associated with legionella. Following our inspection, the registered person confirmed a risk assessment had been completed and risk management plans were in place.

The windows on the first floor did not have window restrictors in place and risk assessments and risk management plans were not in place to minimise the risk of people falling from height. Following our inspection, the registered person wrote to us and confirmed risk management plans were in place and they had consulted and followed national health and safety guidance and advice.

Overall, people's medicines were safely managed by the registered provider who took sole responsibility for management of medicines. One person who used the service took responsibility for the self-administration of their medicine. The registered person told us they had assessed the person was able to do this safely and had spoken with the person's relative and had consulted with the person's GP. They completed a written protocol after our inspection.

Staff had received safeguarding training and understood their responsibilities for keeping people safe from the risk of abuse. They could give examples of signs and types of abuse and what they would do to protect people, including how to report any concerns.

Accidents and incidents were recorded and actions taken to reduce future risks of injury. Where people had fallen, records showed that actions were taken to minimise recurrence. For example, for one person they were reminded to 'walk slowly and use stick.'

People told us the staffing was sufficient to provide the care they needed, when they needed it. The registered person worked every day and a member of care staff worked Monday to Friday. At our last inspection we found that staff were safely recruited. Staff files included application forms, proof of identity and references. Records showed that checks had been made with the Disclosure and Barring Service (DBS). The DBS check ensures that people barred from working with certain groups such as vulnerable adults are identified. No new staff had been employed since our last inspection, so we did not check staff files at this inspection.

Checks were in place for electrical and gas safety and stair lift, bath chair lift and wheelchair maintenance checks had been completed. Fire safety measures and checks were in place. We spoke with the member of staff who told us they had received fire training and had completed fire drills.

The environment looked clean throughout. We observed staff using gloves and aprons when needed which showed good infection control practices.

## Is the service effective?

### Our findings

We received feedback from people using the service and a relative that staff were able to meet care needs. The relative commented, "We discuss [name] needs and we have been really happy with the care here."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 had been assessed for their capacity to consent to care. Where support was needed, this was recorded. For example, for one person, the records showed the person could make day to day decisions about their care needs and had discussions and received further support from a relative if needed.

People who lack capacity 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 procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. There were no restrictions in place and no one living in the home had a DoLS in place.

Staff were supported with supervisions, appraisals and training. Staff told us they had received training and were confident they could meet the needs of people living in the home. The registered provider told us, following our inspection, they had completed further training to support staff to recognise specific symptoms and act if people became unwell because of their medical condition.

We observed meal service and saw people were served meals at the times they requested. We spoke with staff who could tell us about people's individual needs and preferences, likes and dislikes. One person had parts of their meal cut up. Staff told us this was a regular occurrence, and explained why they did this.

People were supported to access the healthcare services they needed. For example, people's weights were monitored and the registered person was able to tell us the actions they would take if needed. They told us they would seek support from the district nursing team and refer people to the GP. In addition, the records showed where community nurses were involved in supporting people with management of other healthcare needs. Other services such as chiropody were routinely offered and provided when needed. A relative told us, "We are kept up to date and informed about the progress [name of person] is making."

## Is the service caring?

### Our findings

People were treated with kindness and respect. They told us they had good relationships with staff and were well looked after. One person told us, "They are good and very kind."

People's rights to a family life were respected. Visitors were made welcome at any time. One relative told us, "It's so nice, and a little like an old-fashioned guest house. It really suits my relative and he gets the care he needs too. We're really happy."

Throughout the day of our inspection, we observed people being treated in kind and respectful ways. Staff were helpful and friendly and people looked relaxed and comfortable in their presence.

People's equality and diversity was recognised and respected. We heard staff referring to people by their preferred names. They clearly knew people well and were able to describe people's personal histories, interests and preferences.

The care staff told us how they made sure people's dignity and privacy was promoted and maintained. They made sure people were fully covered and that others didn't enter rooms when they were supporting people with personal care.

People told us they were asked and felt involved in decisions about their care and this was recorded. One person told us, "Yes I have a bath when I want."

The registered person told us in the PIR, 'We are a very small care home so we have the time to get to know our residents. Before admission we talk about choice, lifestyles, what people like and dislike, what they want from us. We include family members in this process. Residents are able to voice what they would like.'

We read a recent review that had been entered onto the national carehome.co.uk website that included, 'Lovely friendly and helpful staff, homely feel, happy my father is there, would thoroughly recommend'.

## Is the service responsive?

### Our findings

People and relatives were involved with care planning and told us that care was responsive to their individual needs. Before new people moved into the home they were assessed by the registered person to make sure their care needs were known and could be met.

Care plans were designed to reflect individual needs, choices and preferences. For example, they reflected the preferred 'getting up and going to bed' times, how people liked to spend the day and the support needed with personal care. The registered person told us how they encouraged people to be as independent as possible. For example, they encouraged people who were able, to walk to the local shop, just across the road from the care home.

Care records were updated daily to reflect the care people had received and how they had spent the day.

The registered person told us in their PIR that because they were a small care home with a 'close knit team' they were able to respond to people's needs very quickly. During our inspection, the registered person told us they communicated and supported people more often than was written in the care records. They told us again, because the service was so small, and because the care home was also the provider's family home, there was regular and frequent interaction with people throughout the day.

Activities were provided and external entertainers visited periodically. However, due to the small number of people using the service these were limited. One person told us, "It's a little quiet here." On the day of our inspection, the registered person told us they were planning to spend the evening with one of the people using the service. They were planning to watch a world cup football game on the television.

A complaints procedure was in place and a relative told us they would not hesitate to raise concerns or make a complaint if they needed to do so. The registered person told us they had not received any complaints since our last inspection. They told us they supported people with their personal care every day, they encouraged people to be open, honest and to express their views. They also involved, spoke with and updated relatives on a regular basis.

## Is the service well-led?

### Our findings

At our inspection in August 2016 we rated this key question as requires improvement and there was a breach of the regulation relating to quality assurance. At this inspection, the registered person had taken sufficient action to meet the requirements of the regulation. The registered person sent an action plan to us following our last inspection and told us they were introducing a questionnaire to demonstrate that people and relatives could provide feedback about the service. One person had moved into the care home in recent months and there was just one other person on the home whose relatives had completed the annual questionnaire. The registered person told us there were no improvement actions needed as a result of the information received.

The registered person regularly met with and spoke on the telephone with relatives and external healthcare professionals. Their feedback was not always recorded. The views and feedback we received was positive. We were told the care home was well-managed and people received a good service.

People using the service had day to day contact with the registered person and they and the relative we spoke with told us, "Yes she is very good," and, "She keeps us informed and consults with us regularly."

The provider took prompt action in response to our findings as identified in the safe section of the report. They also needed to ensure their policies and procedures were up to date and reflected current regulation and guidance. The registered person told us they were in the process of updating their policies and were currently updating the medication policy with the support of their pharmacy supplier. The registered person told us how they regularly sought advice and worked with other health professionals to make sure people received good care.

The registered person was aware of their obligations in relation to the notifications they needed to send to the Commission by law. Information we held about the service demonstrated that notifications had been sent when required.