Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Charlton Kings Care Home

Charlton Kings Care Home, Moorend Road,
Cheltenham, GL53 9AX

Tel: 01242221445

Date of Inspection: 10 July 2013

Date of Publication: August 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Records	✓ Met this standard

Details about this location

Registered Provider	Charlton Care Limited
Overview of the service	The service is registered to provide care to a maximum of 36 people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Charlton Kings Care Home had taken action to meet the following essential standards:

- Records

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 July 2013, talked with staff and talked with other authorities.

What people told us and what we found

The inspection was carried out to specifically follow up actions taken by the provider to improve record keeping in relation to people's care records. We did not speak with people about how their care records were maintained during this inspection. Instead we spoke with staff about the improvements they had made to how people's care records were completed and maintained. We also spoke with them about the systems, now in place, to help ensure these improvements were sustained. We inspected, in full, the care records of three people and also inspected the audits that had been carried out on seven people's care files.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained. Improved audit systems were in place to help sustain the improvements made to the record keeping.

Reasons for our judgement

During the last inspection on 23 April 2013 we found repeated shortfalls in records relating to people's care. In response to this further action was taken by us to secure compliance. The provider was given six weeks to make improvements to people's care records and to the processes that helped maintain these.

At this inspection we inspected, in full, the care records of three people and found improvements in how people's assessments and care plans were recorded and reviewed. We were shown the systems now in place to help maintain these improvements and these were found to be fit for purpose. Managers of the service had met with representatives of the company that designed and supplied the care record system chosen by the provider. Following this meeting we were told that staff had fully understood how to use the various records within the system. An audit on all care records had then been carried out and work had begun on rectifying the shortfalls. In the records that we inspected each person's needs and capabilities had been reviewed and an initial assessment completed. Care plans were in place for each identified need. Both assessments and care plans were relevant to each other and gave consistent information for staff to follow. We found at the time of, either the monthly review date or when a person's needs had altered, both these records had been reviewed and updated so the guidance for staff remained relevant and consistent. One care plan told us that the person required a specific diet after a period of ill health and medical investigation. Both kitchen and care staff were able to tell us how, what was written in the care plan, actually took place. The same person had been assessed as having a higher risk to infection after returning from hospital with a urinary catheter in place. When this had been removed however, the level of risk had been correctly reviewed and all records relating to this had been updated. Records evidencing this included an acute care plan, care plan for unrinary continence and the infection risk assessment. Another person had lost weight and then gained it after additional dietary support had been provided. The care plan told us precisely what support had been given and the food in-take charts had recorded what the person had eaten at each meal time. Over a period of several weeks of these records being maintained, we only saw two gaps where it was

not clear what the person had eaten or if they had refused a meal. This was a clear improvement compared to previous inspections. Again, all relevant records had been updated as required during the period of monitoring. We saw that staff had also used the Malnutrition Universal Screening Tool (MUST) to help them assess nutritional risk and what action to take. Once the person was no longer at risk of poor nutritional in-take, their weight had continued to be monitored and recorded and all relevant records had been updated. Another person lacked mental capacity and a best interest decision had been made in relation to them needing to receive personal care. A care plan gave staff clear instructions on what this entailed and what they needed to do when the person resisted this care. A mental capacity assessment and a best interest decision had been recorded showing that the Mental Capacity Act had been considered and that legal requirements under the Act had been met

To ensure these improvements in record keeping were maintained an audit process had been introduced since the last inspection. This process was now fit for purpose. We inspected recorded audits relating to seven people's care records. These had been completed between April 2013 and June 2013. We were told that these will continue to be completed on a monthly basis. The audits were checking to see if the correct records had been completed and if they had been reviewed, either on the set monthly date or as and when people's needs had altered. They also checked if risk assessments were completed and reviewed. The content of what had been written had also been checked for accuracy, as were additional monitoring records, such as food in-take and fluid in-take charts. Where there had been gaps in the records or where records were incomplete, this had been recorded on the audit and a task generated for the member of staff responsible for that care file. We saw an improvement between May and June 2013 with less record keeping issues being identified in June 2013 audit. We saw that where the audit had required action, these had or were being completed. The provider may like to note that although we saw tasks signed as completed and managers told us that they monitored staffs' completion of these tasks, there was no stipulated time frame for completion of these tasks. We were shown a more in-depth audit that was to be introduced soon. Managers told us they were confident that the systems already in place would help to sustain improvements. The additional audit is to be used by managers and is designed to look at the records in more detail and to help identify staff training needs and improve the systems further in the future.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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