

Hamberley Care (West Byfleet) Limited

Charrington Manor 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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

Charrington Manor Care Home (Charrington Manor) is a residential care home providing the regulated activities of personal and nursing care for up to a maximum of 80 people. The service provides support to people who are elderly and frail, with long term health conditions or are living with dementia. At the time of our inspection there were 47 people using the service.

The home is set over three floors, although at the time of our inspection, the top floor of the building was not yet opened. Each floor has its own communal areas. On the ground floor, there is a large 'café' area where people can meet together with each other, family or visitors. The home is surrounded by a well-maintained, level garden.

People's experience of using this service and what we found

The service was exceptional and distinctive in its person-centred care and how, without fail, every staff member put people at the forefront of the service. Staff were highly skilled. A healthcare professional told us, "[Staff] are extremely competent. I trust them completely. They are highly committed to patient care."

Staff recognised people's individuality and always ensured they involved people, so they felt listened to and valued. We were told, "They listen, they are approachable, you're not dismissed and they always have time" and, "I tell everybody it's a good place to die because (husband) had such a peaceful ending."

Staff knew how to meet people's preferences and people had an enhanced sense of well-being and an improved quality of life. Relatives told us, "Mum can't occupy herself so they keep her stimulated. The activities are amazing, plentiful and with lots of variety" and, "While there, mum's overall physical health quickly improved and also her speech."

Without exception, professionals spoke highly of the service and its staff. They told us staff had an excellent understanding of people's needs and how to provide high quality person-centred care to people.

There were sufficient staff trained and competent staff to care for people. People told us staff responded promptly when they needed them.

People's medicines were managed safely, stored correctly and only experienced staff carried our medicines administration. People were supported to access healthcare professional input when required and relatives felt confident that staff would keep them updated on any aspect of their family members health needs.

Risks to people were managed in a safe way with sufficient, detailed information for staff to support this practice. Staff had a good knowledge of how to recognise the signs of potential abuse and as such this added an additional layer to help keep people safe.

People lived in an environment that was clean, well maintained and suitable for their needs. Visitors were

encouraged to come into the service and throughout the day we saw people and their family members enjoying time together.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff felt very supported and valued by management and told us they enjoyed working at the service. They were encouraged to progress in their role and undertake additional training to help them maintain best practice.

People were given choice and were able to make decisions daily around all aspects of their care. Staff encouraged independence and people enjoyed the freedom to spend their time as they wished. People were given options in relation to food and drink and were involved in developing the menus.

Everyone spoke highly of management and the staff. They told us they were treated with kindness and care, in a dignified and respectful manner and this was done to the culture within the service and the values of staff.

There was a strong management presence within the service who led by example. They had a clear vision of the type of service they wished people to receive and were working hard to develop a high-quality, person-centred environment in which people were happy to live.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 21 February 2022 and this is the first inspection.

Why we inspected

This inspection was prompted as the service had not been inspected or rated since it was registered with CQC.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Charrington Manor Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors, a nurse specialist 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.

Service and service type

Charrington Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Charrington Manor is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the service prior to our visit. This included notifications of accidents, incidents or safeguarding concerns.

During the inspection

We spoke with 10 people, 4 relatives and 1 healthcare professional during our visit. We also carried out general observations and spoke with 9 staff. This included the nominated individual, regional operations director, registered manager, clinical lead, nursing staff and care staff.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

As part of our inspection, we reviewed the care documentation in varying degrees for 8 people, looked at a number of medicines records, reviewed the recruitment files for 6 staff as well as other documentation relevant to the running and governance of the service.

Following our inspection, we received feedback from 1 staff member, 6 health or social care professionals, 11 relatives and 2 friends of people.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- We received differing views about staffing levels, although in the main people felt there were sufficient staff to meet their needs. People said, "There always appears to be plenty of staff in the day. I have a bell that I ring and there is always someone to answer it", "I rang my alarm and they were here very quickly" and, "I've got my alarm here, so I can call if I need them."
- Relative's reiterated this, telling us, "I think the staff ratio is good. They (staff) regularly pop in and check on her", "There's always someone around. I'm not aware that she has to wait" and, "She very seldom has to wait at all for assistance."
- Some people did say at night and the weekend they may have to wait longer to be assisted. People said, "Weekends there are possibly less staff. Sometimes we have a bit of a wait", "Sometimes there are shortages especially at weekends. I think night-time is worse." The registered manager told us, "I recognised the night staff team was possibly not as strong as the day staff and therefore I have put an experienced nurse on nights to support them."
- During our inspection, although staff were consistently busy, we did not have concerns about the staffing numbers. One person chose to stay in bed most of the time and they rang their bell frequently. We saw they were attended to promptly each time.
- Staff felt there were a sufficient number of them. They told us, "The staffing ratio is very good. Of course, in the morning it can be a bit difficult, but the registered manager or clinical lead will step in."
- Prospective staff went through a recruitment process prior to commencing in their role. Although this process was well-defined, some recruitment files lacked evidence of the required documentation. The registered manager told us, "We were aware that some of the recruitment files were not complete and are auditing the documentation to identify where any gaps are." Following our inspection, the registered manager was able to provide us with copies of the documentation not available on the day.
- Recruitment checks included evidence of performance in previous roles, a right to work in the UK and a person's fitness to carry out the job. Each applicant went through a Disclosure and Barring Service (DBS) check prior to starting at Charrington Manor. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were helped to stay safe as staff were aware of how to recognise the signs of abuse, take appropriate action and report accordingly. A relative told us, "She is much safer here than she was at home."
- Potential safeguarding incidents had been reported to the relevant local authority safeguarding team as well as CQC and investigations were completed and action taken to help prevent further incidents.

- Staff told us, "It is very important. If something happens or I see something that is abusive, I would report to line manager" and, "Safeguarding is in place to protect our residents from any harm or abuse. It is a range of things including medicines errors and witnessed harm or abuse. I will escalate to the clinical lead or the registered manager."

Assessing risk, safety monitoring and management

- People and their relatives said they felt safe. One relative said, "The corridors are level, there are handrails in the shower, beds are lower. Just lots of little things."
- People were supported in positive risk taking, but in a safe way. Throughout the day, we saw people moving around the service, between floors and communal areas and people told us they were able to retain their independence and go outside of the service, either with family or supported by a staff member.
- The assessment and monitoring of people's individual risks was robust and there was detailed information and guidance in place for staff. This included, information around specific health or mobility conditions, what equipment was required or, in the event of someone spending a lot of time in their bed, how often they should be repositioned to protect the integrity of their skin.
- Where people were at risk of choking, suitably modified food and drink was provided to them and guidance helped staff ensure people were sitting appropriately when eating or drinking.
- Staff were able to describe people's risks and how these were mitigated. Their descriptions were in line with what we read in people's care plans.
- The service was checked for its safety. Numerous routine checks were carried out on the premises, electrics, water and regular fire alarm tests were done as well as practice fire drills.

Using medicines safely

- People received the medicines prescribed for them. People said, "They are very good at that (medicines)" and, "It's all taken care of and they bring them round each day." Relatives had no concerns about medicines management telling us, "I'm happy because they're all locked (away) and when I've asked (about medicines), they give you confidence they know what's happening" and, "The medicines management is pretty outstanding."
- People's medicines were stored safely in a locked clinical room. The room was temperature checked and records showed the temperature was within the acceptable range for storage.
- The service used an electronic medicine administration system. This included current photographs of people for easy identification, details of any allergies and information on how people liked to take their medicines. The electronic system reduced the risk of any administration error.
- Staff were knowledgeable about the risks, side effects and actions to mitigate risks associated with people's medicines.
- Protocols were in place for homely remedies (medicines that can be bought over the counter), 'as and when' medicines and topical creams (medicines in cream format).

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

- We were assured that the provider's infection prevention and control policy was up to date.

The service was following government guidance in relation to visiting. Visitors were free to come into the service at any time and we saw several relatives spending time with their family member during the day.

Learning lessons when things go wrong

- Learning from accidents, incidents and safeguarding concerns took place. Every event was recorded, investigated and action taken to help prevent reoccurrence and outcomes were discussed with the whole staff team.
- Analysis of accidents and incidents took place by the registered manager as well as senior management and this helped to identify any themes, trends or additional input needed for the service.
- Weekly clinical governance meetings were held to discuss any accidents or incidents and we read that people had been provided with motion sensors, wrist alarms or large button call bells to help prevent reoccurrence.
- A relative told us, "Following an accident, it was clear that a prompt response had taken place. A clear plan was agreed for mum's return and implementation for a bed, chair sensors and increased observations."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- For the most part staff had been following the principles of the MCA with respect to people's capacity. However, we found that assessments had been carried out for everyone, even if there was no reason to check their capacity.
- We discussed this with the registered manager and senior management and they agreed that further training and work was needed to help ensure all staff understood when it was relevant to carry out a capacity assessment.
- Otherwise, we did see that capacity assessments had been completed and best interests meetings held when restrictive practices were being used. Such as in the case of people who had sensor mats in their rooms or were being given their medicines covertly (disguised in food or drink).
- Staff actively considered people's individuality in relation to consent. A staff member said, "Cultures are different and I make sure that staff from different cultures understand the need to make sure people have already consented to certain things rather than just doing something because they think it is best for the person."
- People said staff asked for their consent before carrying out any care. They told us, "Yes (staff ask) but in a subtle way" and, "Yes, they (staff) do (ask for my consent)."

Adapting service, design, decoration to meet people's needs

- Charrington Manor was a new, purpose-built service. The interior was light and spacious, each person had a room with an ensuite, which they could personalise and outside there was a large level garden area with

seating. A relative told us, "The facilities are excellent."

- People were happy with the environment. They told us, "I think it's wonderful, I really do. I recommend it to everyone that comes (in)", "We chose this (home) because it was light and airy and clean" and, "My room is pretty nice. I've added my own things. They put things up like the shelves and I've got a nice bathroom."
- Although the environment met the needs of the people living there, there was a lack of some adaptations which may help orientate people, particularly for people living with dementia. It was difficult, for example, to differentiate one corridor from the next and although people had memory boxes outside of their rooms, many were empty.
- The registered manager told us the provider had given them information on sources of suitable signage for people living with dementia and senior management told us their new director of quality was also a dementia specialist and they would be working with the service to make some changes. We were satisfied that although the changes had not yet taken place, as the second floor opened and more people living with dementia moved in, action was being taken to address the environment.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them moving into the service and this original assessment provided core information for a person's care plan. A relative told us, "Prior to her moving in I completed a comprehensive outline of likes and dislikes which were incorporated into mum's care plan."
- People were supported to take time to make a decision. A staff member said, "They never rush potential new residents as they understand the important decisions they will have to make. They make sure an admission is safe and everything is prepared ahead of the resident arriving."
- Nationally recognised tools were used to support staff's monitoring of people. This included a nutrition tool and skin integrity tool.
- People were aware they had a care plan and that this was reviewed regularly. People told us, "Yes, there is a care plan. I've got a review coming up on the 1st with [staff name] and a nurse" and, "I do have a care plan and on the 16th or 17th of March, it's to be updated. I've been involved in it and so has my daughter."

Staff support: induction, training, skills and experience

- Staff received appropriate training to help ensure they were competent in their role. Staff said, "The mandatory training is good. I know that I can ask to do additional training that will be of benefit to the residents and home" and, "We do e-learning and face to face to keep up good practice. I get good support and have been provided with one to one training to develop my skills."
- People and relatives felt staff were well trained. They told us, "I think they are very, very well trained", "They give the impression of being confident in their own abilities and come across as professional and approachable" and, "The nursing staff have capacity to talk about health issues which shows they have knowledge."
- New staff went through an induction process prior to working on their own. They told us, "Wow! The support I've received, it's been so good" and, "I had good induction and did lots of shadow shifts."
- People confirmed new staff shadowed experienced staff at the beginning, with one person telling us, "If they come in new, they are assigned to one of the others so they can follow them."
- Staff were supported in their role through regular supervision. Staff told us, "I get supervision from [registered manager] every 3 months. It is beneficial because you can raise concerns or questions. It is a chance to say to the manager what I need" and, "I have supervision where we talk about my areas of development."

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with a range of food and drink to meet their needs and for the most part we received good feedback about the cuisine at the service. People told us, "The food is very good. There is lots

of choice and an additional menu from which to choose if I prefer an alternative", "We have a menu and choose the day before. The cook comes around after the meal and asks us what it was like. She is very good at listening" and, "They wrap leftover sandwiches up and you can have them for evening munchies if you ask."

- People could have drinks on request. One person told us, "I just pick up the buzzer and say could you possibly make a cup of tea or coffee and they do" and, "We've always got water in rooms and there is always lots of juices available."
- The chef demonstrated a good understanding of dietary requirements and IDDSI (definitions to describe texture modified foods and thickened liquids). There was a plentiful supply of fresh meat, vegetables and fruit. They told us, "I get dietary updates from the nurses whenever a new person joins. Feedback is very important. Before I prepare the next set of menus, I get feedback from residents in the dining rooms and at meetings." Staff said, "The head chef is good at responding to changes that people want in the menu."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with a range of external professionals to help avoid unnecessary hospital admissions for people and to help ensure people received effective care. Staff told us they worked well together, saying, "There is good communication with the rest of the staff group."
- People were supported to access health care input as and when needed. People said, "They have a dental firm and they come every so often", "We can see a doctor who comes twice a week. I've got a physio who comes to several people" and, "I see the chiropodist and there's an optician."
- People told us there was good outcomes from staff input. They said, "One of my problems is vertigo, but once they (staff) know and I ring my bell, they are very good if I'm having an attack" and, "If you have a fall, they give you tablets for your bones." We heard a staff member discussing one person's medicine with them and whether they felt it was working.
- Relatives felt fully informed about their family member's health needs. They told us, "They have a doctor who comes twice a week. Mum had to go to the hospital. The doctor saw her Friday and rang me to say an ultrasound was booked for Saturday. It was all dealt with", "When I have any concerns about health matters, the clinical team have addressed these promptly and to my satisfaction" and, "I receive regular emails updating of mum's care and if there are any concerns find that I am contacted quickly. Emails are always responded to in a positive manner, with clear clinical reasoning, explanations and also willing to take on board suggestions we may have."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and cared for. Without exception everyone told us how kind and caring the staff were. We heard, "The staff are lovely – very sweet", "This place and all the staff are absolutely marvellous" and, "I just think I like the whole ambience of the property and the care is very good. The staff are very pleasant and helpful."
- Likewise, relatives only gave positive feedback on the care their family member received. They told us, "Just very gentle and cheerful (staff). They see her as an individual", "She is very happy there and often says so", "She has an excellent (joke) relationship with all the staff" and, "She certainly appears to be happier than in her old living arrangement."
- People said staff were helpful and paid them attention. They told us, "They come in and have a chat", "I think they try to reassure you at every minute of the day" and, "They're always very helpful and for me, they come in and say late at night, when you are ready push your button and we'll come and help you. I do and they help me and make sure I have everything I need for the night."
- There were warm interactions between the staff and people. One person had fallen asleep at the lunch table and they were woken with a gentle hand on their shoulder and asked if they would like to finish their lunch. A staff member waited to be invited into someone's room to deliver their lunch, they made sure the person was comfortable and had everything they needed, they commented on the person's nice appearance and had a general chat before leaving.
- Staff showed empathy towards people. One person was crying. A staff member noticed and went and sat next to them, pulling their chair in close. They took the person's hand and leant into them saying, 'what's wrong'? They talked to them quietly and suggested they went for a walk together. Shortly afterwards, we saw them in the corridor talking and laughing together.

Supporting people to express their views and be involved in making decisions about their care

- People said they could make their own decisions, with people telling us. "They would talk it over with you" and, "I make my own decisions." Relatives confirmed this. One relative told us, "She is allowed to be an individual whilst gently encouraged to mix with the other residents."
- When people were given their medicines at lunch time, staff asked them if they had finished their lunch and if they were ready to take their medicines, giving people the options and choice.
- One person told us, "We are always involved and making choices (in the food)" and staff said, "People can choose how they want to live. It is their choice."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be independent. People told us, "They expect you to do certain things" and, "I

like it here. I am quite independent, and I like that."

- Staff actively encouraged independence. Staff told us, "It is important that we promote independence no matter whether abilities are very limited" and, "We help people to remain as independent as possible. For example, we toast people's bread and then encourage them to butter it themselves. When doing personal care, I will encourage people to do as much as possible for themselves."
- Everyone without fail said staff gave them privacy. We were told, "It's a difficult balance, safety and privacy. They've got that right", "She is treated with care, respect and dignity" and, "They treat him with dignity at all times and were quick to understand the little things that please my father."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Undoubtedly, the service offered responsive and person-centred care to people. People were at the centre of staff's focus and this achieved good outcomes. Staff said, "Person centred care is a very important part of how we work."
- People, relatives and friends said, "They don't treat you as you are rubbish, they treat you as somebody", "The outstanding quality, professionalism and level of care is absolutely ingrained in the DNA of the place and all its staff. We have been deeply impressed", "The quality and care provided by the staff is first rate" and, "Since his arrival my father has improved considerably with the care and attention that he is given."
- Staff ensured that people lived as full a life as possible by recognising people's individuality and tailoring their care. We were told, "He loves gardening. They had three trugs (planters) delivered and had wall mounted water hoses fitted strategically for him to easily use. He was able to grow a variety of plants and vegetables last year which he was thrilled about" and, "She has always been a very energetic person, taking long walks from her home daily. From the moment she arrived, staff are often taking her out for walks in the local area. Without this regular exercise, her mood can drop and affect her quality of life."
- Staff had an excellent understanding of the cultural diversity, values and beliefs of people. One person told us, "One of the carers and I pray. The carer is always ready to pray with me. That's not everyone's cup of tea." A relative told us, "The monthly visit by the local church to provide Holy Communion is very much appreciated. It is lovely that one of the residents plays the piano for the hymns."
- Staff had outstanding skills. One person was admitted with severe leg ulcers and due to see a vascular consultant. Initially, the ulcers were not improving. Charrington Manor clinical staff took over the management of treatment and by the time the consultant appointment came around they were fully healed. Vascular ulcers can be long lasting and difficult to heal, they are painful and very debilitating for a person and yet staff had skillfully and expertly treated them.
- Professionals were equally complimentary about the service. Staff worked proactively with them, striving to provide care based on best practice. We were told, "They are truly dedicated professionals who go above and beyond to ensure their residents receive the best possible care. We are proud to work alongside them" and, "They ensure they provide personalised care which is tailored to people's unique needs." An oral health professional told us, "We were asked to support them with their oral health programme. From the very first meeting they have been extremely proactive. It would be wonderful if all homes had the same approach."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care was planned proactively in partnership with them and staff used individual and creative ways to involve people. A person's friend told us, "It was a difficult decision to move into a care home. Charrington Manor really invested time and thought into the process. They encouraged him to visit; they got to know him well. By the time he was ready to move, he was actually impatient to move in."
- Staff thought in creative and flexible ways to help meet people's needs and preferences. One person had a long-standing hairdresser who had become a friend over the years and management had arranged for their personal hairdresser to use the in-house facilities. This meant the person had the chance to catch up with their friend on a regular basis. Their relative told us, "It gives mum a real boost."
- A second person was not well enough to attend their granddaughters wedding. Instead, staff decorated the in-house cinema, a wedding cake was baked, champagne popped and their granddaughter's wedding was streamed live for them to watch. Their relative told us, "He was totally thrilled by all their efforts. Wonderful lasting memories for him."
- A further person had been an avid golfer and staff had taken them to the local golf club where they could mix with friends and hit some balls. Staff then purchased an indoors golf kit for the person to use.
- Staff encouraged people to socialise with each other. Staff were called 'homemakers' and they did not wear uniforms. A staff member told us, "I love not wearing uniform. It makes me feel like I am at home." In the afternoon, there was a cheese and wine event in the bistro area. Staff sat in amongst people encouraging interaction and conversation and there was a lot of laughter. As staff did not wear uniforms it looked just like a group of friends having an afternoon together.
- People had an enhanced sense of wellbeing. One person said, "It's the people, I think and the companionship. We have a lot of laughter." A relative said, "My father finds it difficult to amuse himself so this stimulation means that he is much happier than before moving in."

End of life care and support

- Staff were responsive to people's individual needs, particularly at the end of their life. One person's friend told us, "Charrington Manor were really responsive and also proactive in terms of making sure, despite his situation changing from one day to the next, the necessary care elements were ready or actually in place. The end, when it came, was handled with huge compassion and sensitivity both for him and us. It was the personal involvement with him that stood out, checking in on him, chatting with him, making sure he was drinking enough, holding his hand, comforting him at the end. Nothing was ever too much trouble. Even in that most difficult of times, staff were phenomenal. I am not sure how we would have coped without them."
- People had end of life care plans in place where any wishes they had could be recorded.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was provided in a variety of ways to help people understand. For example, surveys that people were encouraged to complete were produced in an easy-read, pictorial format, making it simpler and clearer for people to fill in.
- People and relatives said staff communicated well. One person said, "It's one of the things they do here well (communication)." A relative told us, "They listen and take action. I asked about rephrasing the questions they ask mum. A meeting was held between staff and that is good communication."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which described what people could expect should they raise any concerns or complaints. People told us they knew who to speak with. One person said, "I would go to the deputy. When we were having lunch the first day, she came and introduced herself and said if you ever need to speak to me about good or bad, don't hesitate. It's small enough to feel personal. They know who you are."
- Relatives told us managements door was always open and they felt they were approachable. One relative told us, "I feel there are different avenues I could go down to ask, but I've never had to raise a complaint" and, "I feel very able to take any concerns I have to the nursing and leadership team and confident that they will be taken seriously, responded to and addressed appropriately."
- People had nominated a residents rep to speak on their behalf. This person told us, "That's why they asked me to be the one to speak for them. I had an occasion when people told me about their plugs and that was sorted. I spoke with [maintenance man]."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was consistently well managed and leaders promoted a high-quality service. Relatives told us, "I see how motivated the leadership team are at Charrington Manor to make it a home of excellence. Many times, I have been leaving well into the evening and [registered manager] and [deputy manager] are still there working, but always with a smile and time to talk if I need to. This builds confidence that they have their residents best interests at the centre of all they do", "The management team are exceptional" and "The manager leads an extremely good staff team and my father's every need is being met."
- People, relatives and friends could not speak highly enough about the service. We were told, "I think it's fantastic, I really do", "The whole place is nice", "I'm 100% happy and in fact I would like my father to come here",
- Consequently, relatives would have no hesitation in recommending Charrington Manor to others. We were told, "I would, and have recommended the care home", "Charrington Manor has completely changed our impression of the care home industry. We would have no hesitation in recommending it", "Mum is visited by a number of friends who have all been impressed with the home, staff and environment. Some of whom now want to move there themselves when they are ready" and, "My recommendations to friends and family have resulted in others moving in."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- A strong and knowledgeable managerial presence meant that staff were able to follow experienced role models to provide a good service to people. A staff member told us, "[Registered manager] is actively involved with all recruitment across all departments. Her professionalism coupled with her extensive experience has meant that the team we have today is quite simply outstanding. Both [registered manager] and [deputy manager] are great mentors and role models, always willing to listen to and help staff."
- Staff were happy in their work, clear about their roles, motivated and had confidence in the way the service was managed. Staff told us, "I've never worked anywhere as good. I am happy to come to work. Everyone in the home mucks in when needed", "There is a good working environment here. I look forward to coming to work and I get a lot of support from the management team. I feel valued in the work I do. [Registered manager] and owners give me very positive feedback" and, "I am quite happy to be here. The door is always open for me. This home is very well led because of the support the manager and deputy give to all of us."

- There were strong quality performance processes in places. Various audits were carried out which included medicines, infection control, care plans and health and safety. Audits were used to identify areas for improvement. We spoke with the registered and deputy manager about some records that needed to be reviewed and found the issues had already been identified by them through their audits and were included in the registered managers action plan.
- Additionally, the regional lead and nominated individual worked closely with the service, supporting and quality assessing regularly.
- The registered manager was aware of their responsibility to notify CQC of any accidents, incidents or any safeguarding concerns. Notifications had been to us in line with the requirements of registration.
- The registered manager fully understood their requirements around duty of candour and apologies were made to people and relatives when care did not go to plan.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were encouraged to be involved in the running of the service. People were involved in resident meetings where a wide range of topics were discussed. These meetings were well attended. In addition, people had nominated a residents' representative who spoke on their behalf, raised concerns when needed and met regularly with the registered manager. People told us, "We've got a meeting soon to see the results of how they are doing", "I had a meeting with [deputy manager]. I've no hesitation in suggesting something" and "There are meetings for the residents and they have staff here who join in."
- Relatives told us, "I've been to family meetings and I honestly believe if I sent them an email about something, we could have a conversation", "We have a meeting this week. The chef comes in, the activities, [registered manager] and we bring up any problems we may have" and, "The chef always asks the residents for their opinion and suggestions. As food is very important to [husband], we are both very happy that they are involved."
- Surveys were sent out to people and relatives to obtain their feedback about the service and the care provided. We saw a good response had been received with positive comments.
- Staff meetings were held regularly and staff told us they felt heard and encouraged to put forward their ideas. Staff said, "[Registered manager] is not like a manager. She wants me to develop my skills and is very encouraging" and, "I really feel that what I do is valued. [Registered manager] and [deputy manager] are always thankful for what we do."
- An employee of the month scheme was running in the service and the service had been nominated for the British Care Awards. The registered manager told us, "Nominations for staff have to be linked with our values and we got to the finals of the British Care Awards."

Continuous learning and improving care

- The registered manager had an on-going action plan and a clear vision of where she wished to take the service. She said they had the resources available to enable them to develop the team and grow the service. They told us, "I feel supported (by senior management and the provider). I am developing the team; many have enrolled for the NVQ and more staff are able to do medicines. I've got approval from the provider to buy a multi-view bike (interactive exercise bike). We've got the licence and it will be in the service from March."
- The registered manager worked to support and improve the care provision. They told us, "I am arranging training for team members called, 'Ex by Ex looking through the eyes of a relative'. It provides information to staff from a relatives' perspective. I just want to make a difference, give people a happy life and improve outcomes."
- There was a clear vision and set of values within the service. The providers approach was to use language that set a tone of a comfortable, relaxed environment where residents were treated with dignity and respect,

rather than one of an institution. We saw sessions had been held with staff to discuss language used.

Working in partnership with others

- The service worked with a variety of health and social professionals as well as external agencies. The registered manager said, "We work with the tissue viability nurse, GP surgery, chiropodist, dietician and St Peter's hospital."
- External professionals had high praise for Charrington Manor and its staff. We were told, "Their hard work and dedication to providing excellent care to their residents is evident in their success. We are thrilled to see how well their facility has been received by the community and we look forward to continuing to work with them."