

Charing Gardens Limited

Charing House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Charing House is a residential care home providing personal and nursing care to up to 88 people. The service provides support to some people who were living with dementia, people needing nursing and residential care and people with a learning disability. At the time of our inspection there were 77 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Medicines management was not always in line with best practice guidance; medicine administration records were not always fully completed and guidance for staff not always in place. People who received medicines to support their mental health had these reviewed. 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. People were supported to take part in activities and pursue their interests. People visited the local park and went to the local town to shop.

There were sufficient staff to meet people's needs and keep them safe. Staff understood people's needs, and care plans and risk assessments were in place to inform staff how best to support people. Feedback from people and their relatives was positive about the care provided.

People, their relatives and staff all felt the culture of the service was positive and encouraged good outcomes for people. We identified some areas of the service where improvements were needed. When we raised these with the registered manager action was taken to immediately address them. However, checks and audits had not been effective in identifying these issues.

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

Rating at last inspection

The last rating for this service was Good (published 19 June 2021).

Why we inspected

We received concerns in relation to the management of medicines. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Charing House on our website at www.cqc.org.uk.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Charing House

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by three inspectors, 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

Charing House 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. Charing House 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service, and ten relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, deputy managers, nurses, care staff and ancillary staff. We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Guidance was not always in place or up to date with information for medicines given on a 'when required' basis, for example pain relief medicines. This meant that staff may not know when to give the medicine or how to administer it. We discussed this with the registered manager and deputy manager, and they took action on the day of our inspection to address this.
- Medicines administration records (MARs) were signed when medicines were given. However, MARs for medicines patches were not fully completed, putting people at risk of harm. We discussed this with the registered manager and deputy manager who took action to address this on the day of our inspection.
- Transcriptions of medicines that were not printed on MARs, but were handwritten by staff were not always signed or double signed by staff in line with best practice guidance.
- We observed one person receiving their medicines. Staff took time to explain what they were administering and carried out the process safely.
- Staff administering medicines to people were trained and checked to ensure they were competent.

Assessing risk, safety monitoring and management

- Some environmental risks had not always been well managed. Staff were undertaking fire drills during the day. However, there had been no fire drill undertaken at night in the last year. Following the inspection, the registered manager confirmed that a fire drill had been scheduled to take place at night.
- Some doors to first floor balconies were left open, in one case a risk assessment had not been followed by a contractor, and in the other case the risk assessment was not in place. The registered manager informed us there was a risk assessment, however the risk assessment had been moved and was not in place, and staff had not followed it. Following the inspection, the registered manager confirmed the risk assessment was now in place, and staff had been asked to follow it.
- Other risks were managed. For example, equipment such as hoists, gas and electrical appliances had been inspected and serviced to ensure they were in good working order.
- There was guidance in place to inform staff how best to support people with their health needs. Staff we spoke with showed a good understanding of how to support people with all areas of their care including catheter care, and support to people living with diabetes.
- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- People and their relatives told us staff supported them well, comments included, "The staff here are amazing; they are great, and the staff know what they are doing," and, "I am confident that staff know how to support [loved one], they look after them very well."

Staffing and recruitment

- The recruitment process needed improvement to ensure staff's previous employment history was fully explored. Staff start and leaving dates for their previous employment were not always recorded. Gaps in recruitment had been explored, however the records were brief and did not always note when the gaps were.
- Other recruitment checks had been undertaken to make sure staff were suitable to work with vulnerable people before they started. For example, Disclosure and Barring service checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.
- There were enough staff to provide support to people. Comments from people included, "There's enough staff and they do usually come quickly," and, "Oh they come when I call. I have a bell and they come when needed. I am all happy here."
- The registered manager used a dependency tool to assess people's needs. A dependency tool assists managers to identify the staffing levels needed to support people. Regular agency staff were used where needed to ensure staffing levels were maintained.
- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. There were insufficient PPE bins in place to encourage staff to change PPE as appropriate. We raised this with the registered manager and more PPE bins were ordered and arrived during the inspection.
- 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 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.

Visiting in care homes

People were supported to have visits from friends and family in line with government guidance. One relative said, "I can visit whenever I want to and visit daily, there's no concerns there."

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Where people needed support to make decisions, these were made in their best interests and recorded.

- People were supported to make choices. People were not subject to unnecessary restrictions. For example, where appropriate, people were able to go out alone if they wanted to do so. One person said, "They are nice to me. I get to go out every day and walk around the park."

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to support people from the risk of abuse. Staff received training in safeguarding, and staff we spoke with had a good understanding of the types of abuse, and how and where to escalate concerns.
- People and their loved ones felt they were safe at Charing House. Comments included, "We have no problems regarding safety," and, "I just know that it is safe here, it is very clean and well maintained."
- The registered manager understood their responsibilities to report concerns to the local safeguarding authority. The registered manager had reported concerns to the local safeguarding authority and worked with them to ensure any lessons learnt were shared with the staff team.

Learning lessons when things go wrong

- When things went wrong there were systems in place to learn and improve. Staff completed incident reports, which were reviewed by the deputy manager, and then the registered manager to ensure appropriate action was taken. For example, after a person had fallen a number of times, referrals were made to the falls team.
- Staff reported medicines incidents, and investigations were carried out, with learning shared with the staff team.

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.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff completed regular checks on care plans, however, these failed to identify that information was not always consistent. For example, one person's care plan detailed they needed to be supported to move regularly to maintain their skin integrity. However, the frequency of this was inconsistently documented.
- Medicine audits were being completed regularly and had identified issues with the documentation of MARs including the rotation of pain patches, and double signing written entries. Audits did not always identify that guidance was not in place to inform staff how to support people with 'as and when' medicines. Although some actions had been identified through checks and audits, not enough time had passed for us to assess if this system was effective in resolving issues identified.
- The registered manager and deputy manager completed a range of checks and audits. Action was taken to address improvements identified. On the staff uniform audit some staff were identified as wearing jewellery or having their phones on them, following the inspection, the registered manager sent us evidence of action taken to address the issues identified.

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

- There was a positive atmosphere at the service. People were comfortable with staff and staff regularly engaged with people. People told us they were happy at the service and with the staff who supported them. One person said, "It's really nice here and staff are kind and supportive."
- Relatives and staff felt positive about the culture of the service, a relative told us, "There is a nice calm, friendly atmosphere. They always have time to speak to us, everyone is nice." Staff told us, "The staff morale is good. Its hard work so the morale has to be good."
- The registered manager understood their duty of candour responsibilities. A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- When incidents had occurred the registered manager had been open with people and their relatives about events. They had written and apologised for the incident and been transparent about what had occurred.

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

- People and their relatives were provided with opportunities to feedback to the service. There were surveys and meetings for people and their relatives. Some people had raised concerns that they did not know who the manager was. Action was taken and the registered manager now undertook daily walk arounds. People told us this had led to improvements and they now knew who the manager was.
- Relatives gave positive feedback about the service and told us there was always a staff member to engage with. Comments included, "I think that it is well led, you can always correspond with the management, they always sort out any queries you have," and, "If staff see us around, they will always update us on the care of our relatives."
- There were opportunities for staff to feedback through staff meetings and an annual survey. Staff concerns were listened to. For example, staff had raised concerns about the lack of a maintenance person and a new maintenance person was recruited. Staff told us "We are given opportunities to raise things and say what's not working. They are, they are really supportive in that respect."

Working in partnership with others

- Staff and the registered manager worked with healthcare professionals including chiropodists, dieticians, and tissue viability nurses. When people's needs changed, staff organised for healthcare professionals to review people's care.
- People and their relatives told us that they had regular access to healthcare professionals. A relative told us, "If Dad need the GP, they promptly will call one for him." Records we reviewed confirmed this.