

# Charlton Care Group Limited

# Charlton House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Charlton House is a residential care home in Plymouth providing personal and nursing care to 41 people aged 65 and over at the time of the inspection. The service can support up to 44 people, has multiple split levels and is in an older style building with some original architectural features.

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

People told us they were happy living in the service, some people said they might like to get out more. Relatives fed back to us their loved one was safe, and the care was good.

There were enough staff to meet the needs of people and staff were well organised and clearly delegated to by duty managers at the start of each shift. Staff were safely recruited, although we did discuss how some aspects of recruitment could be more clearly recorded.

Improvements had been made in areas we identified were unsafe at the last inspection. This included equipment posing a trip hazard as it was cluttering up hallways, and some infection control measures not being robust enough. We suggested some further improvements in this regard during the inspection and they were implemented by the end of the first day, showing the manager to be responsive and keen to consider signposting and best practise guidance.

Staff had completed mandatory training and were supported through supervision, team meetings and daily handovers. We identified some staff would benefit from further training to boost their confidence in managing skin integrity, identifying when a person became unwell and in further understanding the Mental Capacity Act 2005.

People told us they liked the food and we saw positive outcomes where people were supported to eat more of a range of healthy foods through encouragement and support from staff and put on weight where needed.

Risks people faced were assessed and minimised where possible. The building was checked regularly for key safety aspects such as fire, gas safety and risks of falls. Maintenance works were reported and carried out promptly. The age and layout of the building posed some potential added risks, but staff managed this well, regularly checking on people. We fed back the laundry was small and made it difficult for staff to work in efficiently and with ease.

People were supported to take part in activities where they wished to. The management team said they were thinking about how they could further engage people in activities and this was still being worked on.

Staff interactions we observed were kind and caring, people were spoken to with dignity and respect. We heard laughter and banter during our visit and staff were learning more to engage with people around their

interests.

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

There was a clear management hierarchy, the provider, care manager, general manager for all four services in the group, and registered managers from the other services in the group all had input into the running of the service. However, there was no registered manager in post. A manager had been recruited to the post and was due to start in the weeks after our inspection visit. Due to the registration requirement that the service should have a registered manager in post the rating of the well-led domain was limited to requires improvement.

We made a recommendation regarding checking staff understanding of key areas people were supported with.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 20 February 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Charlton 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 Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector, one assistant inspector and one 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

Charlton House 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.

The service did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced on the first day and announced on the second day.

#### 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with thirteen people who used the service and seven relatives about their experience of the care provided. We spoke with seven members of staff including the manager, supporting manager, duty managers, care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from four professionals who work with the service and four further staff.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in Charlton House. They said, "The staff are wonderful they come when you need them" and, "I have my call bell so can get the carers to my room to help me."
- Systems were in place to record and investigate safeguarding concerns and referrals were made to the local safeguarding team.
- Staff had received safeguarding training.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people and ensure effective infection control measures were in place. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The service was clean, tidy, and free of offensive odours. Staff had access to and were observed using personal protective equipment.
- There were no sluice facilities within the building, which meant staff struggled to find space and time to effectively clean commodes and continence aids. We fed back to the manager this was an area for improvement. By the end of the day a plan had been produced and actioned to address this feedback.
- Space in the laundry was very limited. This made it difficult to store clean and dirty clothes separately and we observed soiled laundry bags being carried over clean laundry. We fed back a concern this could place people at risk of cross-contamination. The manager and supporting manager informed us they had already ordered new laundry bins to ensure better separation of clean and dirty laundry.
- Regular audits were being completed in relation to infection control.
- Risks that people faced relating to their individual health and social care needs were assessed. Staff we spoke with were aware of how to support people to minimise these risks.
- Equipment was well maintained and regularly serviced. Arrangements had been made to ensure hallways were no longer cluttered with mobility equipment.
- A comprehensive range of checks were made to ensure the premises and equipment remained safe, for example regular checks of water temperatures, chair lifts, floors and carpets.

### Staffing and recruitment

- A professional fed back, "There always appears enough staff for the amount of residents."
- Systems were in place to ensure staff were recruited safely. DBS First (police record) checks were obtained prior to staff starting work.
- The recruitment process was values based, ensuring staff employed by the service shared their values and ethos of care.
- We discussed with the manager ensuring all verbal reference checks were recorded accurately, and that all gaps in recruitment history were explored and recorded to ensure a thorough recruitment process.

### Using medicines safely

- Medicines were stored, returned, and taken delivery of safely. Stocks of medicines matched recorded amounts on the electronic system.
- We observed staff being patient and encouraging during the administration of medicines. Only staff trained, and competency tested in the administration of medicines administered prescribed medicines.
- There was an electronic recording system for medicines which had a prompting system to remind staff if they had missed anything.

### Learning lessons when things go wrong

- The service had shown how it had reflected on what had gone wrong in the past and made changes. For example, issues we identified at the last inspection had been rectified.
- Safeguarding, incidents and falls were all analysed for trends, so the management team could identify where something needing changing.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were holistically assessed. Assessments and care plans included physical, social and emotional areas.
- The service was part of a "discharge to assess" scheme where a trusted nurse assessor from the local hospital assessed the needs of people before coming to the service.
- Best practise guidance was referred to such as the National Institute for Clinical Excellence (NICE) and was on display for staff to read in staff areas of the building.

Staff support: induction, training, skills and experience

- One staff member told us, "I get the best support from the management team, if I have a question I can go to them and they will help me right away."
- Following the last inspection, the induction programme had been updated to include detailed guidance around use of equipment and infection control.
- All staff had completed induction training. We discussed with the manager building into their staff support checking staff knowledge and understanding around key support areas such as dementia care, identifying when a person became unwell and skin integrity.
- The training matrix demonstrated a good level of completion of the training the service identified as mandatory.
- Systems were in place to ensure staff received regular supervision, with new staff receiving probationary reviews at one, three and six months.

We recommend staff have their knowledge and understanding checked regarding key support areas by referring to a reputable source of information and guidance.

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

- People said, "Very good food here – I enjoy it", "The food is beautiful" and, "The food is good – today we had beef casserole and the gravy was very tasty."
- Records showed people had been supported to gain weight where required. People who were prescribed supplements to build up their strength and weight were supported to drink them when required.
- There was a snack station in the ground floor dining area. People could help themselves to fruit, crisp and snack bars throughout the day. Staff also regularly offered snacks and a range of warm and cold drinks to people.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Some people stayed in the service for a short time whilst they recovered from an injury or built up their strength before moving back home. The service liaised with key professionals to ensure this transition was smooth.
- Referrals for health services were made promptly.
- Some care staff lacked confidence in supporting people to manage their skin integrity. Care staff told us there was lots of more senior staff to ask for advice if they ever needed it. Professionals said their advice was sought when needed and the service was supporting with pressure care by the local district nursing team.

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

- The service was not purpose built to be a care home and was a listed building. The layout was not ideal for all rooms to be within earshot or eyeshot of staff and could be confusing for some people and visitors. Staff managed this well through regular checking of people and moving around from area to area of the service.
- Relatives, staff and professionals commented on the layout and accessibility. One professional said, "Unfortunately the home itself is not easily accessible for residents with mobility problems."
- There were grab rails in some communal areas to make it easier for people to mobilise more independently.
- Careful consideration had gone into how the service was presented. People told us they liked how the service was decorated and felt it was rather grand looking. Original features had been emphasised and the service was light, bright and warm in the dining and lounge areas.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS were applied for appropriately and followed up where required.
- Records regarding best interest decisions were in place. People were supported with the least restrictive care options where possible. One professional said, "They are trying to be least restrictive by enabling him his old lifestyle of going for daily walks."
- Staff understood consent and we heard them asking people for consent before delivering care.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 said, "The staff are great, they have so much patience – I couldn't do it", "The staff are friendly and helpful", and "They're as good as gold."
- We saw several kind and caring interactions between staff and people living in the service. Staff used humour and touch appropriately and engaged with people every time they passed, this made people smile.
- Staff said, "I love helping people to see them smile to know I am making a difference to them" and "We are a family, we all help each other."
- People had their equality needs assessed. People's diverse needs were considered. For example, where there were steps leading to activities or services the service had bought in access ramps. This helped people who had mobility difficulties access services such as the visiting hairdresser.

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

- When we spoke with people they said they were not aware of their care plans but talked to staff about how they wanted their care delivered. People told us they could get up when they liked and had control over their day.
- Relatives said they were contacted for reviews of care needs and asked their opinions on different aspects of care.
- One person who told staff they loved the Victoria era decided they wanted to have their bedroom transformed. The service enabled this person to have control over their environment.

Respecting and promoting people's privacy, dignity and independence

- When we asked about being treated respectfully people said, "They always remember my name and are polite", "The girls are patient and reassure me", "The Activities lady is so lovely, smiling and chatting with everyone."
- Staff spoke of people respectfully. They had completed training in dignity and respect and knocked on doors and waited for a reply before entering people's rooms.
- People were encouraged to be as independent as possible. For example, when they were eating, and people were encouraged to walk where they could to maintain their level of mobility.
- The service had taken care to respect the life experience and age of people living in the service. Tables were laid attractively with flowers and furniture and soft furnishings were arranged in a way, so people could enjoy their pleasant surroundings.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care plans were personalised. They contained information on people's likes and dislikes. For example, how they liked their tea or coffee made and what time they liked to wake up.
- There was clear instruction for staff on how people liked their personal care delivered.
- People had choice and control over what they ate, what they wore and what part of the service they spent time in.
- Staff knew people well. Each staff member was paired with six people each shift and it was their job to check the people were ok and meet their needs. Staff had cards for each person with their photo on and a description of their needs and how they liked their care delivered. One person said, "They know exactly what I want and need."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had their communication needs assessed and met. For example, one person who moved into the service who had partial hearing, the service arranged for a hearing aid to be ordered and fitted.
- Information was available in different formats if people needed them.

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 told us, "We do lots of things here. I like Elvis and I'm watching an Elvis film on this iPad, it's brilliant", "The Activities lady knows I like puzzles and she got me this one" and, "They've got singers coming in tomorrow for Valentines - I'll enjoy that."
- Some people were supported to leave the service to attend appointments and go shopping or to groups. Some people who were less mobile told us they would like to go out more.
- There was an activities co-ordinator who engaged people with individual activities they enjoyed such as reading the paper or completing jigsaw puzzles. We observed them taking the time to engage people in quiet personal conversations and offering companionship and reassurance. A professional said, "Since the implementation of a newly posted activities coordinator, she has done really well." A relative said, "The activities lady is a real gem - warm and friendly."
- People were supported to socialise within the service by attending group activities or spending time in different communal areas in the service. People were also supported to stay in contact with families.

#### Improving care quality in response to complaints or concerns

- People said, "I would speak to [staff] if I needed but not necessary" and, "My [loved one] would speak to the [staff] for me."
- Relatives said, "I'd speak to the carers or the seniors", "Staff are approachable so it's not a problem."
- The service had a complaints procedure and policy. Complaints were recorded and responded to in line with the service procedure and policy. Action was taken to resolve complaints and outcomes were recorded.

#### End of life care and support

- The service supported some people who were approaching the end of their life. Sadly, during our inspection one person passed away. Care staff and managers conducted themselves admirably during this difficult time.
- End of life wishes were recorded where people or families had stipulated them. A professional told us, "They gave my client his last wishes before passing away recently."
- Staff had been supported to attend training on end of life care.
- The service had consulted with the GP where some people may be approaching the end of their life and had made appropriate preparations such as putting together a "just in case" bag with any medicines that may be required.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

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

- The service understood and acted on its duty of candour. Relatives and other key stakeholders were informed if there were any issues or incidents.
- The focus of the service was on people first. We saw this from the interactions staff had with people, and from talking with people, relatives, staff, and management.
- Staff told us morale was good and they felt supported. One staff member said, "They look after us."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was no registered manager in post at the time of our inspection. It is a condition of the registration of this service that there is a manager registered at this location. This means the rating for well-led has been limited to requires improvement because a registration requirement has not been met.
- The management team had worked since the last inspection to address the issues we identified during the last visit, so the service was no longer in breach. This demonstrated a more in depth understanding of regulatory requirements.
- There was a robust audit process in place and spot checks were completed on all aspects of care by senior care staff, duty managers and the care manager. The provider also visited the service regularly to check the quality and safety of care.
- There was a clear staff hierarchy in place. Staff were confident in what was expected of them when we spoke with them.

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

- People and families were involved in the development of the service. Their feedback was sought on how to improve the running of the service.
- Staff were asked their views during supervisions and team meetings and given opportunities for anonymous feedback to provide ideas for improvement.
- Managers spoke positively about the staff team. They praised the hard work and recognised the staff made the service run well and "are the backbone of this place, we couldn't do it without them."

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with key professionals who advised the service and worked alongside them to provide care and support to people.
- There was a peer support structure within the group of services where best practise was shared between managers and staff.
- Managers attended networking events and were part of managers network to ensure they were up to date with changes in health and social care research and legislation.