

Songbird Hearing Limited

Charing Court Residential Home

Inspection report

Charing Court
Pluckley Road
Charing
Kent
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Charing Court Residential Home is a residential care home providing personal care to older people. The service can support up to 33 people in one adapted building. At the time of our inspection 25 people some living with dementia were living at the service.

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

People were interacting with one another and staff were engaging with people. One person said, "I would recommend it to anyone. It is brilliant. The staff are considerate, kind and friendly. I was dreading coming to live here. But I am happy. The staff could not do more for me. I know them [staff] and they [staff] know me".

Care plans were up-to date and accessible. This enabled staff to safely support people and understand how people wished to be supported.

Risks to people had been identified. Risk assessments contained detailed guidance to mitigate risk and keep people safe

Medicines were managed safely, people received their medicines as prescribed.

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.

The registered manager and staff knew people well and quickly identified when people's needs changed. People who were unwell or needed extra support, were referred to health care professionals and other external agencies appropriately.

People were recruited safely. Recruitment checks had been carried out to ensure that staff were of good character and have the skills and experience necessary to provide care.

The management had a clear understanding of their roles and responsibilities. The registered manager had implemented audits to assess, monitor and improve the quality and safety of the service.

Staff understood how to recognise signs of abuse and actions needed if abuse was suspected. There were enough staff to provide safe care.

Infection Prevention and Control policies and procedures were being followed. The premises looked clean and tidy and we were assured that the service had controls in place to minimise the risks posed by COVID-19.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 05 December 2019) and there was a breach of regulation. 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

We carried out an unannounced comprehensive inspection of this service on 29 October 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

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

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

Charing Court Residential 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 Care Act 2014.

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 two inspectors.

Service and service type

Charing Court Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require

providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, deputy manager, team leader and two care workers. We also spoke to a healthcare professional attending the service during our inspection.

We reviewed a range of records. This included three people's care and medication records. We looked at accident and incident records and two staff files in relation to safe recruitment. 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.

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 had improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
At our last inspection we recommended that the registered manager review the current incident and accident reporting system with staff to remind them about what they should be reporting to avoid the risk of incidents being overlooked and not addressed. The registered manager had made improvements.

- Incidents and accidents were recorded by staff and reviewed by management. The registered manager had implemented a new procedure for staff to follow, this was understood by staff and regularly reviewed by the registered manager. People's risk assessments had been updated following incidents to prevent reoccurrence.
- Risk assessments were recorded in care plans and regularly reviewed. The support people received reflected the actions listed to reduce risk and in the least restrictive way. One person's risk assessment highlighted anxiety and provided guidance for staff to support the person and reduce their anxiety.
- Referrals had been made to relevant health care professionals, such as the district nurse, where people were at risk. People's risk assessments and care plans had been updated with guidance provided and was being followed by staff. A district nurse told us "They [staff] genuinely care about the safety of patients".
- Equipment checks were performed regularly to ensure safety. This included call point alarm, firefighting equipment, hoist, gas safety and electrical checks.
- Monthly quality assurance audits were performed by the registered manager. This was so any trends or patterns could be identified and action taken to reduce the chance of reoccurrence.

Using medicines safely

- Medicines were being administered at the correct time and as prescribed. Staff administering medicines had received training and we observed staff dispensing medicines in a safe way.
- Medicines were stored safely in a clean medicines room and a trolley which was secured to the wall when not in use. Regular temperature checks were being performed to ensure medication effectiveness.
- The registered manager performed medicines audits to ensure that medicines were being administered safely. If any shortfalls were identified, then action was taken to address issues and prevent re-occurrence.
- Medicines subject to specific storage measures were stored safely. The administration records were complete, and the totals in stock tallied with the records.
- Medicine administration records were accurate. We looked at several specific medicines and all tallied with medicine administration records.

Staffing and recruitment

- Staff were recruited safely. Disclosure and Barring Service checks had been completed before new staff members started their employment. This helped prevent unsuitable staff from working with people.

- Application forms had been completed by new staff with any gaps in employment explored. References were checked and records kept.
- There was enough staff to meet people's needs. The service used a dependency tool to assess staffing needs and the registered manager performed checks to ensure that safe staffing levels were available to meet people's needs.
- During the inspection we observed there were enough staff to support people. Call bells were answered quickly, and people were supported to participate in activities. One person told us "They [staff] go above and beyond".

Systems and processes to safeguard people from the risk of abuse

- Staff had received up-to date training in safeguarding adults. This provided staff with an understanding of the different types of abuse and what to do if they suspect abuse.
- Staff were knowledgeable about safeguarding adults and knew how to identify and respond to allegations of abuse. They were assured that allegations of abuse would be dealt with appropriately. One member of staff told us, "You can raise any issue with a senior [staff member] and they will get it sorted".
- The registered manager knew how to report any concerns to the local safeguarding authority and take appropriate action to keep people safe.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 had improved to good. This meant the service management and leadership was consistently effective.

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

At the last inspection, the registered persons had failed to ensure monitoring systems were effective, in highlighting that not all incidents occurring in the service were reported by staff. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Act 2014.

At this inspection we found the registered manager had made improvements and were no longer in breach of regulation 17, systems were in place to ensure that staff reported incidents, and these were audited by management.

- The registered manager had implemented a new accident and incident reporting procedure. This had been communicated to staff and was effective in ensuring that incidents were captured by the service. The registered manager had performed regular audits to review actions and safeguard people.
- There were systems of monthly quality assurance checks and audits. These were effective in ensuring that processes designed to protect people were being adhered to and risks minimised.
- The governance of the service was effective and robust. This was evidenced by the improvements the service had made since the last inspection to address issues and no longer be in breach of regulation.
- The registered manager and staff were clear about their roles and had a good understanding of quality performance, risks and regulatory requirements. The registered manager had notified the Care Quality Commission (CQC) about events and incidents, such as abuse, serious injuries, deprivation of liberty safeguards authorisations and deaths as required.
- The provider displayed the latest CQC inspection report rating at the service, enabling people, visitors and those seeking information about the service to be informed of our judgments.

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 registered manager and provider understood their responsibility in relation to duty of candour. Duty of candour requires providers to be open about any incidents in which people were harmed or at risk of harm. The registered manager was in regular contact with relatives and informed them of accidents or incidents involving their family members.
- Good relationships had been developed between management and the staff team. One member of staff told us, "They [management] want what is best for us, they trust us".

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

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

- People were positive about the registered manager and the staff team. One person said, "I can talk to staff if anything is not right.". A relative told us, "They show that they care, they treat [relative] as family".
- There were systems in place to engage with people, their relatives and staff in the development of the service. The service held resident meetings, relatives were updated about the COVID-19 pandemic, its effects on the service and visiting arrangements. Staff had received regular supervision and training.
- Staff ensured people were not unsettled by the measures in place to protect them from the risk of contracting COVID-19. People seemed relaxed being supported by staff wearing PPE.
- Relatives were kept informed and updated. One relative told us, "They are good at communicating with me". Quarterly newsletters were also sent to relatives, keeping them informed of developments.
- The culture of the service was person centred. Staff were observed asking about people's welfare, and staff were seen using communication boards for people who needed support with communication. Staff knew what people's interests were and these were catered for. One person living with dementia was supported by staff singing with them on a one-to-one basis.

Working in partnership with others

- Referrals had been made when people needed support from other health care professionals. These included, GPs, district nurses, optician, chiropodist, dentist and physiotherapist. This had continued throughout the pandemic using phone and video calls if professionals could not visit.
- The service worked with the local community to provide support to people living there. The service had facilitated a range of services, this included a hairdresser and varied activities.

Continuous learning and improving care

- The registered manager had implemented auditing for different areas of the service. This enabled them to ensure quality and safety checks were being undertaken by designated members of staff. These checks were monitored to ensure people's safety.
- The service worked closely with a range of different professionals and agencies to improve outcomes for people living at the service. People's care plans had been updated with advice and guidance from visiting healthcare professionals.
- Areas for improvement identified at the last CQC inspection had been actioned and improvements made.