Mrs Eileen Margaret Horne

Charlesworth Rest 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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
Charlesworth Rest Home is a small family run residential care home, providing accommodation for up to 18 people, some of whom are living with dementia and who may require support with their personal care. There were 15 people living at the home on the day of inspection. The home is a large property situated in Brighton, East Sussex. It has a communal lounge, dining room and garden.

People's experience of using this service:
People told us they felt safe living at Charlesworth Rest Home. The staff demonstrated a good understanding of how to meet people's individual needs. People's outcomes were known, and staff worked with people to help achieve these. People were supported and encouraged to maintain their independence and live their lives as fully as possible.

People were supported to maintain contact with those important to them including friends, family and their community. Staff understood the importance of these contacts for people's health and well-being. Staff knew people well and what made them individuals.

The management of the service were respected. Staff had a good understanding of their roles and responsibilities and were supported to reflect on their practice and pursue learning opportunities. The staff team worked and got on well together demonstrating team work and flexibility.

Quality and safety checks helped ensure people were safe and protected from harm. This meant the service could continually improve. Audits helped identify areas for improvement and this learning was shared with staff.

The service met the characteristics of good in all areas; more information is in the full report.

Rating at the last inspection:
At the last comprehensive inspection, the service was rated good overall with requires improvement in Well-Led (30 November 2016). We undertook a focussed inspection on 3 May 2018 of the Well-Led domain and found that improvements had been made and it received a rating of good.

Why we inspected:
This inspection was scheduled and based on the previous rating.

Follow up:
We will continue to monitor intelligence we receive about the home until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Charlesworth Rest 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by one inspector.

The service type:
Charlesworth Rest 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 the inspection. The home accommodates up to 18 people and is split across four floors. Access to all floors was by lift and stairlift.

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 and took place on 9 and 10 April 2019.

What we did:
Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We used the information the provider sent us in the Provider Information Return. This is information we require providers to send us when requested to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with six people who used the service, to ask about their experience of the care provided and five

visiting relatives. We spoke with the registered manager, deputy manager, three senior care assistants and the cook. We received feedback from three health and social care professionals.

We reviewed a range of records which included, three people's care files, four medicine administration records, policies, risk assessments, health and safety records, consent to care and quality audits. We looked at two staff files, the recruitment process, complaints, training and supervision records.

We walked around the building and observed care practice and interactions between staff and people who live there. We used the Short Observational Framework for Inspection (SOFI) at meal times. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

• People received their medicines safely. The service had safe arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines were trained and had their competency assessed by the registered manager. Staff who gave medicines to people had recently completed a comprehensive medication training with an external training provider.

• Medicine Administration Records (MAR) had information about when a person took their medicines. Prescribed creams had details of where to apply and how often. Staff told us they checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR were completed correctly and audited. The home was making improvements to their MAR and information regarding medicines this was in line with best practice guidance.

• Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately. Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Systems and processes to safeguard people from the risk of abuse

• People told us they felt safe living at Charlesworth Rest Home. One person said, "I'm safe, I feel happy living here". A relative told us, "My loved one is safe, I know because I watch the care. It's great". A recent residents survey found that 100% of people felt safe when their care was provided. A health professional said, "I feel that residents are safe in the care of the home".

• Staff has received safeguarding training and demonstrated a good knowledge of recognising the signs and symptoms of abuse and who they would report concerns to both internally and externally. A staff member told us, "I would look for changes in behaviour. I would immediately report to the deputy manager [name]. If I needed to I could whistle blow and contact safeguarding or CQC".

• The home had effective arrangements in place for reviewing and referring safeguarding concerns. There was guidance with relevant telephone numbers and contacts for the local safeguarding teams displayed in the office. Staff felt confident their concerns would be acted upon. A professional told us, "I do not have any concerns about safeguarding in the home".

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

• Risk assessments were in place for each person for all aspects of their care and support. There were general risk assessments for the home. Risk assessments were reviewed regularly and if things needed to change.

• Risk assessments included clear instructions for staff on how to minimise the risks for people. Each assessment was arranged to show the service that was required and the objective. The deputy manager told us, "We encourage people to take risks and live their life as normal". An example was where they supported a person to access appointments in the community and return to the home on public transport".

• Accidents and incidents were recorded and analysed by the deputy manager. This meant that they could identify trends in events. However, analysis had not always been completed in line with timescales set by the home and the system was complicated. We spoke with the registered manager and deputy manager. We discussed the purpose of analysis and the deputy manager immediately worked to change their procedure to improve and simplify the process.

• Learning was shared through staff updates and instructions. The home produced an update which was explained to staff individually and signed by them. The home did this when it wanted to communicate important information or changes to practice as a result of learning from events. We saw many examples of these updates. Staff told us they felt they were kept up to date and were always learning.

Staffing and recruitment

• The home had enough staff. Staff told us they did not feel rushed and even though busy they had enough time with people. The home had never used agency staff and staff worked together to cover shifts. Both the registered manager and deputy manager worked within the home to support staff if needed. A person told us, "There are enough staff working here, they always come when I call". Staff turnover was low, many staff had been employed at the home for more than ten years.

• Recruitment checks were in place and demonstrated that staff employed had satisfactory skills and knowledge needed to care for people. Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting.

Preventing and controlling infection

• Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe. All areas of the home were tidy and visibly clean. Relatives told us they thought the home was clean and tidy.

• There were gloves, aprons and hand soaps in various places throughout the home. We observed staff changing gloves, aprons and handwashing throughout the day.

• The service had received the highest Food Standards Agency rating of five which meant that conditions and practices relating to food hygiene were 'very good'.

Good

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

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 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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• At the time of inspection, the home did not provide care to any person who lacked capacity to make individual decisions about their life. However, the deputy manager had clear procedures in place to assess capacity and to ensure people rights were protected. They told us they were supported by the local authority mental capacity team.

• People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). The home did not have anyone who may be subject to a DoLS authorisation at the time of inspection. The registered manager and deputy manager understood the procedures for this and applications had been made in the past when required.

• People and their relatives told us staff asked their consent before providing them with care. We overheard staff asking for people's consent throughout the inspection in particular in relation to medicines.

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

•People had care assessments completed before they had care from the service. These assessments formed the basis of their care plans. The registered manager and deputy manager went to see each person before they moved into the home. The deputy manager told us it was important to know what the person needs, and make sure that the home is what they want and whether they would fit within the home.

• Peoples outcomes were identified and guidance on how staff met them was detailed. Records and staff knowledge demonstrated plans had been created using evidence-based practices. This was in relation to medicines, moving and handling and pressure area care.

Staff support: induction, training, skills and experience

• The service had an induction for all new staff to follow, which included external training, shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. Many of the staff held a national diploma in health and social care.

• Staff received the training and support needed to carry out their role effectively. They told us they felt confident. Staff received training on subjects such as safeguarding, dementia, infection control and medication administration. A staff member told us, "We have training three or four times a year, practical sessions and face to face courses". A health professional told us staff were skilled and knowledgeable about the people living within the home and said, "They are 'spot on' about people".

• Staff told us they had regular supervisions and contact with the management of the home. The deputy manager told us that they no longer do formal supervision within the home. The home is supported by a small staff team and they communicate together each day. Staff told us they felt supported, they could ask for help if needed and felt confident to speak with the registered manager and deputy manager if needed.

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

• People were supported to have enough to eat and drink. We received positive comments about the food and they included; "The food is wonderful, it's always put on the plate just how you like it". "Food is nice here and it's good plain food". "Everything is cooked specially, there is a good variety". "Food is good, more than enough". "Our relative loves the food here, they were always a picky eater, until now". "Our loved one's diet is so much better now".

• People could choose an alternative if they didn't want what was on the menu. The cook told us, "We do not have a set menu. It just depends what we want. Sometimes we decide on the day". Records showed input from dieticians and speech and language therapists (SALT) where required. The cook told us, "I speak with the carers and they let me know if there are any changes". Good nutrition and satisfaction was important to the cook and they said, "You have to have a nice meal, that's what they [people] look forward to. I like to make sure they are well fed".

• We observed the meal time to be a calm and relaxed social occasion with people having various discussions between themselves and with staff. The dining room had tables laid with drinks and condiments. Most people used the dining room to have their meal. Food looked appetising and plentiful. People were encouraged by staff to eat their meals and have plenty of drinks. Some people had adapted crockery to support their independence with eating.

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

• People were supported to receive health care services when they needed them. The daily diary book showed referrals made from the home to a variety of professionals, such as doctors, nurses, physiotherapists and occupational therapists. The deputy manager said they worked well with medical professionals and were comfortable seeking their input when needed. A relative said, "My loved one gets the medical help they need".

• Records showed that instructions from health professionals were carried out. A health professional told us,

"They are very good, our instructions are followed. The staff notify us in plenty of time". Instructions from medical professionals were logged in the daily diary and they communicated to staff. This meant that people were receiving the most up to date support to meet their health needs.

• People had transfer plans which had all their information contained so this could be used when the person transferred between services. An example was where someone was taken to hospital.

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

• The home was accessed by people across four floors and had been adapted to ensure people could use different areas of the home safely and as independently as possible. The home had a large lounge and dining area with a garden for people to enjoy.

• The deputy manager told us that people were encouraged to bring their personal belongings with them. Relatives told us that it was important to their loved one's that they had familiar things around them.

• People had televisions in their room and the home had WiFi for people to access the internet. A person told us, "It's so important that I have the internet".

Good

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

• People and their relatives were involved in their care. Reviews were held regularly or as things changed. The deputy manager completed the care plans and staff were involved in these. Involving everyone made sure that they had a good understanding of the person's needs.

• Staff told us it was important for them to support people with choices. One staff member said, "I always ask what they [people] want". A person told us, "They always ask what they can do for me".

Ensuring people are well treated and supported; equality and diversity

• People and their relatives told us staff were kind and caring. Some comments we received were: "The staff are excellent", "Staff are fabulous", "I get the feeling they [staff] really care", "Everyone is happy, everyone is positive", "Staff are kind and helpful", "They [staff] treat them [people] with such kindness" and, "Staff are wonderful, they do anything to help you".

• People's cultural and spiritual needs were respected. People were asked about their beliefs and practices during their assessment. These were recorded in their care and support plans. People were escorted to places of worship as required. The home had a religious service every month for people to enjoy.

• Staff received training in equality and diversity. Staff told us they would care for anyone regardless of their background or beliefs.

• The home had received many compliments about the care it provided. Some of the compliments included: "I love it here, I wouldn't swap it, we always have a laugh", "Charlesworth is a family run home and the management and staff are first class", "I would recommend and have done", "It's the best there could be", and "It's fabulously friendly and welcoming. I cannot praise it enough". The registered manager told us, "I am really, really proud of the home".

Respecting and promoting people's privacy, dignity and independence

• Staff treated people with dignity and respect. A recent residents survey showed that 100% rated the service excellent at treating them with dignity and respect. One staff member said, "I introduce myself, I offer people choices". Some comments from people and their relatives were: "The give personal treatment", "Staff respect me and how I like to live".

• People were supported to be as independent as they could be. The deputy manager told us that just because a person has moved into a home does not mean their life stops. People were encouraged to continue their outside commitments once moving in. A staff member told us, "Independence is important. We must support it otherwise it can be classed as abuse".

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

• People received personalised care that was responsive to their needs. Care plans were in place and reviewed regularly or as things changed. Plans were personalised, detailed and relevant to the person. This meant people were receiving the care that was important to them and met their individual needs. Where a person had a specific health condition there was a plan in place for staff to follow giving guidance.

• Care plans and information was available to staff. This included people's life histories, to help staff understand them better as people. Staff told us the information they had about people's needs was of a good standard. The deputy manager told us staff knew people very well and they would ask the staff first if they wanted to know anything or get an update on a person.

• People told us that there were a lot of activities inside and outside of the home. The home had a variety of activities for people to enjoy and detailed records showed past events. The home did not employ separate activities staff as they had external professionals visit. Many of those had been working with the home for several years and were well known to people. Some staff members did provide activities for people such as hand massage and nail painting. People and relatives' comments about the activities were; "There is enough to do", "The singers are good, I love it here", "There are plenty of activities", "The entertainment is great. They have singing, musical instruments, church and nursery children visit".

• The service arranged both group and individual one to one activity sessions for people. Some people preferred to spend their time in their rooms and this was respected by the service. The deputy manager made sure people had everything they needed such as televisions and WiFi. Some activities such as the church visited people in their rooms if they wished. There was a music and discussion event in the lounge area with people encouraged to join in. It was well attended, and people seemed to enjoy it there was lots of chatter and laughter.

• Staff understood the Accessible Information Standard (AIS). The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared with others including professionals. People's communication needs were met by staff. We observed the deputy manager printing out a person upcoming appointment in large print for them to display in their room.

Improving care quality in response to complaints or concerns

• People knew how to make a complaint and the home had a policy and procedure in place. Everyone we spoke with felt comfortable to speak to staff, registered manager or deputy manager about any concerns. Records showed that complaints were dealt with within agreed timescales and actions had been carried out to people's satisfaction.

• People were confident that their concerns would be dealt with. Some comments we received about this from people were: "I would speak to the registered manager [name] and deputy manager [name]", "We feel comfortable to speak to the deputy manager [name]", and, "If there is anything important, they [managers] deal with it".

End of life care and support

• At the time of inspection, the service was providing end of life care. The deputy manager told us they worked with the district nurses and GP when a person requires end of life support. The home did not have specific end of life care plans; however, care plans were updated to reflect their changing needs. Prior to the inspection the deputy manager had identified the need for end of life plans and was adding a section into the care plan. We discussed the importance of knowing and understanding people's wishes. They told us this was a priority to complete them.

• The home had received many compliments about its end of life care. An example was, "Our loved one spent six very happy years at Charlesworth Rest Home where they were looked after with care, encouragement and compassion. They passed away and was treated with due respect and compassion as was the family at this sad time".

• We spoke with a health professional who was visiting the service and they were complimentary about the standard of end of life care being provided by the home. They told us, "They are very good, I know that the person [name] will get their needs met. The registered manager's [name] actions and the staff make the whole process of end of life care work well".

Good

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

• Staff felt proud to work at Charlesworth Rest Home. They were complimentary about their colleagues. Some of their comments included: "I take pride in caring for them [people]", "We are a good bunch, my colleagues are amazing", "It's brilliant here", and, "I am proud of what I do".

• Staff, relatives and people's feedback on the management of the service was positive. Staff felt supported. The comments included: "The registered manager [name] has everyone's best interests at heart and treats everyone like family", "The deputy manager [name] is brilliant. If we are short then they help us out", "The deputy manager [name] listens, does things in the resident's best interests and does the best for them", "The deputy manager [name] is wonderful, friendly and always helps you out", "The registered manager [name] is very good". A health professional told us they thought the home was well-led and said, "The registered manager and deputy manager are really good. They are appropriate and responsive".

• The registered manager and deputy manager understood the requirements of the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. They told us the circumstances in which they would make notifications and referrals to external agencies and showed us records and guidance.

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

• The management and staff understood their roles and responsibilities. The registered manager told us they were supported by their team. The home had a set of values and their objective was 'to provide a standard of excellence which embraces fundamental principles of good care practice'. The deputy manager told us they had a good team.

• Quality assurance systems were in place to monitor the standard of care provided. Audits reviewed different aspects of care and actions were taken to make any improvements that had been identified. Systems were in place for learning and reflection. The registered manager had completed various audits, such as medication and care records. In addition, the registered manager and deputy manager completed additional checks by observing staff providing care to people.

• The registered manager knew about their duty to send notifications to external agencies such as the local authority safeguarding team and CQC where required. This is a legal requirement to allow other professionals to monitor care and keep people safe.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

• The service sought people's feedback through surveys and results of those surveys were positive. Staff told us people were encouraged to comment on the service. We observed managers and staff asking people for their views on various topics during the inspection.

• The deputy manager told us they no longer held group staff meetings. Due to the size of the staff team it was not possible to meet as a group. They held small group discussions and individual meetings to ensure everyone was involved and supported. Staff told us because they were a smaller service they really felt involved.

• The service had good links to the local community. The deputy manager told us they wanted to increase these links in the future. Some examples of supporting people to link with their community were: using public transport, escorting people to social clubs, churches and signposting people to other services.

• Learning and development was important to the registered manager. They attended regular provider meetings, had membership to the local care homes association and had used online guidance and publications to keep updated. The registered manager told us, "You learn something every time you go". The registered manager and deputy manager supported each other in the management of the home. The deputy manager kept up to date with changes to legislation.

• The service had good working partnerships with health and social care professionals. A health professional told us, "They are responsive, alert and conscientious. It's a two-way thing, I learn from the care staff. I can then gauge when to approach the person. We work together, flexibly. This is a good home. We have a pretty good partnership".