

Fidelia CK Limited

Charlton Kings Care Home

Inspection report

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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

Charlton Kings Care Home is a residential care home providing personal and nursing care to up to 36 people. The service provides support to older people, some of whom live with dementia. At the time of our inspection there were 31 people using the service. People are accommodated in one adapted building.

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

People told us they felt safe and staff were available for them when needed. People's relatives told us their relative was safe and well cared for. The provider ensured there were enough staff to respond to people's needs. People told us they received support to take their medicines. We found there were arrangements in place to ensure the safe management of medicines. There were processes in place to reduce and remove risks to people and to safeguard people from abuse.

People told us they thought the service was well managed. People and their relatives knew who the registered manager was; they told us they were visible and approachable. People and their relatives told us they felt well communicated with and able to speak with any of the senior staff if they needed to. They told us they also had access to the provider representative if needed and confirmed all management staff were responsive to their feedback. Staff told us they felt well supported and valued. There was a strong culture of reflection and learning from situations which had not gone to plan, challenges and feedback so continued improvements could be made to the service.

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

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 15 May 2018).

Why we inspected

The inspection was prompted in part due to concerns received about the management of people's medicines. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-led sections 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.

For those key questions not inspected, we used the ratings awarded at the last inspection these were inspected, to calculate the overall rating. The overall rating for the service has remained good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Charlton Kings Care Home 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?

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 well-led findings below.

Charlton Kings Care Home

Detailed findings

Background to this inspection

The inspection

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

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

This inspection was carried out by 1 inspector and 1 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 Kings Care Home 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. Charlton Kings Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service, 7 relatives and 3 visitors who visited people regularly to gain their views of the services provided. We spoke with 8 members of staff which included the registered manager, deputy manager, recruitment officer, senior care assistant, care assistant, general support assistant, housekeeper and maintenance person. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records which included 13 people's medicine administration records and 6 people's care records. We also reviewed 2 staff recruitment files and records relating to staff training, supervision and competency checks. We reviewed the service's maintenance records. We also reviewed records relating to the management of the service such as quality monitoring audits and selected policies and procedures.

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 for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People's medicines were managed safely. There were arrangements in place to support people to take their medicines and to ensure these were available when required.
- Medicines were administered by staff who had received training to do this and whose competencies in this task were checked regularly.
- Where assessed as safe to do so, people were supported to administer their own medicines.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt able to speak with any of the staff if they were concerned about anything. A person told us; "I'm quite safe here, there are no male predators, the roofs not going to fall in, no major catastrophes and my belongings are quite safe."
- Staff had received training on safeguarding people. They knew how to identify potential abuse and how to report relevant concerns.
- Senior staff ensured safeguarding information was shared with relevant agencies who also had responsibilities to ensure people were safeguarded, such as the local authority, police and us.

Assessing risk, safety monitoring and management

- Risks to people's health were assessed, monitored and managed so these were reduced and mitigated. This included risks relating to poor mobility and falls, choking, malnutrition, development of pressure ulcers, self-harm and people's distress and anxiety.
- There were servicing and maintenance arrangements in place to ensure the building, equipment and emergency systems remained safe and in working order.
- People who wanted to and who were assessed as safe to do so, were supported to use the wider community independently. The potential risks to people when doing this had been assessed and actions agreed with them on how these risk would be reduced.

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. There were no additional conditions related to DoLS authorisations at the time of the inspection.
- We observed people's consent being obtained before staff provided care or support.

Staffing and recruitment

- There were enough staff with the right knowledge and skills to meet people's needs. A person told us; 'There must be enough [staff] because there's always somebody [staff] there if you need them.' A relative told us; "They have a regular core of staff and I speak to a number of them. I see plenty of staff. People [staff] in and out, checking up, always 'watching' them [people who use the service] if they are in their rooms."
- Staff were recruited safely. A designated member of staff ensured the provider's recruitment procedures and requirements were followed. Checks were completed through the Disclosure and Barring Service (DBS) before employment. These provided details about convictions and cautions held on the Police National Computer. This information helped the provider make safer recruitment decisions.
- Checks were completed on staff employed from overseas to ensure they were legally allowed to work in the UK. Past employment histories, including gaps in employment were explored and appropriate references obtained.

Preventing and controlling infection

- There were established systems in place to keep the environment clean and to manage people's laundry. A person told us; "Definitely, undoubtedly very pleased with the cleaning. I am more than happy with the laundry. They come around every day and pick it up." A visitor told us; "Very clean, always looks very smart [the person they visited] and it's all [the environment] very nice and clean."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- There were no restrictions in place regarding visiting. People's families and friends could visit when they chose to.

Learning lessons when things go wrong

- The registered manager learnt from incidents, accidents and any information of concern shared with them. This resulted in adjustments or changes in practice, systems and processes, where needed in response. An example was a review of all moving and handling slings, so staff were clear on the function of each sling.

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 for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager, with the support of the nominated individual and senior staff team, promoted a person-centred approach to people's care. People and staff felt empowered and valued as individuals, which resulted in a positive place for people to live and for staff to work. A person told us; "A happy atmosphere, seems like you are at home. The general atmosphere is good" and a relative told us; "The home has a warm feeling."
- The registered manager and provider were clear about their vision for the service as well as their expectations on how people should be treated and how staff should behave and treat each other. A person told us; "It's really well managed from my respect. I see mutual respect for [name of registered manager] by the staff, and for [name of nominated individual] as well." A relative told us; "I have messaged [name of nominated individual], so open... [nominated individual] comes back, open and pleasant."

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

- Both the registered manager and provider understood duty of candour and their responsibility to be honest and open about things which did not go to plan.
- People spoke of having an open and honest relationship with the registered manager; they trusted the registered manager. A person told us; 'I have seen genuine interest on the part of the registered manager; I'm not lied to.'

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

- Staff were supported by the registered manager to have a clear understanding of their roles and responsibilities. Some staff had lead roles which meant they held additional knowledge and skills which benefited the smooth running of the service and which staff could draw on. This for example, included training, recruitment and end of life care.
- The provider had systems and processes in place to assess, monitor and improve the service. This included a program of audits and other quality checks which the registered manager completed and discussed on a regular basis with the provider. We saw examples of clearly identified actions having been taken following medicine audits, which kept the management of medicines safe and in line with best practice guidelines.
- The provider had invested in digital systems which supported their oversight of the service and its

performance and which helped the registered manager monitor risk and identify new emerging risk.

- There was a strong drive to continuously learn, embrace new technology and ways of working to improve the service and outcomes for people. Electronic person-centred software was used to develop and maintain care records. These records were reviewed regularly, added to and strengthened so staff could access the information and guidance they needed. During the inspection we saw how specific risks could be flagged up to staff on their handheld devices, for example, those associated with seizures or blood thinning (anticoagulant) medicines.
- The registered manager and provider ensured appropriate notifications were made to us of events which involved people, such as serious injuries, allegations of abuse or deaths.

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

- People and their relatives told us the registered manager was approachable and highly visible. A person told us; "I know [name of manager], comes in, makes sure I have all I need."
- All relatives were positive about the level of communication they received from managers and staff. Secure, electronic communications software was used to support communications with relatives. A relative told us; "I use the relative gateway; messages are passed through that." Another relative told us; "I know [name of manager] and they have been very helpful to me. Very accessible if you need information. [Name of manager] is absolutely supportive I know I can ring at any time."
- The registered manager and provider sought feedback from people and their relatives during their communications with them, to help them improve the service. A recognised survey tool had been used to gauge relatives' knowledge of dementia and from the results, a dementia awareness session was offered and provided to those who wanted this. The registered manager told us it was important to support relatives to know how to communicate with people who lived with dementia so relationships which were important to people could be maintained.
- Formal feedback was due to be gathered soon from people and their relatives by using a satisfaction questionnaire. The provider told us the feedback gathered from this would be shared with people and relatives and any actions taken in response to their feedback. A staff satisfaction survey was completed last year.

Working in partnership with others

- The registered manager and senior staff liaised with commissioners of care to ensure people could access the care home's services when needed.
- Following the pandemic contacts within the local community were being rebuilt to support people's safe access and use of the local facilities.