

Charnwood Park Residential Home Limited

Charnwood Park Residential 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

Charnwood Park Residential Home is a residential care home providing personal care to up to 11 people. At the time of our inspection there were 10 people using the service.

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

People felt safe and staff understood their responsibilities to protect people from abuse and avoidable harm. Risks were assessed and managed. Staff were recruited in a safe way and there were enough staff to meet people's needs. People received their medicines in a safe way.

People had their needs assessed and staff considered their protected characteristics under the Equality Act to make sure these could be met.

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.

Staff had the training and support they required to meet people's needs. Staff knew people well and communicated with people effectively and provided person centred care and support. People told us staff were kind and caring and involved them in making decisions about their care and support.

People, staff and relatives said the registered manager was supportive, accessible and approachable. Quality monitoring was effective, people were asked to provide feedback and this was used to drive improvements.

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 the service under the previous provider was good (published 26 January 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Charnwood Park Residential 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?

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 well-led.

Details are in our well-led findings below.

Good ●

Charnwood Park 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 Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Charnwood Park Residential 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. Charnwood Park Residential 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.

Inspection activity started on 10 August 2023 and ended on 21 August 2023. We visited the service on 14 August 2023.

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 and professionals who work with the service. 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 2 people who used the service and 2 relatives of people who used the service about their experience of the care provided. We spoke with 4 members of staff, including the registered manager, 1 senior carer, 1 carer and 1 kitchen assistant. We spoke with 1 professional who visited the service regularly.

We reviewed a range of records. This included 3 people's care records and 6 people's medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed, including 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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding procedures, were able to describe potential safeguarding issues and knew what action to take to protect people from harm and abuse. One staff member said, "I have had safeguarding training and learnt about how to report any form of abuse to the registered manager".
- Staff had access to relevant guidance in the provider's safeguarding policy and knew where this was kept. One staff member told us, "I have access to all policies which are kept in the registered manager's office". Another staff member said, "The safeguarding policy is in the office and we have time to read policies whenever we need to".
- People, their relatives and a visiting professional told us they felt people who used the service were safe. One person said, "I do feel safe. If I didn't, I would speak to one of the carers. If they didn't respond appropriately, I would speak with the registered manager". One person's relative told us, "[Name] is really safe and well looked after".
- The registered manager understood their role and responsibilities in relation to safeguarding vulnerable people and had managed safeguarding concerns appropriately and promptly.

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

- Risks to people's health and wellbeing were managed safely and effectively. Risk assessments contained a good level of personalised information, were reviewed regularly and guided staff on how to mitigate risks to people. Staff we spoke with knew about people's individual risks and could tell us how these were monitored and managed. One staff member said, "We are given enough time to read people's risk assessments".
- Regular checks of the home environment were completed to ensure the service was safe and complied with necessary standards. We saw gas, electricity and legionella test certificates were within date. We saw water temperature audits and fire safety audits had been completed in line with the provider's policies.
- Accidents and incidents were recorded and measures were taken to reduce the risk of incidents reoccurring. Themes and trends were identified, lessons were learnt when things went wrong, and actions were taken to drive improvements.

Staffing and recruitment

- Staff were recruited safely. For example, Disclosure and Barring Service (DBS) checks and previous employer references were obtained. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough experienced and qualified staff deployed to safely meet people's needs. We saw rotas which showed there were enough staff on shift to meet the service's dependency tool requirements. One

person said, "There are enough staff to meet people's needs". One person's relative told us, "There always seems to be enough staff to support the residents. I have not had any concerns around staffing. One professional who regularly visited the service said, "There are always enough staff on shift to be able to meet people's needs".

- People were supported by a consistent staff team who knew them well. One person said, "The staff group are really stable and we have a really good rapport with them". One person's relative told us, "The staff have been consistent for some time now and we know them really well. They all know [Name] really well".

Using medicines safely

- Medicines were managed safely. We saw medicine administration record (MAR) charts were in place and had been completed accurately, showing people had received their medicines as prescribed. Medicine stock was checked in to the service, stored and disposed of appropriately.

- When people were prescribed medicines 'as and when required' (PRN), the correct PRN protocols were in place to guide staff on when to administer these medicines. Staff recorded when and why they had administered PRN medicines in good detail and this information helped to inform people's risk assessments and care plans.

- Staff had received training in safe handling of medicines and their competencies were tested regularly. We observed a medicines round and saw medicines were administered in a safe way, maintaining people's dignity and respect. One staff member told us, "I have received medicines administration training and receive regular competency checks from the Senior Carer".

Preventing and controlling infection

- We were assured that the registered manager was preventing visitors from catching and spreading infections.

- We were assured that the registered manager was supporting people living at the service to minimise the spread of infection.

- We were assured that the registered manager was admitting people safely to the service.

- We were assured that the service was using PPE effectively and safely.

- We were assured that the registered manager was responding effectively to risks and signs of infection.

- We were assured that the registered manager was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the registered manager 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.

- The service had clear visiting protocols in place and information was provided to all visitors to ensure they were familiar with the service's IPC procedures and PPE policy. The service was meeting the government guidelines in relation to visiting.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 were provided with care and support which met their assessed needs and risks. People's care plans and risk assessments were personalised and contained information about what people were able to do for themselves, what choices they were able to make and what they required support with. One person's relative told us, "Family are involved in discussions around [Name]'s care and our thoughts and feelings are taken into consideration".
- People's oral care needs were considered and met. Care plans were clear, contained a detailed oral health overview and dental visits were recorded and planned for. Staff were able to tell us how they supported people's oral health and we saw oral health equipment in people's bedrooms.

Staff support: induction, training, skills and experience

- The registered manager ensured staff received the induction and training necessary to ensure they had the skills and experience to effectively meet people's needs. One staff member told us, "I had a good induction when I started and it covered everything I needed to support people effectively". Another staff member said, "I have received the right amount of training to support people appropriately. The manager encourages us to attend as much training as possible".
- People told us they felt staff were well trained and supported people appropriately. One person said, "The staff seem to have the right training to support us appropriately".

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

- People were supported to eat and drink enough. Care plans included information to guide staff about people's dietary needs, risks and preferences. We saw staff encouraging people to eat and drink appropriately and effectively during mealtimes.
- People and their relatives were happy with the meals provided and records showed people were offered choices at mealtimes. One person said, "The food is of a good quality and the portions are good. It is all home cooked which is really nice". One person's relative told us, "The meals look really good and [Name] gets a choice of main and dessert. They cater to what [Name] wants – if [Name] doesn't want what's on the menu they will make something different".
- We saw systems were in place when concerns about people's nutrition were identified. The registered manager and staff told us referrals could be made to dietitians when people were losing weight and to speech and language therapists when people were at risk of choking on food.

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

- Care plans contained specific guidance about people's health care needs, including their medical history, medicines and any allergies. Staff understood people's health conditions, how these affected people and how they related to people's personal care needs.
- The registered manager ensured people were supported with their health care needs. Staff supported people to attend health appointments and referred them to community healthcare professionals when they needed specialist support. For example, we saw the GP was regularly consulted and people had timely access to healthcare services when required. One person told us, "The service always contact medical professionals if people are feeling unwell".

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

- People were happy with the home environment. People's rooms were personalised and they were encouraged to furnish them with their own possessions where possible in order to make them feel more at home. There was dementia friendly decoration and signage throughout the home.
- Adaptations had been made to the service to support people's needs. A stairlift, adapted bathroom facilities and lifting equipment were available to support people with mobility needs. Specialist equipment such as sensor mats were used to support people at risk of falling.

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

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff understood and followed the principles of the MCA. Care plans included information about people's capacity to make decisions about their care. When people lacked capacity, the registered manager had processes in place to make best interest decisions in consultation with people's relatives or representatives and other professionals.
- The service gained people's consent to provide them with care and support and staff asked people for their consent before supporting them. One person told us, "Staff always ask for consent and agreement before providing 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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 were well cared for and people and relatives liked the staff at the home. One person told us, "The staff are kind and caring and I do feel heard when I speak. The atmosphere is really good in the home and everyone is lovely". One person's relative said, "Staff are kind and caring. They listen and hear what [Name] has to say. [Name] has a good rapport with them and they have some really nice banter".
- Staff supported people in a respectful and caring way. We observed staff being friendly and professional with people and visitors. Staff talked with people while they supported them and offered reassurance when people were upset or confused.
- Staff respected people's diversity and treated them as individuals. We saw care plans included information about people's religion, marital status, gender, sexual orientation and ethnic origin. The registered manager demonstrated a good understanding of equality and diversity, for example they recognised the need to offer alternative food choices to meet people's cultural or religious needs.

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

- Staff encouraged people to express their views and make choices when they could, and people confirmed they were involved in decisions about their care. One person told us, "Staff do take my preferences into account. I can get up when I want, receive personal care when I want and can have snacks between meals if I want". One person's relative said, "People are able to choose when they go to bed and when they get up".
- Staff told us they delivered care in the way each person preferred. Staff felt they have developed good relationships, knew people well and supported them as individuals. One staff member said, "I know the people I am caring for very well. Care plans are really detailed and give staff a really good insight into what people like and how they want to be cared for". Another staff member told us, "We get time to sit with people and speak with them, and they tell us all about their lives which is nice and I find really interesting".

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to privacy and dignity and encouraged people to maintain independence. One person told us, "Staff treat me with dignity and respect. They always knock on my door before they enter, protect my dignity during personal care and ask my consent before doing anything". Another person said, "Staff have been brilliant supporting my independence. They always encourage me to be as independent as possible. This has improved my mobility".
- Staff demonstrated they understood the importance of maintaining people's privacy and dignity. One staff member said, "I knock on people's doors before entering. I ask for their consent to support them. If they want longer in bed then they can do so. I ask if they want help with personal care; sometimes they want to

do it themselves and sometimes they want assistance. We encourage people to be as independent as possible. I always make sure people's dignity is protected during personal care".

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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 person-centred and contained relevant and in-depth information about how people wish to be cared for, their life history and the people who are important to them. They included information to guide staff about people's risks, needs, abilities and preferences, and were regularly reviewed and updated.
- People and their relatives were involved in the development of their care plans. One person told us, "I was involved in developing my care plan. I get to see a copy of my care plan whenever I want, particularly during reviews which happen regularly".
- Staff members knew the people they supported well and could tell us about people's lives, the people that mattered to them and how they preferred to be cared for. One person said, "Staff understand me well, my likes and dislikes and my past history". One person's relative told us, "Staff understand [Name]'s past history, what they like and do not like. Staff have arranged for [Name] to attend events that they enjoy".

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

- Staff encouraged people to maintain relationships and avoid social isolation. Family and friends were able to visit the home as often as they wished. We saw several people's relatives visited on the day of inspection. One person's relative said, "We visit regularly and can arrive whenever we want, within reason. The staff are always very accommodating". One person told us, "Staff support us to have visits and to get out and about with our families".
- Staff supported people to pursue their interests and take part in activities. We saw staff regularly arranged events such as chairobics, singalongs, arts and crafts, quizzes and bingo. People's birthdays were celebrated with a party, meal of their choice and cake. One person said, "I enjoy reading and word searches, but more recently have been encouraged to take part in quizzes, bingo and dominoes after lunch". One person's relative told us, "There is an activities co-ordinator and there are quite a lot of activities. They also put on celebrations for things such as the Jubilee and the Coronation".

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was meeting the Accessible Information Standard (AIS) for people's care. The registered manager demonstrated a good understanding of the AIS and told us the service used flash-cards

and mood cards to support people to communicate. The registered manager recognised the need to provide information in a range of formats, such as braille or large print, to ensure that it was accessible to people.

- People's communication needs were assessed and agreed with them. Staff were aware of people's communication needs. We observed staff communicating effectively with people, repeating or explaining information where necessary.

Improving care quality in response to complaints or concerns

- We saw people and their relatives were provided with information on how to raise a complaint when people started with the service. This information was also on display in the foyer and was available in different formats to accommodate people's methods of communication. One person's relative told us, "I know I can make a complaint to the manager if necessary, although I have never had to do so. If I did raise a complaint, I feel the manager would be really responsive".

- Complaints were appropriately recorded and managed. Trends and theme were identified and lessons were learnt as a result of complaints. Where trends had been identified the registered manager had addressed this with staff to drive improvement in those areas.

End of life care and support

- End of Life care plans were in place for some people. We saw the registered manager had been in the process of discussing End of Life planning with residents and their relatives, and attempted to put these in place where possible. This was not always achievable as some people and their relatives did not wish to engage with this process. The End of Life care plans we did see were of a good standard.

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. 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.

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

- The registered manager performed quality monitoring of the service. There were regular audits of medicines, daily records, accidents and incidents. Information was analysed, trends were identified and actions were implemented to improve and change the service.
- The registered manager had identified effective strategies to keep people safe. Risk assessments were completed appropriately and there was clear guidance for staff on how to manage people's risks. These documents were regularly audited and reviewed to ensure that they were accurate and up to date.
- Staff performance was monitored by supervision and spot checks. Staff told us lessons were learnt when issues were identified. Staff felt supported and told us that the management team were approachable and fair. One staff member told us, "I feel really supported in the role, by both my colleagues and the registered manager." Another staff member said, "The manager and the rest of the team make sure we all look after each other's wellbeing".
- The registered manager used people's feedback and audits to drive improvements. The registered manager had implemented a Champion system, whereby each member of staff was responsible for leading on particular subjects, such as medication, food and nutrition, activities, and infection prevention and control. One staff member said, "As Champions we hold monthly meetings with the rest of the staff team to share any updates to best practice guidance".

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

- The service had an open culture, with people, relatives and staff encouraged to share their views. People, relatives and staff said the management team were approachable and relationships were positive. One staff member said, "The manager is very approachable and is fair to staff, residents and relatives". One person said, "The home is really well managed and the manager will always listen to us whenever we raise any issues".
- People and, where appropriate, their relatives were included in decisions about people's care. They were confident staff and managers kept them informed about any changes. One person told us, "We are involved in the running of the home and I do feel able to express my views. I believe the manager would act on these where they can". One person's relative said, "If there are any changes to [Name]'s support, these are explained to both [Name] and I".
- People and their relatives were positive about the care and support provided. They told us staff provided personalised support which focused on achieving good outcomes for people. One relative said, "[Name]'s

support is personalised to them. The staff encourage [Name] to do as much for themselves as they can, such as eating and drinking themselves, or washing their own face".

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

- We saw meetings were regularly held with people to obtain their views. One person told us, "The manager holds residents' meetings once a month and changes happen as a result. The manager is also responsive as and when things happen – we don't have to wait for the next meeting". Another resident said, "We asked whether there could be a change to the sandwich choices at tea-time and the manager made sure this happened straight away".
- We saw staff meetings were held regularly. During staff meetings, staff were encouraged to identify improvement opportunities and changes were made in response to what staff said. One staff member said, "Team meetings are held every couple of months. I make sure to attend and find them useful. Things do change for the better as a result of these meetings".
- We saw meetings were held with people's relatives and they were regularly sent satisfaction questionnaires. One person's relative said, "I always attend relatives meetings. I am listened to and improvements are made as a result of these meetings". Another person's relative told us, "I have received surveys on the quality of care at the home. These are sent out regularly".
- Staff worked with healthcare professionals and other authorities to make sure people received joined up care. The registered manager had established and maintained good links with local partners that would be of benefit to people who use the service, such as GP practices, district nursing teams, mental health teams and social work teams.

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 was aware of the requirements under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We saw a staff meeting had been held shortly before the inspection focused on staff's responsibilities under the duty of candour.
- The registered manager had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notification of incidents, events or changes that happen to the service within a required timescale.
- Staff understood whistle blowing procedures and knew how to raise concerns with the relevant authorities. One staff member told us, "I am aware of the whistleblowing procedure and that I am able to whistle-blow on poor practice". Another staff member said, "I know what whistle-blowing is and would be confident doing so, if necessary".