

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Charnwood Country Residence

Much Dewchurch, King's Thorn, Hereford, HR2
8DL

Tel: 01981540291

Date of Inspection: 04 June 2013

Date of Publication: July 2013

We inspected the following standards as part of a routine inspection. This is what we found:

| | |
|--|---------------------|
| Consent to care and treatment | ✓ Met this standard |
| Care and welfare of people who use services | ✓ Met this standard |
| Meeting nutritional needs | ✓ Met this standard |
| Staffing | ✓ Met this standard |

Details about this location

| | |
|-------------------------|---|
| Registered Provider | Ms K A Rogers |
| Registered Manager | Mrs. Amanda Bow |
| Overview of the service | Charnwood Country Residence is situated in a village in rural Herefordshire. It is a large period house which has been extended and adapted to meet the needs of the people who live there. |
| Type of service | Care home service without nursing |
| Regulated activities | Accommodation for persons who require nursing or personal care Diagnostic and screening procedures |

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 June 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

People told us that they enjoyed life at Charnwood. They said that the staff were, "always kind" and, "lovely, all of them". We saw that staff were careful to explain any procedures to people, and made sure that people consented. The home had an effective system for making sure that legal requirements were followed where people did not have the capacity to consent.

We saw that staff were patient and caring when they supported people. Care plans showed that people's needs had been assessed, and these assessments had been regularly updated.

People told us that they liked the food at the home. We saw that lunch was an appetising meal and that people were enjoying their mealtime. Staff were monitoring food intake for people at risk of weight loss.

There were sufficient staff on duty to meet people's needs. Staff received a range of training to equip them with the skills and knowledge they needed to provide support to the people living at the home.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We spent time in the communal areas of the home, including the lounge. We wanted to see how staff made sure that people had consented to their care and support. We saw that staff took time to explain to people before they carried out any support or personal care. Staff made sure that people consented, for example, by asking, "is that OK with you?".

Some people at the home were living with dementia, and this meant that they might not always have been able to give informed consent to some aspects of their treatment or support. Where this was the case, we saw that care plans contained detailed information about making sure that decisions were taken in people's best interests. This information was in line with the principles of the Mental Capacity Act. Most staff had received training about mental capacity and were able to explain how they made sure that people had given informed consent to any procedure.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People told us that they received a high standard of care at the home. One person said, "it's just what you need" and another told us, "I can't fault them at all". We saw that staff were attentive to people's needs and were taking time to make sure that people had all that they needed. There was a friendly and cheerful atmosphere, and one person said, "it's always like this here: they've always got time for us".

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People's needs had been assessed before they moved into the home. This meant that staff knew how to support them, and the home was able to put plans in place to manage any risks. Each person had a detailed care plan, which had been regularly reviewed. We saw that care plans had been amended as people's needs changed.

Because some people were living with dementia, it was important that staff had a good understanding of each person. The care plans included a very detailed profile of each person, with information about their likes and dislikes, as well as information about their life history.

Records showed that staff sought advice and guidance from health professionals promptly if people became unwell. People told us that they were confident that the home would call in the local GP if this became necessary.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were provided with a choice of suitable and nutritious food and drink. We saw that people had drinks beside them during the day and that these were replenished regularly. People told us that they enjoyed the food at the home. One person said that they could have their meals at any time they chose.

Menus showed that there was a varied and nutritious diet provided for people. The daily menu showed a choice of meals, and people told us that they could have alternatives if they did not like the menu options. We watched the lunch service and saw that staff were offering people choices and were describing the food so that people could make an informed decision. Staff were serving vegetables at the tables, so that people could choose which vegetables they wanted and the portion size.

We saw that staff were supporting some people to eat, because they could not manage to eat on their own. The support was given sensitively and staff did not rush people. Some people had chosen to eat in the lounge and staff regularly made sure that they had everything they needed.

Some people had been assessed as being at risk of losing weight. Staff were recording their food intake throughout the day. We checked the records for four people at nutritional risk, and saw that they had been weighed regularly and that the risks had been reassessed whenever their condition had changed. We saw that some people had gained weight and were now at a healthy weight. Where people had not gained weight, the home had requested advice from the local GP.

Records showed that people were having snacks between meals. Staff told us that they spent time finding out about people's individual likes and dislikes so that they could make sure that people had food that they would enjoy. Two people especially enjoyed chocolate eclairs, so staff made sure that these were readily available.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We saw that staff were kind and caring in the way that they supported people. People described the staff at the home as, "very helpful" and, "really very good". One person told us, "they've always got time for a chat: I really appreciate that". People told us that staff always responded promptly to any requests for assistance.

On the day of the inspection there were sufficient staff on duty to meet the needs of the people living at the home. Staffing rotas showed that this level of staffing was maintained every day. We asked people if there were enough staff, and they told us that they had never noticed any shortage of staff.

We spoke with three staff and the manager. They all had an excellent knowledge of people's individual needs, and knew how to support people so that their needs were met. Staff spoke about people with great sensitivity and empathy.

Training records showed that staff received a range of training. This included training in areas such as fire safety, first aid, safeguarding vulnerable adults, and dementia care. This meant that staff had the skills and knowledge necessary for providing care and support to the people living at the home.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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