

Governors of Sutton's Hospital in Charterhouse

The Charterhouse

Inspection report

The Charterhouse
Charterhouse Square
London
EC1M 6AN

Website: www.thecharterhouse.org

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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

The Charterhouse is a domiciliary care service currently providing personal care to five people who live in flats on the same site that also houses a residential care home.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People using the service had a care plan which contained information about the person and their care needs and requirements. As part of the care planning process, risk assessments were carried out which covered the person's own home environment, personal care needs, moving and handling and health and safety.

Care staff were trained about how to identify types of abuse and were clear about the actions they should take if they had any concerns.

Care staff received training in the safe administration of medicines. No one using the service at present required assistance to take their medicines, however, there were robust procedures in place to ensure medicines were managed safely.

The service had safe recruitment processes in place which included obtaining references and a criminal record check prior to the care staff commencing their employment. Care staff told us that they felt supported in their role and received regular supervision.

Care staff received an in-house induction and training in core subjects that included safeguarding, moving and handling and medicine administration.

No missed or late visits had occurred and people's support was planned in advance. People were able to request additional support when they wished to.

The service had a complaints policy which was given to people using the service. The registered manager reported that they had not received any complaints since the service began operating.

Although the service was relatively new, quality assurance questionnaires had been completed by some people. People using the service had a positive view about how the service was managed and had regular contact with care staff, as well as members of the management team.

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.

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

This service was registered with us on 23 February 2016, but did not begin to operate until late September 2018, and this was the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 ●

The Charterhouse

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own flats, all within the larger Charterhouse Square site.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We asked everyone using the service if they would like to speak with us and one person chose to do so. We also spoke with three care staff, the deputy manager, the registered manager and the nominated individual for the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We viewed three people's care planning records. We also looked at two staff

recruitment records and a variety of records related to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff training and supervision information.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes protected people from the risk of abuse.
- The provider had a policy and procedure for safeguarding people from abuse, which was readily available and known about by staff. The provider had the contact details of the London Borough of Islington, which is the authority where the service is located, in case any concerns arose, although none had apart from an anonymous whistleblowing concern alleging poor care. The local authority had not found it necessary to examine this concern and a representative of the board of trustees had done so and the concern was unfounded.
- The members of the care staff team we spoke with were aware of how they could protect people from abuse. They told us about the need to report any concerns if these arose and their commitment to keeping people safe from harm.
- All staff had received training about safeguarding people from abuse. Members of the care staff team told us "I have never had any concerns about people coming to harm, I would speak with the manager if I did" and "I would talk with the manager if I ever had concerns." This feedback demonstrated that care staff would raise concerns if necessary, although none said they had needed to.

Assessing risk, safety monitoring and management

- People were kept safe from potential risks due to their support needs and their home environment. An example of this was a person who was sometimes unsteady when walking. There was a risk assessment describing what action should be taken to minimise the risk of trips and falls and this action had been taken.
- The registered manager and care staff understood the need to consider potential risk that people faced to their ongoing health and wellbeing and day to day activities. There were clear risk assessments in place.
- Measures that were needed to support people to manage risks were considered. Action was taken in consultation with people using the service to minimise potential risks.

Staffing and recruitment

- The charitable trust that operates the service had safe recruitment practices. Two staff had been recruited since the service began operating and we looked at the recruitment checks that had been undertaken when these staff were employed. Appropriate background checks had taken place, including disclosure and barring service [DBS] which included a check of criminal records, qualifications and verification of references.
- Staff worked in the domiciliary care service as well as the care home on the same site. Five staff were allocated to provide the domiciliary care support whenever this was needed. During our inspection there were suitable numbers of staff available to meet people's needs.

Using medicines safely.

- Care staff did not currently support anyone to take their medicines as no-one using the service required this, which was confirmed within care records.
- Care staff received regular medicines administration training and systems were in place to assess their competency.
- There were suitable policies and procedures in place to monitor medicines administration at such time this may become necessary for any people using the service.

Learning lessons when things go wrong

- The Charitable trust that operated the service had procedures in place to look into events that occurred and to examine if lessons could be learnt from them.
- An anonymous whistleblowing concern that had been raised with CQC a few weeks before this inspection. There was no evidence to support the allegations made about poor care and the nominated individual and charity trustees had used this event to examine their own internal whistleblowing procedures.
- The review of whistleblowing procedures resulted in the expansion of the opportunities for staff to raise concerns with the service, most specifically by the establishment of a confidential whistleblowing email address.

Preventing and controlling infection

- People were kept safe from the risk of infection as there were policies and procedures, as well as personal protective equipment, for care staff. This included gloves and aprons for care staff to use when providing personal care.
- Each member of staff received training about infection control. Almost everyone using the service at present mostly managed their own personal care without assistance from care staff. The main potential for infection was when assisting people to take a bath, and one person at present asked staff to help them to do this. There were clear guidelines for staff about how this should be done,

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.

This is the first inspection for this newly registered service. This key question has been rated 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 using the service were those who were living within Charterhouse, which is the charitable organisation that runs the charitable housing accommodation and a care home on the same site. No one was placed by health or social care authorities and all were either self-funding or financially supported by the charity.
- People could use the domiciliary care service at any time they wished to, although this was usually after people had a stay in hospital for medical treatment or had experienced episodes of ill health. People were well known within this community and assessing people's care needs was carried out in full consultation with them.

Staff support: induction, training, skills and experience

- Staff attended regular training which included safeguarding adults, moving and handling, mental capacity and health and safety. Training records showed that staff had undertaken relevant training to provide care and support that people required.
- A newer member of staff told us "I had a five day induction where I shadowed other staff and I have worked in other care services before I came here."
- Another member of staff told us "I already have the national vocational qualification [health and social care] level 2 and I do complete online and face to face training such as dementia and mental capacity."
- Staff participated in regular supervision and appraisal to ensure they had the support and skills to meet the needs of people using the service. Staff told us they took part in supervision regularly and supervision records confirmed this.

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

- People were supported to maintain a balanced diet.
- A person using the service told us "I eat in the great hall each day, three meals a day." The great hall was a dining room in a separate building on the same site where everyone using the service could receive meals provided by on site catering staff. The registered manager told us that everyone usually used this catering service.
- Staff did not currently prepare meals for anyone other than occasional light snacks, if this was requested by people. The registered manager told us that if people did not take meals in the communal dining room this would be looked into in order to ensure people were receiving nutrition. The registered manager informed us that this was not currently a concern for anyone using the service.

Staff working with other agencies to provide consistent, effective, timely care

- Care plans showed that the service had effective and positive relationships with other health and social care professionals. The care provided was responsive to people's needs, acknowledging when these needs changed in terms of additional support and when people's physical health improved.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health. A local GP visited the site to see people in the care home every month and people using the domiciliary care service could also request to be seen by the GP during these visits. However, people usually went to the GP surgery, with care staff support if needed.
- People were supported by staff to attend hospital and other medically related appointments if they requested this. The person who spoke with us told us this happened.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

- Everyone using the service had full capacity to make decisions about how they wanted their care and support to be provided.
- There was detailed policy and guidelines in place to address issues of potential deterioration in people's capacity should this arise.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The provider had a clear and detailed policy about acknowledging and respecting people's unique heritage and individuality, including working with lesbian, gay, bisexual and transgendered people. Staff we spoke with were clear about acknowledging and respecting people's diverse characteristics.
- The people using the service at present were traditionally from white European backgrounds although the provider was looking at how the use of the on-site charitable housing, as well as the use of the domiciliary care service, could be more widely advertised to other communities.

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

- People were fully consulted about their care and support needs. Decisions people made were respected and the approach that was used was collaborative and by agreement.
- Written feedback was being encouraged from people using the service, although the registered manager told us that most people preferred to provide verbal feedback. Feedback received was discussed by the trustees (known as the Governors) of the charity running the service and regular personal contact was made between them and the people using the service.

Respecting and promoting people's privacy, dignity and independence

- People using the service were highly independent and wanting to remain so, which was fully supported by the staff of the service. People's independence was supported and maintained, and this was promoted regardless of the level of care and support that people required.
- Care staff spoke about the people they supported in a compassionate and caring way, acknowledging that people's right to choose was important and that people could choose the support they needed and when they wished to.
- Where people had specific wishes about who supported them this was respected. One person clearly only wanted to be supported by a particular member of staff, and this was always arranged. In speaking with this member of staff it was evident that a warm and caring relationship had been established between them.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People's care was planned in a personalised way.
- Care plans included information about people's life history, cultural and religious heritage, daily activities and communication. Care plans were reviewed regularly and this happened at any point where people's needs had changed.
- The electronic database for recording care plans assisted care staff to identify what the most important and immediate aspects of people's support that staff needed to know. The database described a wide range of elements of care and support that could be added to, for example assisting with personal care or medicines, whenever these became necessary.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- No one currently using this service was receiving publicly funded care. The registered manager did, however, ensure that people's communication needs were taken into consideration. No one using the service at present required any specialised communication methods. The registered manager told us that the organisation was able to accommodate changes to how people received and engaged in communication if this became necessary for people in the future.

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

- People using the service were independent in following their own chosen lifestyle.
- There were a range of activities offered by the provider at other premises on the same site where people lived, which people could freely choose to attend if they wished.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure that was provided to people when they started using the service and information was also readily available.
- The provider had systems in place for monitoring of complaints. No complaints had been made to the provider since the service began operating in late 2018.

End of life care and support

- The service was not involved in providing end of life care to any person at present but had detailed procedures to manage this if it was required. These procedures including liaison with palliative care nursing specialists. The guidelines for staff emphasised that the focus of end of life care was on supporting a dignified death for the person as well as supporting their families and friends.
- The registered manager showed us a newly introduced "End of life – Final Wishes plan". This was a detailed record of people's wishes, that included where people would like to be at the end of their life, who they wanted to be with them and if they would like a minister of religion to attend them. This was a thorough and detailed description of what people would prefer and what the service could do to respect these wishes.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Arrangements were in place to ensure that the focus on how the service operated was based on the needs of the people using the service.
- A person that spoke with us was highly positive about the way in which they were supported and trusted the staff and management of the service.
- Information about the aims and objectives of the provider was available. The guide for people using the service clearly outlined what the service could or could not provide.

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 understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required. No complaints about the standard of care had been made to the service and it was the provider's aim to ensure that if anything was raised it would be quickly responded to and addressed.
- The charitable trust had not published feedback that was received about the service but was planning to do so when there was the first annual quality assurance evaluation of the service..

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

- The registered manager worked at the service daily and on call arrangements to provide advice and support for care staff was available outside of normal office hours. Regular checks of people's welfare and daily discussions took place about events happening for people using the service, which we observed.
- The service operated on one site, where everyone lived in their own flats. The communication systems in place meant that events could be quickly responded to.
- Meetings with care staff took place to share information and provide opportunities for them to share and discuss issues related to their care practice.
- Care staff we spoke with told us about regular staff meetings and that there was a good rapport between staff and managers aimed at achieving the best service for people.

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

- A formal spot check system was not used as the people using the service were spoken with and visited

regularly and there was an open door policy used by registered manager and nominated individual.

- People were asked about how they were getting along in person each morning and whether they would like support at specific times during that day. Conversations we observed demonstrated positive relationships existed between those using and providing the service.

Continuous learning and improving care

- There was a culture of good communication and continuous improvement and learning within the service.
- The registered manager kept up-to-date with best practice and information was shared with staff. An ongoing programme of staff training, and development was in place to ensure that staff maintained and developed their skills.
- The board of trustees that oversees the work of the charitable trust that operated the service ensured that their representatives were in regular contact with people using the service. Trustees visited people using the service as a part of their responsibilities to ensure oversight of how the service was operating.

Working in partnership with others

- The service liaised with other health and social care professionals to ensure that people's needs were met.
- Care staff had sought advice and guidance from healthcare professionals where there were any concerns about a person's needs. Where people had been admitted to hospital the service ensured that contact was maintained with hospital staff to ensure that appropriate support was ready for when a person was ready to be discharged and return to their home.