

The Charlotte Straker Project

Charlotte Straker House

Inspection summary

CQC carried out an inspection of this care service on 06 April 2016 and 07 April 2016. This is a summary of what we found.

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 ●

Charlotte Straker House is a care home situated in Corbridge, Northumberland that provides care and support to up to 30 older persons. The last time we inspected this service was in September 2014 when we found the provider was meeting all of the regulations that we reviewed.

This inspection took place on 6 and 7 April 2016 and was unannounced.

There is a condition on the provider's registration of this service that a registered manager must be in place. A registered manager was in post at the time of our inspection who had been managing the service since October 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. We were assisted at our inspection by both the registered manager and the deputy manager, both of whom were present on the days that we visited the home.

People told us they were very happy living at Charlotte Straker House which they found very homely and caring. Risks that people had been exposed to in their daily lives had been assessed and records about these risks were detailed and regularly reviewed. Accident and incident monitoring took place and where necessary risk assessments were amended to prevent repeat events.

Staff were knowledgeable about what constituted a safeguarding incident and confirmed how they would handle any safeguarding matters should they arise. Staff had been trained in safeguarding and we saw that historic safeguarding incidents had been handled and reported appropriately and in line with protocols and procedures. People were supported to meet their nutritional and hydration needs and staff monitored people's weights to ensure they remained healthy, seeking input from GP's and dieticians where necessary.

People, staff and our own observations confirmed that there were enough staff on duty to meet people's needs on the days that we visited. Staff confirmed they were not rushed when delivering care. They had received training in key areas and supervision and appraisals were carried out regularly. Recruitment processes were thorough and medicines were managed well.

We observed friendly, respectful and joyful interactions between people and staff. People told us they enjoyed very good relationships with staff who were compassionate and caring and met all of their needs. People's privacy and dignity was promoted and we saw that they were encouraged to remain as independent as possible. A range of activities were available to stimulate and occupy people and community involvement and social inclusion was promoted by staff. Choice was evident throughout the service and people told us they were empowered to live their lives the way they wanted to through the choices that staff gave them.

Care records were extremely personalised with great attention to detail about how people should be supported safely and in line with their needs, likes, dislikes and preferences. They were regularly reviewed and up to date. Care was person-centred and there was evidence that people and their relatives were involved in their care. No people had formal advocacy agreements in place, but the manager was aware of how to arrange this should it be necessary.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have ability to make their own decisions and to ensure decisions are made in their 'best interests' and it also ensures that unlawful restrictions are not placed on people in care homes and hospitals. The MCA was appropriately applied and applications had been made to the local authority for those people who required assessment for a deprivation of liberty safeguard to be put in place. There was evidence within people's care records of capacity assessments, best interests decision making and consent to care and treatment.

Quality assurance systems within the home were extensive and very robust. The registered manager was accountable to a board of executives which compromised the provider organisation. Underneath this board sat a number of sub committees all of whom worked closely with the registered manager. Action plans and formalised reporting tools were used to monitor the service provided and to drive through improvements within the home. The registered manager was committed to developing the service further and was in the process of designing new tools to be used in quality assurance assessment of the service.

The culture within the service was described as open and the findings of our inspection supported this. The management team and provider organisation were described as approachable, by people, their relatives, staff and external healthcare professionals. The provider organisation had a clear set of visions and values and worked very well with external healthcare professionals who described the service as proactive. The provider organisation had very good links within the local community which benefitted people living at the home in terms of the service they received and the social interactions that they enjoyed as a result.

You can ask your care service for the full report, or find it on our website at www.cqc.org.uk or by telephoning **03000 616161**