

Charnat Care Limited

Charnat Support Services

Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Charnat Support Services provides personal care and support to people with learning and physical disabilities who live independently in the community. At the time of the inspection three people were using the service and receiving personal care.

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

There continued to be a lack of provider oversight which meant risks to people's safety had not been responded to appropriately.

Systems to monitor the quality and safety of the service were ineffective and placed people at the risk of harm.

Risk assessments were not robust enough and did not contain enough information of actions to take to minimise risks to people.

Audits of accidents and incidents did not provide a full and clear picture of frequency of accidents or incidents and did not include actions taken to reduce further occurrences. Systems and process which were in place were not robust to protect people from potential harm.

We were not provided with evidence of any lessons learnt following incidents or accidents.

Staff we spoke with told us they understood their roles and responsibilities, had received some training but did not always feel supported by the management.

Staff we spoke with told us they had received some training to meet people's needs. However, we saw from records that staff had not completed training on all of the health conditions of people, to meet their needs. Support for staff to carry out their role was not consistent.

Relatives we spoke with said they felt people were safe and received support to meet their needs. One relative told us they their relative needed increased support from an additional staff member. Staff we spoke to also said they felt an additional staff member was needed to support this person. We were told by the registered manager, staffing levels were being reviewed for one person however, no evidence of the actions taken by the registered manager were provided, although this evidence was requested.

Spot checks of staff visits in people's homes were not completed to monitor that people received the support they needed. This meant that the provider could not be sure carers were supporting people as they wished and detailed in their care plans.

We experienced some difficulty in completing the inspection due to records not being available when requested and delays in sending information to us.

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 21 October 2017).

Why we inspected

The inspection was prompted in part due to concerns received about notifiable police events, issues relating to fire and personal safety, delays in repairs putting people at risk and risks associated with behaviours that challenge. A decision was made for us to inspect and examine those risks.

As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Inadequate. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Charnat Support Services on our website at www.cqc.org.uk.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

At this inspection we have identified breaches in relation to Regulation 12, Safe care and treatment of people using the service putting people at risk of harm or injury and Regulation 17 Good governance, due to the lack of systems and process' in place to assess, monitor and improve the quality and safety of the services provided.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe, and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Charnat Support Services

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

The inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had two managers registered with the Care Quality Commission working in a job share role. 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 notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 31 August 2020. We visited the office location on 02 September 2020.

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 with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During and prior to the inspection

We spoke with two relatives as people who used the service were unable to share their experiences with us. We spoke with ten staff including the two registered managers, senior lead care and care workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at care records, risk assessments, training data and quality assurance records. We spoke with four health care professionals. Completion of this inspection was hindered due to evidence requested not being submitted in the timeframe requested.

Is the service safe?

Our findings

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

At the last inspection 05 and 06 September 2017, this key question was rated as Good. At this inspection this key question has now deteriorated to Inadequate.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Checks had not been carried out to ensure people's personal risk assessments were being met.

Assessing risk, safety monitoring and management

- We found one person was put at risk due to failures to comply with their assessed dietary needs. They were assessed as requiring a minced and moist diet and no bread, but this was not adhered to or clearly recorded in their care plans. This put them at risk of choking. Staff had recorded the food they had given the person, which included bread, crisps and biscuits. This showed that staff were unclear on how to support people consistently to ensure there is no risk related to choking due to incorrect dietary requirements.
- Following the inspection the registered manager wrote a memo to all staff reminding them of the importance of following the correct dietary requirements.
- During initial conversations with care staff they did not identify the specific dietary requirement for this person. However, after the inspection, staff we spoke to could clearly tell us the assessed dietary requirement for this person.

Using medicines safely

- Medication administration records (MAR) for one person, showed that medication prescribed to use as required (PRN), had exceeded the prescribed, maximum dose in a twenty four hour period on more than one occasion. Records we looked at did not identify the need or reason to use this medication or that alternative options were explored before being administered. We spoke with the registered managers about use of medications and stopping over medication of people with a learning disability, autism or both with psychotropic medicines (STOMP) in particular. They said they did not know what this was and they would look into it.
- The provider's records documented that some staff had not received recent medication training. We requested evidence to show that staff who administer insulin had received training and had received competency assessments to ensure they were competent and safe to do so. The registered manager did not have these records and could not confirm what the training had included or if competency assessments had been completed by the diabetic nurse, who provided the training. Staff we spoke with told us they had received training and they felt confident in the administration of insulin. The registered manager provided information after the inspection of what the training included. However, all staff had not received this training.
- We saw one person's diabetes risk assessment, which stated that staff or the person could be injured by the needle. There were no guidelines to follow should this occur nor was there any guidance of what to do following a needle stick injury.

- Medication administration records (MAR) had hand written details which had not been signed by the person completing these nor did they have a witness check to sign to say they were correct. This is not safe practice and could result in an error occurring with the potential to cause harm to people.
- Prescribed creams on MAR charts were detailed as being flammable, however, we were not provided with any risk assessments or details of measures taken to reduce the risk of this occurring.
- There were gaps on MAR charts for prescribed creams, these gaps had not been identified by the registered manager.
- The provider's own medication policy stated that an audit of medication was to be completed every three months. The registered manager told us they do not complete this as staff do a daily count of medication. This is not in line with their own policy and means the registered manager has no oversight of the medication administration.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a new breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

Preventing and controlling infection

- At the time of inspection, the provider did not have any infection control audits in place or an infection prevention and control lead within the service. This meant there were no checks of the environment or staff practices recorded, in relation to the implementation of the providers own guidance for Covid-19, to ensure there were good levels of hygiene and infection control procedures.
- The provider had a basic policy in place for Covid-19, however, this did not include plans should there be a case of the virus in the service. The pandemic and infection control policies had not been updated to include Covid-19.
- We were not shown or provided with individual risk assessments for vulnerable people using the service or staff members who may be at higher risk during the Covid-19 pandemic. We did ask for these during the inspection, but they were not in place.
- The Covid-19 policy stated, 'staff must have current and up to date hand washing assessments' we were not provided with evidence of these assessment taking place although this evidence was requested. The policy also stated, 'service users' hands to be washed regularly' we did not see any recorded evidence that this was taking place and staff we spoke with did not tell us this happened when we talked to them about good hygiene.
- Staff had not received any up to date infection control training to reflect Covid-19. Staff we spoke with confirmed they had not received any training but received information about government guidelines.

Staffing and recruitment

- We found full employment histories were not always provided and gaps in employment were not discussed and recorded on individuals' files. Risk assessments were not completed where required based on the criminal records checks.
- Although some of these issues had been identified on provider audits, there was no evidence to show these had been actioned and completed.
- A relative told us, "The carers are very good, I've no complaints. [Name] is always clean and tidy and always smells nice. Staff care about him and his flat is always tidy."

Systems and processes to safeguard people from the risk of abuse

- Care plans and risk assessments were in place however, we found these were not always robust or being adhered to correctly. For example, for someone with diabetes they did not include what a high blood sugar

reading was and what to do in the event of this happening.

- There was no guidance on what action to take for someone who had seizures in the event that these lasted longer than the 'usual' length of time. Care staff we spoke with had a good understanding of how to support these people and found that they had not come to any harm. One care worker told us, "I have not had training around seizures, I know about seizures from personal experience and I ask other staff what to do and they have told me."
- Training records which we were shown on the day of the inspection, showed that not all staff had received safeguarding training. Some of those who had received this training now required training updates, some staff were over a year overdue. We were told by the registered manager that training which had been planned was cancelled due to Covid-19 but they were now starting to look to plan training again.
- Staff we spoke with told us how they would safeguard people.
- One relative told us, "There were a couple of incidents at the start of this year with [Name], they injured their hand, then their foot and it could not be explained what had happened. [Name] has a health condition and has an alarm and mat in case they get out of bed. I asked the manager for them to have regular checks overnight. This has been done and I have no concerns now."

Learning lessons when things go wrong

- The registered manager told us they had not received any complaints, so we did not see any reflective practice or evidence of lessons learnt around complaints.
- The registered manager provided us with the minutes of staff meetings and we saw that from January 2019 to September 2020 there had been just two staff meetings held. The PIR we received from the provider, said that staff meetings would be held more often, these had not taken place.
- The registered manager had not sought feedback from people using the service, staff or professionals. Gathering this information would provide them with information on how to improve the service they provide.

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 previous inspection on 21 October 2017, we rated the service under this key question as 'requires improvement' due to the service not having a registered manager in post or being in the process of registering with the Care Quality Commission. At this inspection, we found quality assurance systems in place, were not fully effective as they had failed to ensure action had been taken in a timely way in some areas requiring improvements, therefore the provider is in breach of Regulation 17. The rating for this key question has deteriorated to 'Inadequate.' This is due to the registered managers lack of oversight of the service. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care and that the required improvements had not been made or sustained.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The service has been rated as requires improvement for the previous two inspections in Well-led. The provider has failed to make improvements and the service is now rated inadequate.
 - There were two registered managers who divided their time between Charnat Support Services and other services they manage under this provider.
 - Audits carried out by the registered managers and provider were ineffective. Systems of audit had not been expanded to include, staff spot checks, daily records including food and seizure charts, environment, infection prevention and control, or medications as per their own policy. This meant the registered managers or provider, did not have a good oversight of the service and did not gather information of how to develop and improve the service. The audits we did see for accidents, incidents and falls did not include incidents and accidents we saw recorded in people's records, meaning they were not an accurate reflection of what was occurring with people in the service.
- The registered manager told us they did not complete a medication audit as staff completed a daily count. However, when we checked records, we saw gaps on MAR records, medication that is to be administered as required, was not administered as per the persons plan of care and risk assessment. Audits would have alerted the registered manager to these concerns.
- Food chart records demonstrated one person was receiving an incorrect diet. An audit of these records would have identified this concern, giving the registered manager the opportunity to act upon this and reduce the risk.

- Prior to the inspection, we became aware of notifiable incidents which had occurred and had not been reported to the Care Quality Commission.

One health professional told us after the inspection, about an incident when a vulnerable person left the building at night and was found outside, there is no evidence to suggest they were harmed by this and additional measures are now in place to reduce the risk. We had not been notified of this.

Registered providers must notify us about certain changes, events and incidents that affect their service or the people who use it. This was discussed with the registered managers.

- The training records we were provided with during the inspection, showed the training provided was not consistent for all staff. Some training had been expired according to the renewal date, for a considerable length of time. Training in specific health and support needs, was not always undertaken or updated as detailed in the person's care plans and risk assessments, such as control and restraint training for a person who displayed behaviours which may challenge. One health professional we spoke with told us, "I feel that staff confidence is lacking in supporting [Name]."

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

Continuous learning and improving care

- The provider's information return (PIR) which had been completed, did not identify all of the areas of concern we saw during our inspection, as areas of improvement. This demonstrated the systems were not effective in identifying areas of improvement. Areas of improvement which had been detailed by the provider in the PIR, had not been met.
- The provider carried out quality audits, including monitoring the management team performance. These audits were not robust and had not been effective in identifying all the areas of concern we saw during our inspection. They had failed to identify the registered managers' poor oversight of the service. The provider audits we looked at did not evidence that they revisited previous audits to monitor completion of areas identified as requiring improvement, as per their own guidance., The audit action plans were not signed or dated by the registered manager to indicate items identified had been completed.
- One of the registered managers told us they had just completed their level five in health and social care.

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

- Staff meetings to give staff an opportunity to be informed and discuss the running of the service did not take place on a regular basis. Two meetings had taken place in the last eighteen months . Care staff we spoke with confirmed they had not been involved in meetings.
- Staff supervision meetings for staff to discuss their development and performance, did not take place on a regular basis. Care staff we spoke with confirmed they had not received regular, one to one supervisions. The provider's policy says all staff should receive six supervisions a year, this was not being met. The PIR completed told us their aim was to keep up to date with supervision, however, we saw this was not the case.
- A staff member we spoke with, told us they did not feel supported by the registered manager but did by the senior lead care. This staff member also told us, "The management need to be more consistent, if you go to the registered manager with an issue, she will get the senior lead care to do it anyway."
- One staff member told us, "Morale could be better, we could have an employee of the month which would be good. The staff also told us, "If you say anything to the management, it is written down and forgotten."
- The registered manager told us they did not seek feedback via questionnaires as they saw and spoke with relatives frequently. We did not see any records to evidence feedback and conversations had been recorded and, the registered manager told us they had not recorded these. Feedback from staff and health professionals had not been sought either. The PIR completed told us they would ensure monthly visits to service users were made, these were not being completed.

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 management team understood their responsibilities around the duty of candour.
- We were told by the registered manager they had not received any complaints and concerns.
- We are aware that safeguarding concerns had been raised by other professionals as the service had not taken appropriate action to safeguard people using the service. These had not been recorded as complaints.

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

- Relatives felt able to speak with staff at the service when needed. One relative told us, "The upper management are very good [Name], I go to her and she gets things done. I just wish the manager was more approachable." Another relative told us, "It [the service] is adequately managed, I am in a good position and know what I want for them and demand it. I don't know if having knowledge about care is making a difference to the support they receive."

Working in partnership with others

- The service worked in partnership and collaboration with other key organisations to support care provision. However, we saw that the guidance provided was not always adhered to, such as, specific dietary instructions.
- A health professional we spoke with said, "I feel the rapport and communication between both the support service and the daycentre that people attend is good and they [person] receive a decent standard of service."

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Guidelines as assessments of service users care needs were not being followed, putting people at risk.

The enforcement action we took:

Positive conditions were imposed to ensure the provider took action to ensure people received safe care and treatment.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have robust systems and process in place to provide an oversight of the service.

The enforcement action we took:

Positive conditions were imposed to ensure the provider took action to ensure people received safe care and treatment.