

Chartercare (West Midlands) Limited

# Charter Care (West Midlands) Limited (B69)

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service:

Charter Care is a Domiciliary Care Service that is registered to provide care for people within their own homes. People using the service are older people, people with mental health needs, people who misuse drugs and alcohol and those with a physical disability or sensory impairment. 140 people were using the service at the time of the inspection.

People's experience of using this service:

Staff were not always recruited in a safe way.

People's care plans did not always reflect the needs and preferences of people and were limited in the information they provided.

Audits were not comprehensive enough to provide a consistent overview of people's care.

People were supported by staff to remain safe. There were enough staff available to people and people's needs were attended to in a timely manner.

Risk assessments were in place to minimise any potential risk to people's wellbeing. People received their medicines as expected.

Staff knew people's needs. Staff received training and had been provided with an induction, and felt able to approach the registered manager with any concerns. People were assisted to receive nutrition and hydration by staff. People were supported to maintain their health.

People were supported to have choice and control over their lives and staff understood that they should support them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff ensured that people's privacy and dignity was maintained.

Complaints were dealt with appropriately in line with the complaints procedure. People felt able to go to staff who would listen to them.

Rating at last inspection: The rating for the service at our last inspection was 'Good' with our last report published on 06 October 2016.

Why we inspected: This was a planned comprehensive inspection that was due based on our scheduling

targets. We had also received some information of concern from the local authority regarding a specific incident around medicines not being given where required. We spoke with the registered manager about this and received their perspective on the incident. The registered manager had taken some learning from the incident and the person was no longer using the service.

At the last inspection the key question of Well led was rated 'requires improvement'. This was due to concerns that there was no effective structure for staff supervisions and audits were not comprehensive. At this inspection we found that whilst staff now received regular supervisions, audits still required some improvements in providing an overview of patterns and trends.

**Enforcement:**

No enforcement action was required.

**Follow up:**

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### 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 not always responsive

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Charter Care (West Midlands) Limited (B69)

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The Inspection team consisted of one inspector, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

#### Service and service type:

Charter Care is a Domiciliary Care Service that is registered to provide care for people within their own homes. People using the service are older people, people with mental health needs, people who misuse drugs and alcohol and those with a physical disability or sensory impairment. 140 people were using the service at the time of the inspection.

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 visit to be sure that the manager and staff would be available.

#### What we did:

Inspection site visit activity started on 08 April 2019 and ended on 08 April 2019. We visited the office location

on 08 April 2019 to see the registered manager and office staff and to review care records and policies and procedures. The expert by experience made telephone calls to people using the service on 09 April 2019.

We reviewed information we had received about the service since they were registered with us. This included details about incidents the provider must notify us about, such as allegations of abuse and we sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We spoke with six people that used the service and three relatives to gather their views on the service being delivered. We also spoke with three staff members, the registered manager and a member of the administration team. We used this information to form part of our judgement.

We looked at four people's care records to see how their care and treatment was planned and delivered. Other records looked at included four recruitment files to check suitable staff members were recruited and received appropriate training. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service. Details are in the 'Key Questions' below.

# Is the service safe?

## Our findings

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

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.

### Staffing and recruitment

- We found that although pre-employment checks had been carried out including the obtaining of references and Disclosure and Barring Service (DBS) checks, as a result of an administration oversight, some staff members had started their employment before the DBS certificates were returned. This means that staff were supporting people before the provider could be sure that they were safe to be employed in the role. The provider was already aware of one incidence where a check hadn't been returned, but during the inspection we found another example of this occurring. Each time it was only a very short period where staff were working until the check was received and both employees had a clear check returned. We saw that new paperwork had been introduced which would highlight any future issues, but found that audits carried out had not effectively discovered where the discrepancy was already in place.

- We found that there were enough staff available to people, one person told us, "There are enough staff. I haven't had any problems in the last year [of using the service], it's worked very well".

A staff member told us, "There are enough staff, we can get to calls and it is very rare they are missed".

- We found that staff timesheets reflected the amount of staff on duty at the time of the inspection.

- People told us that carers turned up on time, unless there was good reason and the people we spoke with had not experienced any missed calls. One person said, "The staff always let me know if they are going to be a little late, it's not often though. I never feel rushed they [staff] stay the time to change my bed and do me some food, they have never skipped any time".

### Using medicines safely

- We found that people received their medicines safely. One person told us, "They [staff] wait while I take them [medicines] it's all recorded, they record everything'. They give them pretty much the same time every day". Staff told us how they had received training in administering medicine and felt comfortable in doing so. Competency checks on staff's practice had also been completed.

- Medicine Administration Records (MAR) that we looked at recorded the medicines given to people. We saw that there were a small number of gaps on MAR charts, which made it difficult to assess if a person had received their medicine or not. However, the registered manager told us that this was a recording issue and we saw that records showed that it had been raised with the staff member and that the entire staff team had received a reminder to maintain records appropriately.

- The registered manager informed us how work was underway to improve on information for staff where medicines were given 'as required'. Records we saw reflected that work was taking place and improvements had been made.

Systems and processes to safeguard people from the risk of abuse

- Staff recognised the potential signs of abuse that people may encounter and were aware of their responsibility to report concerns quickly in order to safeguard people. One staff member told us, "If there were any signs of abuse or I had concerns I would take them to senior staff or management and they would notify the local authority".
- People told us they felt safe, with one person saying, "They [staff] lock the doors when they come in and leave, it makes you feel secure". A relative told us, "[Person] does feel safe with the carers, [person] loves them, they get on really well".
- We saw that safeguarding referrals had been dealt with as required.
- Accidents and incidents had been dealt with effectively and recorded appropriately.

#### Assessing risk, safety monitoring and management

- Any risks to people were identified, with risk assessments in place that related to people's needs. Risk assessments included, but were not limited to; personal care, infection control, skin care, health care needs and falls.
- People's risk assessments considered risks presented by their home environment and any possible hazards.

#### Preventing and controlling infection

- We found that staff ensured hygienic practices were in place when assisting people and one person told us, "[Staff members name] always puts on their gloves for personal care, and 'I've watched [staff member] wash their hands when we are ready to do breakfast". A relative shared, "They [staff] are very good at the hygiene, always has gloves and wears them every time". Staff members told us that they always ensured that their practice was hygienic.
- We found that risk assessments were completed around infection control and that the appropriate checks were in place.

#### Learning lessons when things go wrong

- The registered manager told us how they learnt from a recent safeguarding incident, which resulted in the person using the service being given twenty eight days notice that the placement would end. The registered manager told us that they now realised that they should have had much more personal contact with the family rather than leaving it to staff members, as this had led to a breakdown in communication. The registered manager also shared that they would await the commencement of a case conference prior to giving notice on a placement in the future.



# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience.

- Previously we found that there was no effective structure for staff supervisions, but during this inspection staff members told us that they received supervision to discuss their work and training needs and that this happened on a regular basis. They also shared that senior staff and management were also available to them at any time. We saw that records of previous supervisions were kept.
- People told us about knowledgeable staff and one person said, "They [staff] definitely do know what they are doing, they are very experienced and I trust them. They all seem to know what is expected and they also ask me what I want when they arrive". Staff members were able to provide examples of the care people required.
- Staff received an induction, which included shadowing longer serving staff members and familiarising themselves with the people using the service. We saw that the induction undertaken was the equivalent to the care certificate. The care certificate is a set of standards, which sets out the required skills, knowledge and behaviours required of people working in health and social care sectors.
- There was a system in place to monitor training and this showed a high level of staff compliance. Where a small number of staff had training outstanding there were plans for this to be undertaken. Staff told us how training was regular and assisted them in their role and said they could request specific training courses.

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

- Staff assisted people by providing them with prepared meals or snacks. One person told us, "I tell them [staff] what I'd like for breakfast, it's usually cereal and they make me a cup of tea. Depending on what I've got in, they make me a sandwich and they do it very well. They leave me with blackcurrant and apple cordial".
- Staff were aware of people who may be at risk of poor nutrition and monitored people's nutritional intake and weight as required. Where there were concerns these were passed to professionals.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- An initial assessment was completed to ensure care was planned and reflected people's individual needs and preferences. This included, but was not limited to health and wellbeing, medical diagnosis and care needs.

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

- The provider worked with other healthcare professionals to ensure positive outcomes for people.

- We saw from records that concerns were shared with professionals in a timely manner.

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

- People had access to healthcare services and professionals according to their needs and agreement. A person told us, "One carer called a doctor for me it was just to make an appointment, but it was a great help. I wasn't too well a little while back my back hurt, so we decided together [person and staff member] to call an ambulance, the carer did it, the carer called the ambulance and stayed until the ambulance men arrived".
- Care staff were aware of people's health and medical needs.

#### 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 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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA and found they were. Where it was thought people lacked capacity assessments had been carried out.
- We found that staff asked people for their consent before assisting them. One person told us, "They [staff] ask me all the time, saying; what do you want today and shall we do this". A relative shared, "They [staff] won't do anything without asking me and asking [person]. They explain to [person] all the time what they are doing, it's very calming for them".
- Staff had a good working knowledge of how they should gain people's consent when providing personal care or assisting them. A staff member told us, "I always make sure that people are happy with what I am going to do before I do it. They answer me, but I can read people's body language too".

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

- We saw that risk assessments around the environment looked for any hazards that may pose risk to either people using the service or staff members when within properties.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- People told us staff were kind and caring towards them. One person told us, "They [staff] are very pleasant, they are a ray of sunshine coming in". A relative told us, "I can't fault them [staff] they are exceptionally caring to [person]".
- People we spoke with were positive about how staff provided personal care and one person said, "The staff help really to put my clothes on, it's little things like washing my hair is a problem, they help me do it".
- The registered manager and staff were aware of the need to ensure people's diversity was respected and acknowledged. Any cultural and religious needs were acknowledged and the registered manager told us of where people's first language was not English they were supported by staff from a similar ethnicity.

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

- We found that people were offered choices as far as possible and one person told us, "The staff ask me, I make my own choices about everything".
- We saw that people and their relatives had been a part of the person's care plan. One person told us, "A staff member came to my home and gave me all the questions. I made decisions about what I wanted them to do, they put it all together and into a folder". Staff shared that care plans were updated in the event of any changes.

Respecting and promoting people's privacy, dignity and independence

- A person told us, "All carers who've come here are very respectful". A second person said, "The staff are respectful and very friendly. They are also respectful of my home too, they treat it well, they make sure they don't leave shoe marks and clear up after themselves".
- People told us staff maintained their dignity and encouraged independence with one person sharing, "We put a towel on standby to cover me and they [staff] wait outside the room until I've washed the areas I can, then they go into help with the rest". A staff member told us, "I keep people covered in case a family member comes in and I shut the door and curtains. I treat people how I would want to be treated".

## Is the service responsive?

### Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care plans were in place, but these were limited in the information given and required some expansion. Where people had specific conditions or particular needs this information was not always provided. An example being; where one person used a stair-lift there was no guidance within the care plan on how the person should be supported to use the equipment safely. Staff couldn't tell us a specific process for this and said they acted on what they felt was best practice. The registered manager told us they were currently looking at improvements they could make to the care plans.
- We found that care plans held a person's life history and also gave an insight into their backgrounds, likes, dislikes and interests.
- Staff spoke of people's care needs in a knowledgeable manner.

Improving care quality in response to complaints or concerns

- We found that people knew how to complain and would do so if they needed to, but people we spoke with told us they had not had any need to make a formal complaint. One person told us, "I'm sure the carers would help if I had to complain". A relative told us, "[Person] has information in the folder. If I've got anything to say I get on the phone straight away and speak to [senior staff member's name]. There haven't been any concerns in quite some time, but they always sort things out".
- The provider had a complaints policy and procedure. Written information about how to raise a complaint was available to people, this in accessible formats when needed.
- We saw that complaints were dealt with appropriately, with written responses provided for formal complaints and copies of all correspondence kept.

End of life care and support

- The registered manager told us that end of life plans were not currently required, but if they were they would be put in place. Where people had a do not attempt resuscitation (DNAR) order in place and where this information had been shared with the service by people's family members, this had been recorded.

# 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. Service management and leadership was inconsistent.

Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Whilst some audits were in place, including those around daily records and medication, we found that they did not give an overview of any patterns or trends. Audits recorded information but these were not analysed to show any emerging risk where action might need to be taken. Audits undertaken did not identify concerns discovered during the inspection, an example being where staff were allowed to begin work before Police checks were received.
- People didn't know the registered manager, but told us that this was because they had had no need to contact them. We found that people were instead familiar with office staff and senior staff members. One relative told us, "My relative isn't sure who the manager is, but has a senior person they have regular contact with, who they find easy to speak to. A second relative said, "I have found the office staff friendly, if they can't help they get back to you".
- We found that staff were supported by the registered manager who was also the provider and told us, "Since [registered manager's name] has been here there have been so many positive changes, you can see the difference".
- The provider had ensured we were notified of events as required by the law. We also saw that the previous CQC inspection rating was displayed at the office and on the provider's website.
- Staff told us that they understood the whistle-blowing policy and would use it if they felt the need. One staff member told us, "I have done it before a long time ago and I would do it again". A whistle-blower exposes any information or activity deemed not correct within an organisation.

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

- We saw that although feedback was taken from people by the use of questionnaires, the results of these surveys were not given to people using the service and were only shared with staff via a regular newsletter. We discussed with the registered manager how this meant that people were not being given a general overview of the service provided and they could not see how their information had been used. The registered manager told us that they would look at sharing the information taken with people. We saw that feedback was mainly positive and one example was, 'keep up the good work'.
- Staff completed surveys and the outcomes of these were shared with them. We found that responses were mainly positive and that staff stated they were happy working for the agency.

- We found that there were no regular staff meetings, as staff told us it was difficult to arrange time for everybody to attend. Staff told us that they would appreciate attending team meetings and one comment within the staff survey was, 'need more communication and meetings with staff'. The registered manager told us of plans for 'rolling meetings' set out over a whole day where staff can just drop in for a session that suits them.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- We received notifications of incidents as required. This enabled us to see how the provider had reacted to such incidents and how people were supported.
- People told us their thoughts on the agency and one person told us, "We would not change a thing. They are the best carers we have ever had. We are very, very pleased with them". A second person shared, 'I'm delighted with the agency. I think they are very well managed. They have carers who care and know what they're doing they are very supportive'.
- Everyone we spoke with told us that they would recommend using the service to other people with one person telling us, "I would [recommend the service] they are caring and helpful and are reliable".

Continuous learning and improving care

- We were told by the registered manager how improvements were consistently being made. These included work on protocols for 'as required' medicines, regular supervisions, and plans for meetings and improved communications between management and people using the service.
- The registered manager told us how they were always learning from people's needs and would continue to improve as much as possible.

Working in partnership with others

- The registered manager told us of how they worked with professionals to share required information to ensure people's wellbeing and we saw that contact with professionals was recorded, for example where information around health issues had been shared.