

Chartercare (West Midlands) Limited

Field House (Charter Care)

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Field House (Charter Care) is a domiciliary care agency providing personal care to 114 people in their own homes at the time of the inspection. The service mainly supports older adults, people living with dementia and or people living with physical disabilities.

Not everyone who used the service received 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

People did not always receive safe care. We found inconsistencies in the recordings of prescribed creams and there was insufficient guidance in place around 'as required' medications. Whilst staff were able to tell us about the risks associated with peoples care, risk assessments were not consistently in place for people's individual needs. Staff were safely recruited and understood how and when to raise any safeguarding concerns. People were protected from the risk of infection by good infection control practice.

People received effective care. People received support to eat and drink meals of their choosing and where required were supported to access appropriate healthcare. Staff had received training in people's needs. 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.

People felt supported and cared for by the staff team. People had been involved in developing a plan of care based on their preferences. Staff informed us they enjoyed their role of supporting people.

People received care that was responsive to their needs. People's care had been reviewed to ensure it continued to meet their needs. People were aware of how to raise concerns, should they have any, and felt confident that these would be addressed.

The service was not always well led. Governance systems were either not in place or not robust. This meant that systems were not effective in monitoring the quality and safety of the service. There were systems in place to seek feedback from people and their relatives.

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 20 June 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to the quality monitoring of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 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 responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led

Details are in our well-led findings below.

Requires Improvement 

Field House (Charter Care)

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

Two inspectors and an assistant inspector carried out the inspection.

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 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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 December 2019 and ended on 15 January 2020. We visited the office location on 17 December 2019.

What we did before the inspection

We reviewed information we had received about the service before the inspection. We sought feedback from the local authority who work with this service. The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We spoke with five people and one relative to seek their views on the service. We used all of this information to plan our inspection.

During the inspection-

We spoke with the registered manager (who is also the registered provider), two senior members of staff, the internal training provider and four staff members.

We reviewed a range of records. This included nine people's care records and nine medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training and quality monitoring records were reviewed.

After the inspection –

We spoke with four people and one relative. We continued to seek clarification from the provider to validate evidence found.



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 this key question was rated as Good. At this inspection this key question has deteriorated to requires improvement. 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.

Using medicines safely

- Whilst medicine records showed that people had in the main part received their medicines as prescribed we found inconsistencies in the recordings for some types of medicines. For example, medicine records we viewed had unexplained gaps in recordings for prescribed creams and had not been completed consistently.
- There were no protocols in place for people's 'as required' medicines. These would give staff guidance on the signs of a person needing their as required medicine, frequency and amount of medicine a person required. This guidance would ensure consistent practice in line with the prescribers instructions.
- Whilst a senior staff member could tell us how they audited medicines records these checks were not recorded.
- The registered manager showed us an example of an 'as required' medicine protocol that they were planning on introducing that would supply staff with guidance on giving these type of medicines.

Assessing risk, safety monitoring and management

- There were standardised risk assessments in place to manage more general risks associated with people's care.
- However, we found risk assessments were not in place for people's individual needs. For example, one person was living with epilepsy. There was no care plan or risk assessment in place to guide staff of the action to take should this person have a seizure. The provider had not ensured staff had clear guidance in place to minimise the risks associated with people's care.
- Staff were able to tell us the risks associated with people's care and appropriate action to take should they have concerns.
- There were systems in place to ensure staff had attended calls at the times specified in people's care plans.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who had received safeguarding training and who understood the signs of abuse and appropriate action to take should they have concerns.
- The registered manager informed us of a safeguarding concern that was raised with them and described their investigation process including informing the local safeguarding authority. The registered manager informed us of methods they had used to ensure this was investigated thoroughly and that the learning from this concern was shared across the service.

Staffing and recruitment

- Staff were recruited safely. We saw that the providers recruitment process included obtaining a Disclosure and Barring Service Check (DBS) to determine whether staff were safe to work with people.
- There were systems in place to monitor staff had attended a call and the duration of the call.

Preventing and controlling infection

- Staff were aware of their responsibility for good infection control standards. Personal protective equipment was available for staff to collect from the office.

Learning lessons when things go wrong

- Incidents such as safeguarding concerns were dealt with appropriately as and when they occurred. There were systems in place to learn from incidents in order to reduce the chance of a similar incident occurring again.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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's needs were assessed prior to the person receiving care from the service. The registered manager explained they would only agree to provide care to people who they could safely support and for whom they had the correct staffing levels for.

Staff support: induction, training, skills and experience

- Staff received training around people's individual needs from an internal training team. This included practical training at the office where equipment was available for staff to train with.
- There were systems in place to ensure training was scheduled and updated which enabled staff to keep up to date with current care practices.
- The internal training team informed us the care certificate was carried out and checks of staff's competency were carried out through spot checks at people's homes.

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

- Not all the people who used the service supported required support with eating and drinking. Where they did, there was guidance in people's care plans on likes and dislikes of food and how people liked their food to be prepared. People told us staff asked them what they would like to eat.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager provided examples of when they had worked with other professionals to support people's individual needs. This included district nursing teams.

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 particular 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 when this is in their best interests and legally authorised under the MCA. 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.

- People told us that staff sought consent from them before receiving care. Staff were able to tell us how they ensured they sought consent from people and offered people choices in their care. Quality checks carried out by the service monitored whether staff had been offering people choices in their care.
- We saw that mental capacity assessments had been carried out to determine whether people had the capacity to consent to their care.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People felt well cared for by the staff who supported them. People we spoke with told us they mostly had a regular team of staff who came and supported them and this had helped with feeling cared for as relationships had formed. One person told us the carers were, "Absolutely brilliant."
- One relative we spoke with told us they had chosen to use the service based on a recommendation by another person who used the service.
- Staff told us they enjoyed their role of supporting people. One staff member told us, "I get really good satisfaction knowing that I've helped [people]." Another staff member told us the best part of their job was, "Looking after people and making a difference."
- The registered manager informed us of work they had carried out to support people and families around understanding dementia. The registered manager had assigned one staff member to become a dementia champion who had formed links with local dementia cafes and sought specialist advice from hospitals in order to provide information leaflets to people and their families. Staff had also received training around dementia and there were support networks within the staff team who were available for advice on best practice in supporting people living with dementia

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

- Care plans had been developed with the person and included important information such as their interests and family support. One person told us, "Yes they involved me in what we needed."
- Staff told us how they involved people in decisions about their care. This included deciding whether to have a wash or shower, what food to eat and what clothes to wear.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity respected and their independence promoted.
- Staff were able to tell us how they ensured they protected people's dignity when they were supporting people with personal care, for example by covering people with a towel.
- Staff were able to describe how they promoted people's independence for example by encouraging them to help as much as possible with washing and dressing. One person told us staff, "Try their best to keep me mobile."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- We saw examples of where people had been involved in developing their care plan. This enabled people to be able to state how they wished their care to be provided. Care plans were reviewed to ensure they continued to have up to date and correct information about people's care needs.
- The registered manager informed us of methods they used to ensure staff were kept up to date with people's needs. These included meetings and regular bulletins shared with staff within the locality.

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.

- The registered manager informed us of developments they were planning on making to ensure information was accessible to people using the service. This included introducing audio recordings of the service user guide.

Improving care quality in response to complaints or concerns

- The registered provider had received one complaint in the last year. We saw this had been investigated thoroughly. The registered manager told us, "Learning from complaints has helped our development. If it's wrong, right it."
- People told us they didn't have any concerns about their care but knew the process to follow should they need to raise any.

End of life care and support

- No one was receiving end of life care at the time of the inspection. We saw staff had received training in end of life care which would aid their knowledge should a person be nearing the end of their life.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires Improvement. 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.

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

- We found the provider's quality assurance systems needed improvement. For example, risk assessments relating to recruitment checks outlined certain actions that should be taken. Monitoring systems had not identified that the registered manager had failed to complete these actions consistently.
- There were ineffective governance systems in place around the monitoring of medication administration. Whilst staff could tell us how they audited MAR charts and followed up any concerns, audits of medication were not recorded nor were they robust enough to consistently highlight missing signatures on MAR charts. In addition, audits were not robust enough to identify why signatures were missing from the MAR charts.
- Provider processes had not identified that people did not have 'as required' medication protocols in place.
- Monitoring systems had not identified that MCA assessments were not decision specific and had at times being carried out for people who had capacity.
- Whilst the registered manager had informed local authorities of a safeguarding concern they had failed to notify CQC.
- Systems had not identified that risk assessments had not always been completed for people's individual health or other conditions.

A failure to have robust and effective governance systems in place is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager informed us of learning they had taken from the provider's second location. This included changing paperwork to evidence the checks that had been carried out and in the introduction of 'as required' medication protocols. Whilst these changes were planned they had not taken place at the time of the inspection.

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

- The registered manager worked with people, relatives and health professionals to ensure the service people received was person centred.

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

- Through our conversations with the registered manager we determined they were aware of and acted in line with duty of candour.

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

- People had the opportunity to comment on the care received via surveys that were sent out on an annual basis. We saw that analysis had been carried out on the most recent survey and that the majority of comments received were positive. We also noted that the response rate for these surveys was quite low. We discussed this with the registered manager who was considering other methods of gathering feedback in order to increase the response rate.
- Staff felt supported in their roles and told us they would recommend the service. One staff member talked of their support and told us, "I get a lot of support, I am not just being thrown out there, I am being supported and guided."

Working in partnership with others

- The registered manager informed us of ways they worked with other healthcare professionals and local authority commissioners to ensure people received consistent care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have robust and effective governance systems in place to monitor the quality and safety of the service. Regulation 17 (1)</p>