

Charnat Care Limited

Charnat Support Services

Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on the 5 and 6 September 2017 and was announced.

Charnat Support services provides personal care and support to people with learning and physical disabilities who live independently in the community. Seven people used the service at the time of our inspection.

The previous registered manager left the service in March 2015. The service is currently being managed by a manager with the support of an assistant manager. The manager had submitted an application to register as the registered manager. We were advised during our inspection that the manager has resigned from his role and therefore this application will not be completed. The provider appointed a new manager following our inspection and they have commenced the process to register with the Care Quality Commission.

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 and associated Regulations about how the service is run.

At our last inspection of this service in June 2016 we found the provider was meeting the regulations of the Health and Social Care Act 2008. However we did identify some areas that required improvement in relation to the service not working in accordance with the principles of the Mental Capacity Act (2005). Staff had not received training in relation to this legislation and other refresher training relevant for their role and they did not receive regular supervision. We also found that audits were not being consistently completed to assess and monitor the quality of the service provided.

On this inspection we found the provider had made all of the required improvements since our last inspection.

People were supported by sufficient numbers of staff who had undergone recruitment checks to ensure they were safe to work. Staff understood how to report concerns on abuse and manage risks to keep people safe. People were supported with their medication by staff who had received training in how to do this.

Staff had access to training and supervision to support them in their role. Staff understood the importance of seeking consent in line with the Mental Capacity Act 2005 and knew how to support people to make their own decisions. Staff monitored the health and wellbeing of people and knew the action to take if someone became unwell.

People and relatives described staff as kind and caring, and confirmed staff treated people with dignity and respect. People were encouraged to be involved in the planning and review of their care. People felt supported by staff who knew them well. People and relatives knew how to raise any concerns they had

about the service.

People, relatives and staff spoke positively about the manager and they told us the service was managed well and in people's best interests. People and relatives made positive comments about the service people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew how to keep people safe and they knew the procedures to follow if they had any concerns about people's welfare.

Risks to people were assessed and actions to minimise risks were recorded in people's support plans.

People were supported with their medication by staff who had received training in this area.

Is the service effective?

Good ●

The service was effective

Staff received training and support to enable them to fulfil their role.

People's consent was sought before their care was provided.

People were supported to meet their healthcare needs.

Is the service caring?

Good ●

The service was caring.

People and relatives described staff as caring, and kind.

Staff promoted people's independence and ensured people's dignity and privacy was respected.

Is the service responsive?

Good ●

The service was responsive

People's needs were met by staff that knew them well.

People and relatives knew how to raise any concerns they had about the service.

Is the service well-led?

The service was not always well-led.

The service does not have a manager that has registered with CQC. This means the provider is in breach of their condition of registration.

Systems were in place to monitor the quality, and safety of the service provided.

Staff told us they were supported by the manager who promoted an open and transparent service.

Requires Improvement 

Charnat Support Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 and 6 September 2017, and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because Charnat Support Services provides a domiciliary care service, and we needed to make arrangements to speak with people using the service, staff and have access to records. The inspection was undertaken by one inspector.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The form was completed and returned so we were able to take the information into account when we planned our inspection. We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We also contacted the local authority who monitor and commission services, for information they held about the service. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We gained the consent from one person and visited them in their home, to gain feedback about the service they received. We were unable to speak with the other people that used this service due to their complex needs. We spoke with three relatives, two staff, the assistant manager and the manager of the service. We looked at a sample of records including four people's care plans, three staff recruitment records and staff training records. We looked at the way medicines were managed for three people. We looked at the provider's records for monitoring the quality of the service that was provided.

Is the service safe?

Our findings

A person told us, "Yes I feel safe when the staff support me they are nice and help me. I know all the checks I need to do, to keep safe when the staff are not here. If I had any concerns I would raise these with the manager". Relatives we spoke with also told us people were safe and staff supported them well and in accordance with their needs. One relative said, "The staff know (person) very well they get on well. I have no concerns about the way staff support (person) we are happy that they keep them safe and the way they provide support."

Staff we spoke with knew how to raise concerns, and they confirmed a safeguarding procedure was in place. Staff also confirmed they had completed safeguarding training. One staff member said, "If I saw or heard about anyone being abused in any way I would report it immediately to my manager and the provider or if needed to the police or Care Quality Commission. Records showed the acting manager had reported any concerns appropriately and had taken any required action to keep people safe. Staff we spoke with all demonstrated their knowledge of how to respond to any emergencies or untoward events. One staff member told us, "I would call for an ambulance if there was an emergency".

The provider told us in their provider information return (PIR) that risk assessments were in place to support and guide people and staff to reduce any risks and prevent people from harm. One person told us, "There are risk assessments in my file and these tell the staff what they need to do to keep me safe and reduce any risks to me". Staff we spoke with demonstrated knowledge of the risks associated with supporting people and the assessments in place to reduce these. One staff member said, "There are risk assessments which cover a variety of needs for people for example, cooking, accessing the community, medical needs and any behaviours people may present. The assessments guide us on how to respond to situations, and where needed what techniques to use to reduce people's anxieties. They are under continuous review and changed when needed". Some people that were supported by this service could at times demonstrate behaviours that may present challenges to staff. Records contained information for staff to enable them to recognise when people's anxiety increased and the strategies needed to divert and reassure people during these times.

People and relatives told us they were supported by sufficient staff. One person said, "I have the staff I need to live independently and to go out when I want. I have the same staff support me which is really important to me as they all know me well". A relative told us, "The staffing levels are fine they are the same as when the authorities sorted the package out so we have no issues about the staffing levels. (Person) has the same staff that support them so they get consistency which is good". We saw that people were supported by staff in accordance with their needs. For most people this meant they received one to one support from staff. If required people received additional support to enable them to access the community.

Staff we spoke with confirmed they provided the required employment checks before they started working for the service. One staff member said, "I provided references and had to have a police check completed before I started work as well as providing other information". We reviewed the files for three staff that had either been recently recruited or had been transferred internally to work at this service. We found the file for

one staff member who had transferred to this service did not contain evidence of a police check. The staff member and the manager confirmed that a police check had been obtained but this may have been archived when the service the staff member worked at closed. The staff member had worked for the provider for over 10 years. We could see that the staff member had completed annual declarations confirming that they were still suitable to work with people. The manager confirmed that a new police check would be completed. We saw evidence that police checks were completed in the other two files we reviewed. We also saw that there was some small gaps in staff members employment history in two of the files we reviewed. The manager addressed this and confirmed following our inspection that this information had now been obtained.

A person told us, "I get my medicines when I need them the staff never forget and I would remind them anyway". Relatives we spoke with told us they had no concerns about people receiving their medicines. One relative said, "I know the staff give (person) their medicines when they need them I have no concerns. Staff we spoke with confirmed they had received medicines training which included an assessment of competence. Where people had medicines on 'as required' basis, staff had the knowledge to enable them to recognise when people may need this medicine. Records were also in place to guide staff in the signs and symptoms which might indicate people needed their medication. We saw that audits were completed of the medicines and this included checking the balance of medicines against what had been administered. Although these audits identified shortfalls they did not always include the action taken to address these. The manager was able to tell us that in response to some of these shortfalls they had now changed the medicines system in place and this has had a positive impact on reducing the discrepancies.

Is the service effective?

Our findings

At our last inspection we found that where people's liberties were being restricted this information had not been shared with the supervisory body to enable them to complete the required applications. We also found that staff had not completed training in relation to the Mental Capacity Act 2005 (MCA) and they were not being provided refresher training in accordance with the provider's timescales. Staff also told us they did not feel supported and they did not have access to regular supervision. On this inspection we found improvements had been made.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and we found they were.

We saw that information had been shared with the supervisory body about people whose liberty was being restricted to keep them safe. We saw that where applications had been completed a community authorisation was in place. Staff we spoke with confirmed they had now completed work books in relation to the MCA and they demonstrated a good understanding of how the legislation impacted on their role. One staff member told us, "It is important to give people choices and ask their consent before supporting them, it is their right and their life".

People and the relatives we spoke with told us staff sought people's consent before providing support. One person said, "The staff always ask me if it is okay to help me and they always give me choices, I am in control of my life". A relative told us "Yes I have heard staff ask (person) if they can assist them with tasks, and they always provide choices. If (person) didn't want to do something the staff respect their decision". Records reviewed contained information about any restrictions on people's liberties and how these were managed in their best interests.

People and relatives we spoke with told us they thought staff had the required skills for their role. One person said, "The staff know what they are doing they are very good at their job". A Relative told us, "I think the staff are very competent at their role. They know how to support (person) and how to manage their anxieties". Staff told us there had been improvements and they were now being offered refresher training in areas where their certificates had expired. A staff member said, "I completed all of the induction training when I first started. I am pretty up to date now and have completed refresher training. What I have left to do they are arranging dates. I am up to date with 'Protecting Rights in a Caring Environment' (PRICE) which is important. I can also request training to further develop my skills and career development". 'PRICE' is training around the techniques that can be used to support people with behaviours that can be challenging to staff. The manager advised that refresher training is being provided on a rolling programme to enable all staff to attend. We were also advised that all new staff completed the Care Certificate induction.

The Care Certificate is a set of standards designed to assist staff to gain the skills and knowledge they need to provide people's care.

Staff we spoke with told us they now felt supported in their role. One staff member told us, "Things have improved and I do feel supported and I have had supervision with my manager. I know that I can pick up the phone if I need any advice". The records we looked at confirmed that a supervision and appraisal programme was in place and staff were meeting regularly with their designated manager.

People and relatives we spoke with told us they were happy with the support staff provided to assist people with their meals. One person said, "I have a weekly planner and I go shopping with the staff to get my food. The staff use the oven as it is too hot for me but I do help out where I can. The staff keep a record of what I have eaten which is important for me". A relative told us, "The staff support (person) to go shopping and they encourage healthy eating which is good. This is having a positive impact on (person) so we are pleased with this". Staff we spoke with told us they supported people to go shopping and with their meal preparation. Staff understood the need to ensure that people's nutritional needs were met and they were knowledgeable about people's preferences and dietary needs. Records showed referrals had been made to healthcare professionals such as a dietician, when concerns had been raised about people's eating and drinking needs. We saw that staff had completed the required records in order to monitor the food and fluid intake for those individuals who had been assessed as at risk.

People and relatives confirmed that staff supported people to meet their healthcare needs. A person told us, "The staff arrange all of my appointments and support me to attend". A relative told us, "The staff make sure that (person) attends all routine medical appointments and any appointments with their specialist. The staff always keep me informed about these". Relatives we spoke with had confidence that staff would take appropriate action in the event of their loved one becoming poorly. People's healthcare needs were identified in their health action plans. This is an easy read document which is used to highlight people's health care needs and how they should be supported when accessing health care services. Records demonstrated that staff monitored people's healthcare needs to ensure that appropriate medical intervention could be sought as needed. Records also demonstrated that people had access to routine medical checks such as annual health checks, opticians and dentists.

Is the service caring?

Our findings

People and relatives made positive comments about the staff that supported them. One person told us, "I really like my team of staff, they know me well and my routines and we get on great. They are very friendly, caring and supportive". A relative said, "I cannot fault the staff they are wonderful, caring and compassionate". When we visited a person we were able to observe for a short period of time the way the staff interacted and the support that was provided. The staff member talked and supported the person in a respectful and caring manner and always gained their consent before supporting them with tasks. The staff member gave the person choices and respected that she was working in their home.

People and relatives we spoke with confirmed that people were involved in making decisions about their care. One person said, "I make all the decisions and then staff advise me if I should consider other options. I think I am consulted about all aspects of my life. I have a good life". A relative told us, "The staff involve (person) as much as they can. If (person) cannot make decisions the staff make them in their best interests. If needed the staff may consult us and ask us our opinion and we all work together".

People and relatives we spoke with confirmed that staff knew people well and ensured their needs were met. One person said, "The staff know me really well and they encourage me to be independent. They know when I may need support and they are really good at reassuring me when I become upset or anxious". A relative said, "The team of staff that support (person) are really good. They have supported (person) for a while now so they really know their needs and the best ways to support them. We are really happy as we can see how well (person) is doing. The staff know when (person) is feeling down and they provide the support that is needed to reassure them during those times".

A person told us, "When I want private time I tell the staff and I go to my room, and the staff respect this. They may knock the door and ask if I am okay but they leave me alone". Staff were able to tell us how they cared for people in a dignified way. One staff member said, "It is important that people have some private time on their own as most people have staff supporting them at all times. (Person) just goes to their room and I know this means leave me alone I want to be by myself. I can hear them so I know they are okay". Staff we spoke with understood the importance of promoting people's independence and enabling them to be self-managing. One staff member said, "I always encourage (person) to do things for themselves, it may take a little longer but it is important that people are independent".

People and relatives told us staff communicated well with people. One person told us, "The staff talk to me in a way that helps me to understand. If I do not understand them I just tell them and then they then use different words". A relative said, "(Person) has little verbal speech but they can make their needs known. Because the same staff support them they know how they communicate and what their noises mean and the staff use pictures and objects to assist them". Discussions with staff demonstrated their knowledge of the different ways people communicated.

A person told us "I don't want to go to church or anything like that. If I did the staff would take me". Relatives we spoke with said their family members did not wish to attend or participate in any religious

services. This was confirmed by the staff who told us that if people wanted to pursue their spiritual needs they would be supported.

The acting manager knew how to make arrangements for people to be supported by an advocate if this was needed. He confirmed that a person is currently being supported by an advocate to make a healthcare decision. Advocacy is about enabling people who may have difficulty speaking out, or who need support to make their own, informed decisions about their life.

Is the service responsive?

Our findings

People and relatives told us the support people received was responsive to their needs. A person said, "The staff support me the way I need and want them to. They meet my needs and help me to continue to live by myself. I have some time now without staff support but if I need staff for any reason they come back when I ask them to or they stay longer. So they meet my needs and I am happy with the support I get". A relative said, "We are really happy with the way staff support (person) they are responsive to their needs, and moods, and provide support and reassurance when needed".

People and relatives confirmed they were involved in reviews where people's support needs were discussed. One person said, "Yes I am involved in my reviews I have regular meetings with my staff and the manager. We talk about what I need support with and how I am feeling. If I want anything changing I tell the staff and manager". A relative said, "We are invited to all of the review meetings and we are regular consulted about (persons) life. We are very involved and the staff are good at keeping us up to date with how (person) is doing". Records showed that regular reviews were undertaken and people's support plans were reviewed as needed.

The provider told us in their provider information return (PIR) about the improvements they wanted to make to involve people further in their support plan meetings and reviews. This was in particular for people who chose not to be part of these processes. The manager told us how they intended to try and have pre review meetings with people to ask them about their support and to try and gain feedback about what they thought about the service. The manager advised how some people did not cope with having lots of people including their relatives in one place as it confused them. The manager hoped to trial these pre review meetings in the next few months to try and involve certain people more in the way their support was provided.

Staff we spoke with demonstrated a good knowledge of people's needs preferences and anxieties. One staff member said, "As I consistently work with certain people this has helped me to build a positive rapport with them and trust. The support plans are detailed and provide staff with the information we need to be responsive to people's needs and so we can provide consistent support. This is important to the people we support as some people have autism so routines and consistency is essential". We saw that each person had an allocated keyworker; who was also the staff member who supported the person most frequently and so understood their needs well. Keyworker meetings were held monthly for some people, to discuss their needs and any changes that were required to their support plans.

People and the relatives we spoke with told us that staff supported people to follow their interests and take part in social activities. A person said, "I love walking and me and the staff often walk along the canal and chat away about things. I also love shopping so we do lots of that. I go out most days and do what I fancy". A relative told us, "The staff support (person) to do what they like. They have a better social life than me. They go everywhere to local places and further afield if (person) wants to".

People and relatives knew how to raise any concerns they had. A person told us, "If I was not happy I would

Speak to the staff or the manager as he comes and sees me regularly. If I raise any issues they sort them out for me". A relative said, "I have no complaints but if I did I would speak to the manager and I know they would sort them. I have raised some niggles in the past and they have been sorted straight away". We saw that a complaints procedure was available in the service which was available in easy read to enable people to access this. The manager told us that the service had not received any complaints since our last inspection.

Is the service well-led?

Our findings

At our last inspection we found that improvements were required as systems to regularly assess and monitor the quality of the service were not consistently completed for all people. We found that some improvements were required with the records, and not all staff had access to regular staff meetings. At our last inspection staff were supported by two different acting managers. On this inspection we found these improvements had been made but the service continued to not have a manager in post that has registered with CQC.

The service has not had a registered manager since May 2016 when the previous manager was de-registered. The registered manager had left the service in March 2015 but had not submitted an application to de-register. Since this time the service has had managers in post but they had not submitted an application to register with CQC until recently. We had received an application from the manager to become the registered manager. This manager advised us during this inspection that they had resigned and therefore their current application to register with CQC would be retracted. We were advised following our inspection that a new manager had been appointed. They have confirmed in writing to us that they have started the process to register with CQC. However this still means that the provider is in breach of the condition of their registration to ensure that a manager has registered with CQC.

Following our last inspection one manager had become responsible for the service. People and staff told us this had made a difference and the provision of support provided was more consistent. A person said, "I missed the old manager but I like the new manager they are very good". A staff member told us, "It has been much better we have consistency and regular support now. Systems are now in place to ensure all staff are supported the same. Regular team meetings are held for all staff to attend". The new appointed manager is already working in the service and therefore people, staff and most relatives already know them. This will reduce the impact on them when the current acting manager leaves in October.

We saw that systems were now in place to monitor accidents, and incidents, for all people supported by this service. The manager advised there had not been any accidents and we reviewed the analysis of the incidents that had occurred over the past few months. These showed the actions that had been taken. For example people's behavioural support plans had been reviewed as required and referrals made to healthcare professionals.

Relatives we spoke with confirmed that quality assurance forms had been sent out to them for feedback on the service. One relative told us, "Yes I do receive a survey but to be honest I have not completed it as I am in regular contact with the manager so I provide feedback as I go". The acting manager confirmed that surveys had been sent out this year but only one response had been received. We reviewed this response which made positive comments about the service provided.

We found that improvements had been made and monthly audits had been undertaken by the manager to assess and monitor the quality of the service provided to each person. These audits included monthly visits to people by the manager to gain feedback from them about the service provided. These audits also

included a check on the environment, medicines, and the records. We saw that where needed and apart from on some of the medicines audits an action plan had been completed to address any issues identified. We also saw evidence of an audit completed by the provider which had focused on staff recruitment files. However we saw that this audit did not identify that a DBS was not available in a staff member's recruitment file. We were advised this was because the file was in transition and had not been looked at as part of this audit. We saw that where shortfalls had been identified in other staff member's recruitment files an action plan had been completed for these shortfalls to be addressed. We have received assurances from the manager that a new DBS will be obtained for the staff member that did not have this information held on their file. The manager agreed to confirm with us when a new DBS has been received.

People and relatives we spoke with made positive comments about the acting manager and assistant manager. A person told us, "He is very nice and easy to talk to. He visits me and calls me lots to make sure I am okay and happy with the support I receive". A relative said, "The manager is good, and he manages the service in people's best interests. He is approachable and I know I can call him at any time. We are happy with the service provided and I cannot think of how it could be improved.

Staff told us they felt confident to raise any issues they had. One staff member said, "If I any concerns about a staff members practices I would raise this with the manager". The acting manager confirmed that a whistleblowing policy was in place.

The acting manager knew and understood the requirements for notifying us of all incidents of concern and safeguarding alerts as is required within the law and we saw that these had been reported appropriately. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The form was completed and returned to us within the timescale provided.

At our last inspection in June 2016 we rated the service as Requires Improvement. The provider was required to display this rating of their overall performance. This should be both on their website and a sign should be displayed conspicuously in a place which is accessible to people. We saw that the rating was displayed on the provider's website, and at the office.