

# Empowering U Healthcare Limited

# Charnwood

## Inspection report

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Date of inspection visit:  
19 January 2021

Date of publication:  
25 February 2021

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Charnwood is a residential home providing personal and nursing care to 16 older people, some of whom were living with dementia at the time of the inspection. The service can support up to 19 people. Charnwood accommodates people in one adapted building over two floors.

### People's experience of using this service and what we found

People's risk assessment and care plans sometimes lacked details on how they should be supported. Staff could however explain how people were kept safe and people and relatives told us they felt safe living at the home.

People were not consistently supported by enough staff. We have made a recommendation about staffing levels in the home. People were safeguarded from abuse as staff understood how to recognise and report any concerns. People received their medicines on time, and we were assured the home was following infection prevention procedures. Accident and incidents were reviewed, and lessons learned were shared with staff.

The governance arrangements were not consistently effective in driving improvements. Audits were in place and these were driving changes however this was not fully embedded, and more improvements were needed. The manager was notifying CQC as required of incidents which occurred. There was a system in place to learn when things went wrong and actions had been taken to make improvements following the last inspection and other professionals feedback.

People, staff and relatives spoke positively about the improvements and how the home was managed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 7 October 2020) and there were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been sustained and the provider was still in breach of some regulations.

The service remains rated requires improvement for the last three consecutive inspections.

### Why we inspected

This inspection was carried out to check whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met

We had also received concerns in relation to infection prevention controls. 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.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Charnwood on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

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 monitor the service required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a continued breach in relation to governance of the home at this inspection.

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.

**Requires Improvement** ●

### **Is the service well-led?**

RI The service was not always well-led.

**Requires Improvement** ●

# Charnwood

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

Charnwood is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had an acting manager in post, they were not registered with the Care Quality Commission. Registered managers 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 24 hours' notice of the inspection. This was because the service is small, and we wanted to be sure the manager would be at home to speak with us.

#### 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. The provider was not 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 took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the manager, senior care workers, and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at 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 quality assurance records, training records and policies.

# 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 requires improvement. At this inspection this key question has now remained the same. 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.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People and relatives gave positive feedback about how people were supported to maintain safety. One person told us, "The reason I came in was I was falling a lot, I have been much safer here."
- Staff understood how to meet people's needs and what actions to take to mitigate risks to their safety. Staff could describe in detail the care people needed to minimise risks associated with people's skin integrity, food and fluid intake and distressed behaviours.
- People had risk assessments and care plans in place to give guidance to staff. However, these were not always sufficiently detailed. This meant staff may not have guidance on how to keep people safe.
- The manager updated these care plans following the inspection and shared these with us and told us they would be updating their audit system to ensure these issues were identified moving forward.

### Preventing and controlling infection

At our last inspection the provider had failed to ensure infection prevention control measures were in place and followed by staff. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Using medicines safely

At our last inspection the provider had failed to ensure medicines were administered safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their medicines as prescribed. One person told us, "Staff manage my medicines really well I have them on time every day twice a day."
- We saw staff followed the policy for administering medicines and there was clear guidance in place for staff on how medicines should be administered including when people had 'as required' medicines prescribed for pain management.
- Medicines were stored safely, and medicines administration records were completed accurately. Staff were trained and had their competency checked. Medicines stock counts checked were accurately recorded.

#### Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficient staff to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People and relatives told us people always had their needs met but that staff were especially busy. One person told us, "The staff are all helpful and although they are busy at times, they never make you wait too long. Sometimes at mealtimes we wait to be served, but not too long." A relative told us, "They are very stretched due to the current pandemic but it's not having any impact on [person's name] they are as happy as anything."
- Staff confirmed there had been improvements in staffing levels since the last inspection during the mornings which had made a big improvement. However, staff felt this was also needed in the afternoons and early evening. One staff member said, "There has been an improvement but if there are any further outbreaks we would struggle."
- We saw there was a dependency tool in place which had resulted in increased staffing levels in the morning following the last inspection. We saw people were not having to wait for their care and support. However, in the afternoons, staffing levels dropped, and we saw staff were busy at teatime. We recommend the provider consider reviewing the dependency levels of people and consider what this means for staffing levels in the afternoons and evenings.
- The manager confirmed following the inspection there would be a further review of the dependency tool and staffing levels in the afternoon. We will check this at our next inspection.

#### Learning lessons when things go wrong

- Learning from accidents and incident was in place. There was a monitoring system where the manager



reviewed all incidents to see if there was any learning to share with staff

- People and relatives told us there was good support and communication if there were any accidents and incidents at the home.
- The provider had learned from recent external agency visits and the last inspection and made change to make improvements to the service.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse. People and Relatives told us they felt the home kept people safe. One person told us, "It is a lovely place, they always look after you here really well, I feel very safe."

# 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 requires improvement. At this inspection this key question has now remained the same. 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

At our last inspection the provider had failed to ensure effective oversight of the home and people were left at risk of harm. This was a breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a warning notice was issued.

- We found the system in place to check medicine stock was not effective which meant we could not be assured peoples medicines stock would be consistently available.
- Where audits of care plans identified actions to make improvements to peoples care records we could not be assured this was taken and the audits were not consistently identifying where care plans lacked detail.
- The provider had failed to achieve and sustain a minimum overall rating of 'Good' and has been rated requires improvement for the third time. Good care is the minimum that people receiving services should expect.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate effective oversight of the service to maintain people's safety. This placed people at risk of harm. This was a continued breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was no registered manager in post. An acting manager was in place to manage the home, but we had not received an application for a registered manager at the time of the inspection.
- The manager had put systems in place to ensure all service user's medicines records were reviewed regularly and were accurate, where updates were required these had been completed.
- The manager had made improvements to the systems to check peoples care delivery was done safely. For example, checks on pressure relief, fluid intake and Medicines administration were now done daily and care records were reviewed regularly.
- The manager had put system in place to ensure staff were aware of government guidance around infection prevention and control. Staff were following the correct procedures and an audit was in place to drive improvements.
- The manager at the service was aware of when they had to notify CQC and we saw notifications were taking place.

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

- People and relatives told us the manager was always supportive and they had no concerns. One person told us, "The manager is really nice, you can always talk to her."
- Staff received support from the manager and told us they felt the manager was approachable. One staff member said, "The manager is very supportive, always available to us."
- Staff had access to training and were kept up to date about changes in the home through a messaging system. Staff told us this was effective.

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 manager was ensuring relevant parties were informed when things went wrong and they understood their responsibilities under duty of candour.
- The manager had notified CQC if incidents as required, however there were two notifications which had not been sent but this was an oversight by the manager and this was corrected following the inspection.

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

- People and relatives shared examples of how they had been supported to stay in touch and involved. One person told us, "Visits by family haven't been possible, but I am helped to stay in touch I call my husband every couple of days whenever I want to really."
- People and relatives told us they were happy with how the home supported people. One relative told us, "I have no concerns, I feel exceptionally lucky to have found this place there is a small family feel and staff know people really well."
- The staff confirmed they had opportunities to raise any issues with the manager and seek support. People and relatives confirmed they had been engaged through discussion and the use of messaging facilities and phone calls.

Working in partnership with others

- The manager told us they had joined a group to seek support from other registered managers and had been advised on their role and required improvements by the registered manager of another location managed by the provider.
- There had been action taken following the last inspection to make changes to the systems in place and drive improvements. Evidence showed where external agencies made suggestions for improvements these were also acted upon.

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
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The providers governance arrangements were not effectively and consistently driving improvements and the overall rating for the home remains requires improvement.