Chartercare (West Midlands) Limited

Charter Care (West Midlands) Limited (B69)

Inspection report

84 Birmingham Street
Oldbury
West Midlands
B69 4EB

Tel: 01215447600
Website: www.chartercarewm.co.uk

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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

Charter Care is registered to provide domiciliary care to older people, people who may have physical disabilities or mental health concerns, sensory impairment or those who may misuse drugs or alcohol. At the time of our inspection 121 people were using the service. Our inspection took place on 18 August 2016 and was announced with 48 hours' notice to enable staff to be present to speak with us. Telephone calls were made to people to ask for their views on the service on 19th August. The service was last inspected on the 18 September 2014 where it met the standards.

The manager was registered with us as is required by law. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People were kept safe, with detailed risk assessments in place. Medicines were given appropriately, however the recording of this was not always clear. We found that there was a suitable amount of staff available with the skills, experience and training in order to meet people's needs. Structures for supervision allowing staff to understand their roles and responsibilities were not always in place, however staff felt well supported by the registered manager and felt that they could speak with them at any time. People's ability to make important decisions was considered in line with the requirements of the Mental Capacity Act 2005.

Systems for updating and reviewing risk assessments and care plans to reflect people's level of support needs and any potential related risks were not carried out on a regular basis, but were updated as and when an event or incident occurred. Quality assurance audits were not always comprehensive and so not all areas of care provided could be analysed for trends and patterns. The provider supported the registered manager and staff well. Notifications were sent to us as is required by law.
People were supported to take sufficient food and drinks and their health needs were met. Staff maintained people's privacy and dignity whilst encouraging them to remain as independent as possible.

Relatives and staff spoke positively about the approachable nature and leadership skills of the registered manager. People told us that they were able to raise any concerns they had and felt confident they would be acted upon.

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.

Detailed risk assessments were in place to maximise peoples safety.

An adequate number of staff were available to support people.

Medicines were provided to people appropriately.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable and had received an appropriate level of training.

Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported to maintain their health and well-being.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate.

People were supported to make their own decisions.

People's privacy and dignity was maintained.

Is the service responsive?

Good

The service was responsive.

Care plans reflected people's needs.

People's preferences were acknowledged and adhered to.

Complaints were dealt with appropriately.

Is the service well-led?

Requires Improvement

The service was not always well led.

Quality assurance checks were not comprehensive.

There was no effective structure in place to ensure that all staff received a regular supervision.

Relatives and staff spoke of the open nature of the registered manager.

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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 18 August 2016 and was announced. The provider had a short amount of notice that an inspection would take place. This was because we needed to ensure that the registered manager/provider would be available to answer any questions we had or provide information that we needed. The inspection was carried out by one Inspector.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are details that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury. We liaised with the Local Authority Commissioning team to identify areas we may wish to focus upon in the planning of this inspection. The commissioning team are responsible for managing services that the local authority purchases from private organisations.

We spoke with nine people who used the service, four relatives, two staff members, and the registered manager. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to six people by reviewing their care records. We reviewed three staff recruitment and/or disciplinary records, the staff training matrix, four medication records and a variety of quality assurance audits.

Good

Is the service safe?

Our findings

People told us that they felt safe, with one person saying, "They [staff] help me to have a wash, I am safe as the water isn't too hot". A second person told us, "The staff care for my safety". We saw written feedback from a relative stating, "I feel that [persons name] is in good hands". A staff member told us, "People are kept very safe here. For example, if it is unsafe to manually move people then we don't do it. We would contact the local authority and request that they provide a hoist to help us assist the person".

We saw that risk assessments were in place in order to keep people safe. Risk assessments we reviewed covered how to communicate with the person, their mental health needs, food hygiene, sleeping, mobility and falls and if they required bed rails to be used. For example, we saw a risk assessment which considered the risks in relation to how the person reached the bathroom, if they were in a wheelchair how could they be assisted with equipment, such as the use of a walking frame and the potential for falls associated with the care carried out. This was then graded high, medium or low to assess what support was required.

Staff told us that they were very involved with developing risk assessments when a new person began to use the service. We saw staff coming into the office to read care plans and risk assessments of new users of the service to familiarise themselves with the care they needed to provide. A copy of the information was then also provided in the person's home. We found that if a concern about risks to a person were raised by staff this was assessed and/or investigated. We saw a record in a persons file that showed a risk to them around having a shower. This risk factor triggered a review where the best course of action was discussed by professionals and acted upon. Potential risks around the use of moving and handling equipment was also acknowledged and each person who used a hoist had a specific checklist which was completed by staff prior to the hoist being used. Staff were able to discuss this with us and had a good awareness of the requirements of specific people.

When asked staff replied that they knew the layout of the properties well and would evacuate people using the path with the least resistance in the event of an emergency. All staff we spoke with were satisfied that they would be able to remove people safely if required. Staff told us that should a person require professional assistance in the event of an emergency, then they would ring to alert the emergency services.

Staff members demonstrated a good level of knowledge about how to safeguard people and told us that they would report any concerns to senior management. Staff spoke of identifying elements of abuse that a person may display and talked of bruises, nervousness and changes in demeanour as indicators that something may be wrong. We saw evidence of safeguarding concerns that had been shared with the appropriate external agencies.

One staff member told us, "If an accident occurs we try to stop it from happening again". We found that incident report or near miss forms gave a description of the incident, measures put in place and the outcome, which was then reviewed by the registered manager to ensure that learning was taken from what had happened. The registered manager shared with us that incidents were reported to the appropriate external agencies and said that once they had been investigated any outcome was cascaded down to all

staff as a learning opportunity. We found that incidents had been recorded adequately and that we had been notified of them.

People told us that they felt that there were adequate amounts of staff to care for them and one person said, "The staff are always available when I need them, I never worry". A staff member told us, "There are good staff numbers and we cover things like holidays or illness within the staff team. They [senior managers] don't overload us with calls and they are reasonable in their expectations of staff". One person told us, "We have regular carers and that helps a lot". A second person shared, "They [staff] are always on time, but always contact us on the very rare occasions they may be a little late". People that we spoke with were satisfied with the consistency of staff and told us that late or missed calls were not everyday occurrences.

Staff told us that prior to commencing in their role they had been requested to provide references, identification and to undertake a Disclosure and Barring Service (DBS) check. The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. We looked at four recruitment files and saw that all the appropriate checks had been completed correctly and that a full employment history had been provided.

A person told us, "I am given my medicine when I need it". We saw that some medicines had not been signed for on the Medicine Administration Record (MAR) sheets. This meant that it was not immediately clear if the medicine had been given or not. However when we checked the tally of medicines we saw that they had been administered, so there was no direct impact upon the person's health. We discussed this with the registered manager who told us that they felt that this was a recording issue and that the staff members had forgotten to complete the sheet following the administration of the medicine. The registered manager informed us that they would remind staff of the importance of clear recording. We saw that audits were done on the MAR sheets by the registered manager but they had overlooked these gaps in recording and so this had not been addressed earlier. We found that spot checks were carried out on staff giving medicines to ensure that they were administered appropriately and staff confirmed that this happened.

Good

Is the service effective?

Our findings

People told us that they felt the care provided to them was effective. One person told us, "The staff know exactly what they are doing and care for me well". A relative told us, "They [staff] are very good. They know their role and get to know people's needs".

Staff told us that their inductions were comprehensive and one staff member said, "My induction was detailed and lasted seven days. The director of care also came and answered questions for new starters. We had modules to do like manual handling and were given tests at the end to see what we had learnt. It really helped me do the job as I had never done care before". A second staff member shared, "My induction period prepared me well. I had two weeks of shadowing on days and nights and doubles and single shifts. Support was always available when I needed it". We found that staff completed the care certificate as part of their initial training. The care certificate is an identified set of induction standards to equip staff with the knowledge that they need to provide safe and compassionate care.

Staff members told us that they felt that their training had equipped them with the skills and knowledge that they needed to carry out the job of caring for people effectively. One staff member told us, "The training is brilliant and we do lots of it. I am now doing my NVQ level three [additional accredited training] in care". We saw that within the office a bed was set up with a hoist for specific training for staff. Staff told us that this was useful and that it allowed them to practice and had assisted in their learning.

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. Although nobody receiving care was subject to Deprivation of Liberty Safeguards (DoLS) staff had a good understanding of how some people may have authorisations in place to be deprived of their liberty in their best interests and to promote their wellbeing.

People told us that staff sought their consent before carrying out any care. One person told us, "They always ask me for my agreement and they have good manners and wait for my decision". A staff member told us, "I always try to get a person's consent. Where they are non verbal I try to understand people. Most people can point to things or make themselves heard. Body language also shows me how they are reacting". A second member of staff said, "I treat people the way that I would wish for my own parents to be treated. I ask people for consent and if they need a wash I show them the flannel and see their reaction. If they aren't happy then I come back later".

We saw that a mental capacity form was used to assess the capacity of people referred to the service. Where possible the person and their family were involved. The assessment analysed the persons level of understanding, the information they were able to retain and if they could use that information to make decisions. The outcome of the assessment formed a best decision agreement. If a person was unable to

provide consent action was taken in the form of speaking with their next of kin and where this was not possible we found that an independent mental health advocate was involved. Where concerns were raised around mental capacity the person was referred to mental health professionals and those professionals were involved in care plans and reviews.

People told us that where they were assisted with food preparation and they were happy with the service provided. One person told us, "The food they help me with is nice and I eat it". A relative told us, "They [staff] make sure that if they pre-prepare food for [person's name] then it is left within their reach". Records we reviewed outlined the special diets people required where there was a health related or medical need. We found that records provided information on people's dietary likes and dislikes and that staff were able to tell us about people's preferences.

We saw that people were supported to maintain their health and one person told us, "If I am poorly they [staff] will call my family or the doctor for me". We saw that where people had specific medical needs these were recorded and acted upon. An example of this was where people experienced recurrent urine infections, they were monitored and offered additional drinks if required. People's care plans gave guidance to staff to observe the person's wellbeing and report concerns to family and to the office. We saw that where there were on-going health issues these were addressed effectively. Body maps recorded any concerns related to the skin and staff used them to record what creams were used and on what area they were administered.

Good

Is the service caring?

Our findings

People told us that staff cared about them and one said, "I am very happy with the girls [staff] who care for me, they help me everyday". A relative told us, "They know my wife well and care for her,". A staff member said, "We [staff] care enough to find out what matters to people and carry it out".

People told us that staff listened to them, one person said, "They [staff] are caring and they stop and listen and have a chat when they can". A relative told us, "We asked for specific carers to call and the manager changed the rota to help us, so they do listen". A staff member told us, "We as staff listen to people and we are flexible and do what we can to help people". This meant that people felt like they were acknowledged and staff cared about their opinions.

People said that they were encouraged to be as independent as possible with one person saying, "The staff help me a lot, but it is still my home and I do what I can with their help". A relative told us, "The staff make things easy for [Person's name] they do just enough to allow them to be independent". A staff member told us, "People retaining independence is important and helps them to retain their identity". Staff we spoke with felt that they were assisting people to retain their skills

We found that people were encouraged to choose for themselves and make their own decisions. One person said, "I make my own decisions, they [staff] ask me what I want, but it is always down to me". A second person told us, "The staff are respectful of the decisions that I make". All of the staff we spoke with felt that it was very important for people to retain control over their own life wherever possible and told us that they supported people to be actively involved in their care. .

People told us their privacy and dignity was respected, with one person saying, "They [staff] keep my privacy and dignity all of the time I cannot fault them". A second person told us, "They respect me and my home". Staff members were able to describe to us how they kept people's privacy and dignity, with one saying, "I observe people's dignity and privacy by keeping curtains closed when carrying out care. I keep people covered up and don't talk about their private business".

Relatives and staff that we spoke with told us that they got on well and that they had open lines of communication between them, so that they could share information as required for the benefit of the person.

Good

Is the service responsive?

Our findings

A person told us, "I have been part of my care plan and the reviews". A staff member told us, "The care plan is updated when required. When a person's preferences have changed, like they wanted a different worker it would be updated in the plan". We found that care plans were detailed with an exact plan for each day that gave staff an understanding of their role and gave the person a structure for the visit. The care plan included the person's history and preferences, likes and dislikes, health needs and faith/beliefs. We found that the plan also included questions around a person's gender preference for the support workers providing their care, so that people felt comfortable with the staff allocated to them. People told us that rota's were changed to accommodate their wishes.

We saw an example of how during the initial information gathering process a care plan was put together, if it was identified by staff that the person needed more support than had been budgeted for, this was reviewed and addressed. We saw in one record how the professionals involved in the person's care were contacted to carry out an assessment with a view to providing them with specific equipment to assist them. Staff were able to tell us of how this had helped the person.

We saw that feedback had been requested from people using the service and that the questions posed asked if they were happy with the service they received, if they were happy with the times that carers called and if the care met their needs. We saw that those who had responded had given positive feedback, but where specific issues had been raised in their comments these had been followed up individually.

People told us that they were aware of the complaints policy and knew how to complain should they need to. One person said, "They [staff] address concerns very quickly, if I had a complaint I could ring them up and they would take it seriously". A second person told us, "They definitely sort any problems that we have, its been grand, nothing is too much trouble for them". A relative told us, "We have no complaints and are happy with things the way they are at the moment, but if we had any niggles they would get sorted". The registered manager told us, "We see complaints as an opportunity to learn". We saw that the complaints policy was rewritten in August 2015 and was easy to understand. We found that complaints were investigated and responded to appropriately.

Requires Improvement

Is the service well-led?

Our findings

Not all staff received regular supervisions. One staff member told us that they could not always attend supervisions and that they were not re-arranged, but that the registered manager had made it clear that they could be approached for a discussion at any time. The registered manager told us that they were aware of problems getting all staff to attend supervisions and said that because staff worked remotely it was often difficult to find times and dates to suit both parties. As an alternative 'patch supervisions' had been introduced and these were a form of group supervision, however not all staff felt that they wanted to discuss issues in the presence of a group. The registered manager told us that they were still evaluating the best course of action to take regarding supervisions, but it was something that they took seriously and wanted to get right. Staff told us that they felt able to speak with the registered manager at any point and that there was an 'open door' policy. We saw that staff received an annual appraisal that they used as an opportunity to learn from their practice throughout the year and plan for the coming year.

Staff told us that they attended occasional team meetings, but there was not a clear schedule for these and not all staff could attend meetings. The registered manager told us that it had proven difficult to arrange times when all staff could attend team meetings, as they are geographically dispursed away from the office. Staff we spoke with told us that if they missed a meeting they received information following the meeting from senior staff. However, without recording to evidence this, it would prove difficult to ascertain who had received updates on the service and who hadn't. The impact of this may mean that some staff were not up to date on any changes regarding the service and the care provided.

We found that care plans were not audited on a regular basis, instead they were looked at when an event took place or a significant change occurred. Where it was found that a file needed updating the registered manager completed a written action plan to detail what work was required to bring the care plan up to date and this was then completed by staff. Daily recording sheets and recordings of medicines administered were audited monthly. These were checked to see if they had been completed regulary and that the times of care or medicine given matched the care plan. We found one audited MAR sheet had missed mulitiple gaps in recording, which had then not been addressed. This meant that the providers quality assurance checks were not comprehensive and had failed to identify this issue and take the appropriate action. We saw that the audit carried out also looked for evidence that people had been offered choices and what action staff had taken on any concerns regarding people's daily well-being. This enabled the registered manager to see where any changes in staff practice may be required.

We saw that the registered manager had been working with a consultancy company who were analysing the audits carried out and offering suggestions as to where things could be improved. We saw a draft protocol where monthly audits carried out would link into CQC's five key lines of enquiry, so each month records would be checked to ensure that people were being kept safe and that the service was effective, caring, responsive and well led.

People told us that they felt that the service was well led, with one person saying, "I am very pleased that they provide care to me, it is a very good place". A second person said, "I decided to stay when the contract

changed recently, I could have gone elsewhere at that point, but I didn't want to". A relative told us, "It is really well led.".

People told us that they knew and liked the registered manager and one person said, "I think that she works hard and has our best interests at heart". A staff member told us, "I like [registered manager's name] she has brought lots of changes for the better. More simple processes that we can understand. She is on the ball, visible and approachable. I can't speak anymore highly of this company, they have encouraged me to see potential in myself".

A staff member told us, "I have never had to whistle blow, but I would if I needed to and I know how to do it". We found that a whistle blowing policy was in place and staff we spoke to were aware of it. This would enable them to take any concerns they had about people's wellbeing further than the organisation if they needed to.
Notifications were sent to us as required to enable us to see the responses and actions taken by the provider to any situations or incidents that occurred within the service.