

Charter House Resource Centre CIC

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Inspection report

Morse Street
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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

Charter House Resource Centre CIC is a domiciliary care agency registered to provide personal care to people in their own homes.

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.

At the time of the inspection, there were a total of 14 people using the service, with 5 people receiving personal care.

People's experience of the service and what we found:

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right support

People told us they felt comfortable and happy using the service. Whilst there were sufficient numbers of staff deployed to meet people's needs, appropriate regulatory checks were not always carried out when new staff were employed in the service. People were supported by staff who had been trained and were appropriately supervised. People's needs were assessed prior to the receipt of service, however, not all risks had been assessed and mitigated.

Staff had received training on the safe management of people's medicines. However, there were some shortfalls in the records and checks of the medicines administration records had not been recorded.

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 practice.

Right care

People and their relatives were positive about the care and support they received. People were treated with dignity and respect, and their independence was encouraged. Staff understood how to protect people from poor care and abuse.

Right culture

The registered manager promoted a person-centred culture which was focused on meeting people's individual needs. The registered manager and staff were focused on providing a good quality service to people and were committed to the improvement of the service. However, there were some shortfalls in the quality monitoring systems. The registered manager and staff sought feedback and worked in partnership with others including health and social care professionals to ensure people received the support they needed.

Following the inspection, the registered manager sent us an action plan in relation to the findings of the inspection. We will check improvements to the service on our next inspection of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 26/07/2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified breaches in relation to the recruitment of new staff and the quality monitoring systems. We have also made a recommendation about the management of medicines.

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 from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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



Charter House Resource Centre CIC

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. We also requested consent from people, their relatives and staff members to call them over the telephone.

Inspection activity started on 7 November 2023 and ended on 8 November 2023. We visited the location's

office on both days.

What we did before the inspection

We reviewed information we had received about the service and asked the local authority for feedback.

The provider completed a Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

With their permission, we spoke with 4 people using the service, 4 relatives and 3 members of staff over the telephone. We also spoke with the home care lead and the registered manager at the agency's office.

We reviewed a range of records. This included 3 people's care documentation and associated records. We looked at 2 staff files in relation to recruitment. In addition, we looked at records relating to the management of the service including policies and procedures and staff training as well as audits and quality checks.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Staffing and recruitment

- The provider did not always operate safe recruitment processes.
- Whilst the provider had a recruitment and selection procedure, it did not fully reflect the current regulations.
- We checked 2 staff files and found a number of shortfalls in the regulatory checks carried out at the time the staff were recruited.

The provider had failed to operate a safe recruitment procedure. This was a breach of regulation 19 1(c) 3 (a)

Following the inspection, the provider sent us an action plan which set out their planned actions to improve the recruitment process. We will check improvements on our next inspection of the service.

- A sufficient number of staff were deployed to meet people's needs in a person-centred way. People told us they received care from the same team of staff. This meant there was a good level of consistency and staff were familiar with people's needs and preferences.
- Effective systems had been established to organise care visits, minimising the risk of late or missed calls. Staff told us they had enough time to support people's needs and travel between visits.

Using medicines safely

- The systems and processes to manage people's medicines were not always effective.
- Whilst people were happy with the way they were given their medicines and the medicines administration charts were detailed, we found there were shortfalls in some aspects of the record keeping. This included a lack of guidance on the specific administration of certain medicines and medicines prescribed as necessary.
- Although the home care lead confirmed they checked the administration records every month, there were no records made of the checks.

We recommend the provider considers current guidance and good practice to strengthen the management of people's medicines.

Following the inspection, the provider sent us an action plan setting out how they were going to make improvements to the management of medicines.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks associated with people's support with mobility and environment had been identified, assessed and managed.
- However, we noted not all risks had been assessed in relation to skin integrity and the management of people's medicines. We were assured the risk assessments would be carried out where risks were identified.
- The provider had a business continuity plan which described how people would continue to receive a service in the event of adverse circumstances.
- There had been no accidents or incidents, however, systems were in place to record and investigate any such events.
- Various methods had been established to ensure any lessons learned from observations of people's care, any complaints, audits and people's feedback were communicated to the staff team.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse or avoidable harm. One person told us, "All the staff are lovely people. I can't fault them in anyway." Relatives had no concerns for the safety of their family members. One relative said, "We think it is an exceptional service."
- Staff had received training in safeguarding vulnerable adults and were knowledgeable of the internal and external reporting procedures.

Preventing and controlling infection

- The provider had developed systems to help prevent and control the spread of infection. The provider had an infection prevention and control policy.
- Staff received training in infection control and the safe use of personal protective equipment (PPE), to reduce the risk of infections.
- Staff had access to PPE and people confirmed staff used the equipment when providing personal care.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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.

- The registered manager and staff had completed appropriate training and applied the principles of the MCA. Staff understood the need to ask people for consent before carrying out care and people using the service confirmed this approach.
- People had signed consent forms to indicate their agreement to the care provided. There were no restrictions placed on people's liberty. The registered manager agreed to ensure appropriate documentation was available for people who were unable to make decisions about their care.

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

- The registered manager and staff made sure people received appropriate support to meet their healthcare needs.
- People's physical and mental healthcare conditions were documented within their care plan. The home care lead told us they planned to add additional information about how people's medical conditions impacted on their daily life.
- The registered manager and staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated and consistent service.

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

- People were supported to eat and drink in line with their needs and preferences.
- The registered manager explained food and fluid intake was monitored as necessary if people were at risk of poor nutrition and hydration.

Staff support: induction, training, skills and experience

- Staff were provided with appropriate support and training. People and their relatives told us the staff were competent and well trained. One relative said, "The staff are top class, they have the right approach and are excellent at their job."
- New staff were supported through an induction programme, which included the provider's ongoing mandatory training. Staff training was monitored, to ensure staff completed their training in a timely way.
- Staff were provided with supervision sessions and an annual appraisal. This facilitated discussions around work performance, training needs and areas of good practice.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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's rights were promoted, and person-centred care was delivered. People and their relatives expressed satisfaction with the care provided and made complimentary comments about the staff team. One person told us, "All the staff are respectful and professional."
- The registered manager promoted and encouraged inclusion. Staff had received training on equality and diversity issues and had access to a set of policies and procedures.
- Staff understood their role in providing people with compassionate care and support. They were knowledgeable and respectful about people's individual needs, backgrounds and personalities.

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

- People were given the opportunity to express their views about their care on an ongoing basis. This ensured they were fully involved in decisions about their care and support.
- People told us the staff understood their individual needs and preferences and always accommodated these when delivering their care. One relative told us, "For us the service works perfectly. We can't praise them enough."
- People were provided with information about the service. The information included details about what people could expect from the service.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. Staff offered people opportunities to increase their independence and to have freedom and control over their lives.
- Staff had access to policies and procedures and training about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy and dignity in a care setting.
- Staff understood their responsibilities for keeping people's personal information confidential. People's information was stored and held in line with the provider's policies and current legislation.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People received person centred care and support specific to their needs and preferences. People told us they were happy with their care and staff responded to any requests made for assistance.
- All people had an assessment of needs and information about the support to be provided. The home care lead agreed to add more personalised information to the care documentation.
- Staff understood people's needs and it was evident people were supported to make choices and decisions, wherever possible. Staff documented the care people had received, in a respectful way.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified and recorded in their care documentation.
- People had access to a handbook, which could be presented using different font sizes. The registered manager assured us they would develop an easy read version.

Improving care quality in response to complaints or concerns

- People had access to a complaints' procedure. The procedure was clear in explaining how a complaint could be made and reassured people their concerns would be dealt with.
- The provider had arrangements for the recording, investigation and resolution of any complaints.

End of life care and support

- People were offered the opportunity to discuss their end of life wishes if they wished to.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The provider's systems did not always effectively monitor the quality of care provided to drive improvements.
- Whilst some audits and checks had been carried out, we found the checks on people's personal and medicine records were informal and had not been recorded. It was therefore difficult to determine what action had been taken.
- We also noted staff recruitment records had not been audited to ensure appropriate regulatory checks had been completed resulting in shortfalls.
- Risks had not always been assessed and mitigated in relation to the management people's medicines. There was also no risk assessment documentation in relation to skin integrity and nutrition and hydration.

The provider had failed to establish an effective quality monitoring system and had not always assessed risks to people's health and safety. This was a breach of Regulation 17 (1) (2) b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager sent us an action plan which set out how they wished to improve the service. We will check any improvements on our next inspection of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- The registered manager and staff involved and engaged people in the service and considered their equality characteristics.
- People were actively consulted about their care before and during the receipt of service.
- The registered manager explained a satisfaction survey was due to be distributed to people and their relatives to gain feedback on the quality of the service.
- The registered manager and staff fostered and encouraged working in partnership with other professionals and agencies.
- The provider used various communication systems with staff, to ensure learning and improvements took place. Staff told us they were comfortable raising any issues or concerns and confirmed the management team were open to feedback.

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

outcomes for people

- The registered manager and staff were committed to delivering a person-centred service which achieved positive outcomes for people. They were knowledgeable about people's needs and preferences.
- The registered manager and staff respected people's rights and encouraged people to make choices and decisions about their care and support.
- People were supported in a sensitive and kind manner. Feedback from people was positive and evidenced they felt included and listened to.
- Staff demonstrated their understanding of the values of the service and that people should be at the centre of their care.

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 registered manager understood and acted on the duty of candour responsibilities.
- Good relationships had been developed between the registered manager, staff and people who used the service.

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 had failed to establish an effective quality monitoring system and had not always assessed risks to people's health and safety. (Regulation 17 (1) (2) b)).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to operate a safe recruitment procedure. (Regulation 19 1(c) 3 (a))</p>