

Charnat Care Limited

# Charnat Support Services

## Inspection report

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### 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

Charnat Support Services provides personal care and support to people with learning and physical disabilities who live independently in the community. At the time of the inspection three people were using the service and receiving personal care.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The provider's audits and quality monitoring processes were not consistently effective in identifying improvement required within the service.

We found inconsistencies in care records and changes to some people's health conditions had not been reflected in care plans.

Audits conducted had not identified the inconsistencies we found in MARS charts and training records.

The provider carried out recruitment checks to ensure staff were suitable for the role. Improvements were required to DBS risk assessments to ensure they were specific to the individual concern and how that could potentially have an impact on people.

Systems were in place to protect people from the risk of abuse and harm.

People received their medicines as prescribed. Infection control policies and procedures were in place to keep people safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way and in their best interests: the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture. There was a strong focus on supporting people to be independent, develop their skills and access their local community. This enabled people who used the service to live as full as life as possible and achieve the best possible outcomes. Improvements were required in relation to care records and quality assurance processes to support good outcomes for people.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

People's individual communication needs were considered to support them to be involved in their care.

The management and care team ensured they supported people in a person-centred way to reflect people's equality and diverse needs.

The service worked well with health and other professionals to ensure people's needs were met.

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

The last rating for this service was Inadequate (02 December 2020 Inadequate).

Why we inspected

This was a planned inspection based on previous rating.

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified continued breaches in relation to the governance of the service being provided. However, the provider was no longer in breach of safeguarding service users from abuse and improper treatment. Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and a specialist advisor who was a nurse.

#### Service and service type

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

The service had two managers registered with the Care Quality Commission working in a job share role. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service notice of the inspection. This was because we needed to be sure the provider or management team would be in the office to support the inspection.

#### What we did before inspection

We reviewed information we had received about the service since their last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

The people receiving support did not have verbal communication and we were told they could become distressed when introduced to new people. Respecting this, we spoke with three people's relatives to gain

their feedback on the care provided. We spoke with six members of staff including the two registered managers, senior lead care and care workers.

We reviewed a range of records. This included five people's care records. We looked at three staff files in relation to recruitment. We also looked at a variety of records relating to the management and quality assurance of the service.

# 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 Inadequate. At this inspection this key question has improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At the last inspection, the provider was found to be in breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because risk management was not always robust and medicines were not always given as prescribed at the prescribed intervals. At this inspection enough improvement had been made and the provider was no longer in breach of regulation.

- Where risks were identified to people's safety, assessments were in place to guide staff on how to keep people safe. For example, there were behaviour risk assessments in place identifying triggers to behaviour and how staff should respond to support the person and minimise any escalation in distressed behaviour.
- We found risk assessments in place for nutrition, falls, mobility, choke and skin integrity. There were bespoke risk assessments for the people's activities such as horse riding, swimming, caring for pets and travelling in transport, these were reviewed monthly.
- One person had a rare health condition which required close monitoring of protein intake. We found records were accurately completed and the protein intake monitored.
- Staff we spoke with knew the risks to people's safety and how they should address these. Staff had completed training and knew how to support people safely.
- Staff were aware of any health conditions that might impact on people's safety and knew what action to take to mitigate the risk.
- People were supported to take positive risks, this was within a pro-active risk management framework that assessed the potential risk and put safeguards in place. This meant people had been supported to grow and experience things they wanted to do.
- Each person had a personal emergency evacuation plan in place which explained how they would be supported to evacuate their home in the event of an emergency.

### Using medicines safely

- People received their medicines on time and in a safe way. Staff completed medication administration records (MARS) to show what medicines they had administered. The MARS chart for one person who was prescribed topical creams had missing entries. Staff members confirmed the person received their topical cream as prescribed and this was corroborated with relatives we spoke with.
- Where people required as and when medicines (PRN) staff knew when to administer them and how to record them.
- Staff had received medication training and checks of their competency to administer medicines safely had been completed. We found improvements could be made to the recorded information gathered after completing a competency check such as themes, lessons learned, and action taken following a competency

check.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise potential abuse and protect people from it. Staff had received training on how to keep people safe and described the actions they would take where people were at risk of harm. One staff member told us, "If I became aware or witnessed abuse, I would ensure the person was safe and then report the incident to my manager." Another staff member told us, "If I was unhappy with how a safeguarding issue had been managed by the service, I would contact the local authority safeguarding team, CQC or the police."
- Relatives told us their loved ones were safe and comfortable with staff members. One relative told us, "The care is fantastic, [name of service user] is well fed, flat is nice and clean. Staff are well trained, he comes home twice a week and is always comfortable around the carers."
- Where a safeguarding incident had been identified, the relevant agencies had been notified and action had been taken by the service provider to reduce the risk of a recurrence.

Staffing and recruitment

- At our last inspection we found full employment histories were not always provided and gaps in employment were not discussed and recorded on individuals' files. Risk assessments were not completed where required based on the criminal records checks.
- At this inspection we found recruitment checks were completed to make sure staff were safe to work with people. Full employment histories were captured and any gaps in employment were recorded with reasons why in staff individual files.
- Recruitment checks included obtaining references from previous employers, and background checks with the Disclosure Barring Service (DBS). Risk assessments were completed where required based on the criminal records checks. We found improvements were required to risk assessments to ensure they were specific to the individual concern and how that could potentially have an impact on people.
- Relatives told us there was enough staff to meet people's needs.

Preventing and controlling infection

- Staff received training in infection control and were able to tell us the correct and safe use of equipment. Staff told us personal protective equipment (PPE) was available and we saw staff had access to a good supply of PPE. All relatives we spoke with told us staff always wore PPE.
- Risk assessments were in place for those who were at greater risk from COVID-19. The provider had up to date policies and procedures.
- All staff participated in weekly COVID-19 testing which the acting manager monitored.
- The office layout meant that staff could socially distance whilst at work.

Learning lessons when things go wrong

- The provider had a system in place to analyse any accidents and incidents, so trends were identified and learning from incidents took place.



# 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 our last inspection we rated this key question as Inadequate. At this inspection the rating has improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirement

At the last inspection the provider was found to be in breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as they did not have an effective overview of the service. At this inspection not enough improvement had been made and the provider was still in breach of regulation 17.

- The provider's audits to monitor the quality of the service were not consistently effective in identifying issues. We found inconsistencies in records, for example one person was assessed as not have capacity however in the service user's profile it stated they had capacity. Another person had a change in their health condition which had an impact on their mobility, however we found sections of the person's care plan had not been updated to reflect this change. Staff members we spoke to were able to tell us about the change to the person's condition and how they were supporting the person.
- Audits conducted had not identified the gaps we found in one person MARS charts. We also found inconsistencies in training records with some staff members training expired and requiring updates or refreshers. Staff members we spoke with were very knowledgeable and this was also evidenced with the relatives we spoke with.
- We found improvements were required to DBS risk assessments to ensure they were specific to the individual concern and how that could potentially have an impact on people.

At our last inspection we also found the registered provider had failed to establish and effectively operate systems to monitor and improve the quality and safety of the service. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

- Staff told us they felt well-supported by the registered managers and the provider. Staff told us they were clear about their responsibilities and also received positive feedback when things went well.
- The provider had a clear vision for the development of their service.
- The management team had contingency arrangements in place to ensure the service delivery was not interrupted by unforeseen events. For example, the COVID-19 pandemic, we saw there were plans in place to ensure care tasks would be completed.
- The provider had notified CQC, as required to do so by law, and other agencies of any matters of concern and incidents that affected people who used the service.

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

- The management team and staff demonstrated a commitment to people and they displayed strong person- centred values.
- Staff knew people and their needs well and they told us they felt supported in their role. Staff could tell us about the improvements people had made since receiving support from the service and they were looking to explore with people how they could support them to enhance their lives further.
- Staff meetings were held and detailed records of the meeting were available.
- A relative told us, "The management and staff are good at making suggestions to give [name of service user] more things to do and his behaviour has improved." Another relative told us, "I'm very happy with the level of care. The carers support [name of service user] to attend appointments and will proactively speak with other professionals such as occupational therapists. They always involve me and keep me updated. They are also good at making suggestions such as specific equipment to meet [name of service user] needs."
- The provider told us they only took on care packages if they could meet people's needs and provide them with good quality care.

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

- Questionnaires were used for people and relatives to obtain their views of the service and an action plan formulated to address any issues raised.
- Relatives felt able to speak with staff and the management when needed and felt their feedback would be listened to.

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 provider had notified us, as legally required of significant incidents which had happened in the home. The management team told us they understood their responsibility to be open and honest when things go wrong.
- There was a strong emphasis during the inspection on communicating and sharing information in an open and transparent way.
- The management team monitored the culture of the service and staff team by various means including providing direct care at times and working alongside staff, unannounced spot checks of the service and formal meetings.

Continuous learning and improving care

- The provider had developed an action plan and was working with the local authority to implement improvements within the service. Feedback from the local authority indicated improvements had been made.
- The management team told us they accessed support from a range of external health care professionals to support people with their needs and records demonstrated this.
- The registered managers encouraged and supported staff to develop their skills and knowledge to support their progression.

Working in partnership with others

- Staff worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing.

