

Charnat Care Limited

Charnat Support Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 29 and 30 June 2016 and was announced. At our last inspection in October 2013 the service was meeting the regulations of the Health and Social Care Act 2008.

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

The previous registered manager left the service in March 2015. The service is currently being managed by two acting managers with the support of an assistant manager. There has been a delay in the provider submitting an application to register a manager for this service. Following our inspection we have received written confirmation that one of the acting managers will submit an application to register as the registered manager.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People received a safe service, and procedures were in place to reduce the risk of harm to people. Staff knew how to report and deal with issues regarding people's safety. People received their medicines as prescribed. Staff were recruited in a safe way which ensured they were of a good character to work with people who used this service.

Although the acting managers understood their responsibilities under the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We found that applications had not been submitted until after our inspection for people whose liberty was potentially being restricted.

Not all of the staff had received training in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). However staff knew about people's individual capacity to make decisions and they told us how they gained people's consent before providing support.

We found that staff had not completed refresher training to ensure their knowledge and skills were up to date. Some staff had not received essential training since their employment. Not all of the staff received regular supervision to support them in their roles.

Staff were described as caring and respectful and staff told us how they maintained people's privacy and dignity and promoted their independence.

People were supported to go shopping and to eat a healthy diet. Staff told us how people were involved in

their support plan and made decisions about their care.

People were supported to maintain good health; we saw that staff alerted health care professionals if they had any concerns about their health. Relatives knew how to raise any issues they had about the service.

Due to the management arrangements in place we found inconsistencies with the way the service was managed and monitored. We found support systems were not in place for all of the staff. We found improvements were required with the records and audits were not always in place to demonstrate how the overall quality of the service was assessed and monitored.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff understood their responsibilities to keep people safe and protect them from harm.

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

People received their medicines safely.

Is the service effective?

Requires Improvement ●

The service was not always effective

People's rights under the Mental Capacity Act had not been met. However action was taken in response to our inspection.

Staff had not completed refresher training to ensure they continued to have the skills and knowledge to support people.

People were supported to meet their healthcare needs.

Is the service caring?

Good ●

The service was caring.

Relatives were complimentary about the staff and the support their family member received.

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

Is the service responsive?

Good ●

The service was responsive

People's needs were met in accordance with their preferences.

Relatives were actively involved in people's care.

Relatives knew how to raise any complaints or concerns and felt listened to.

Is the service well-led?

The service was not always well-led.

The service was not being managed in a consistent way and some staff did not feel supported.

Improvements were required with the records and audits that were completed.

Requires Improvement 

Charnat Support Services

Detailed findings

Background to this inspection

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

This inspection took place on 29 and 30 June 2016, and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because Charnat Support Services provides a domiciliary care service, and we needed to make arrangements to speak with people using the service, staff and have access to records. The inspection was undertaken by one inspector.

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

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

Is the service safe?

Our findings

The person we spoke with told us they felt safe when they were supported by the staff. They said, "I feel safe with the staff. They support me to make sure I am safe, and they help keep me safe when I go out, or when I am cooking. I like them all and they don't shout at me or anything like that. They are all very kind". Relatives we spoke all told us they thought their family members were supported safely and they had no concerns. One relative told us, "I have no concerns about the safety of my family member. If anything happened they would soon tell us and we would take action on their behalf". Another relative said, "I think my family member is in safe hands. The staff keep them safe both at their home and when they go out into the community. I would soon know if something was not right. I have no concerns at the moment".

Staff knew how to recognise and report potential abuse or any concerns they had about people. One member of staff told us, "I know what safeguarding is and the various forms of abuse. I would not stand for it and I would report any concerns I had straight away". Another staff member said, "If I had any concerns I would report them to my manager. If they did not take action then I know I can go the local authority and the Care Quality Commission". Information provided to us, and the records we saw during our visit showed that the acting manager had reported concerns appropriately to the relevant people and had taken the appropriate actions to ensure people were kept safe.

The provider managed risks to people in order to protect them from harm. People had been assessed and care plans and risk assessments were written to make sure that people's needs could be met in a safe way. We saw these records had been kept under review and updated annually or when people's needs or circumstances changed. We saw risk assessments in relation to people's medical conditions, keeping safe in the home and when in the community, behaviour and various other assessments applicable to the person's needs. The risk assessments included the action to be taken to minimise the risks to the person. The staff we spoke with were aware of the risk assessments for the people they supported. One staff member told us, "There are risk assessments in the person's home and this guides us on how to minimise any risks. We have clear guidance to follow when people present behaviours that can be challenging. These are reviewed more regularly than other risk assessments as people's behaviours or needs change".

People and their relatives told us they were satisfied with the staffing levels. One person said, "I am supported by the staff most of the time, which helps me to be able to live independently and to go out and do the things I enjoy". Relatives we spoke with had no concerns about the staffing levels provided. One relative told us, "The level of staffing required was discussed before our family member moved into their own flat. It is all linked to the funding they receive. The staffing that is provided ensures our family member can live in their own flat so we are quite satisfied with the staffing they receive at the moment". The acting manager confirmed that the staffing levels were agreed as part of the pre- assessment process for each individual, and that these were kept under review based on feedback from staff and changes to people's needs. The assistant manager told us that where needed additional staff had been provided when people's needs had changed or increased.

All the staff that we spoke with confirmed that the required employment checks had been undertaken

before they started working for the service. The records we looked at confirmed this. These checks included requesting references and Disclosure and Barring service (DBS) check. A DBS check identifies if a person has any criminal convictions or has been banned from working with people.

The person we spoke with told us that staff supported them to take their medication safely. The records we looked at confirmed this. Relatives that we spoke with told us that their family members received their medication as it was required. One relative said, "As far as I know my family member is supported to take their medication as they should". Most of the staff we spoke with told us they felt they had the training and skills they needed to administer medication safely. One staff member told us they were unable to administer medication as they were waiting for their training. One staff member said, "I have received training and this included being watched by the managers to make sure I did it safely. I feel confident and if I have any concerns I would ask for advice". We found that people who were prescribed 'as required' medicines had supporting information in place to guide staff in the signs and symptoms which might indicate people needed their medication. Staff we spoke with had the knowledge about what to look for so they knew when this medication was needed. We were told by the assistant manager that people's medication was kept securely in people's homes.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

Staff we spoke with were knowledgeable about the people that they supported. Staff had some understanding with regards to the Mental Capacity Act 2005 (MCA) and staff understood the need to ask people's consent. Staff were able to explain how they obtained consent to provide care on a daily basis. Staff understood that any restrictions in place needed to be in the best interest of the person. Not all of the staff were aware that in order to restrict a person's liberty, authorisations had to be made to the court of protection. We found that three people who used this service potentially had their liberty restricted for their safety due to being supervised by staff at all times. Discussions with the acting manager confirmed that although they had discussed this with the Local Authority applications for a DoLS authorisation had not been submitted based on the feedback they had received. In response to our inspection the acting manager has now submitted these applications for consideration by the Court of Protection. The records we looked at confirmed that not all staff had completed training in relation to MCA and DoLS which would benefit their role due to the needs of the people they supported.

Some of the staff we spoke with told us they had not received any refresher training for over a year. One staff member said, "I received training when I first started but most of this is out of date now and I am keen to attend any training to ensure my skills and knowledge are kept up to date". Another staff member said, "I have not received any refresher training in over two years". The records we looked at confirmed that for several staff members their refresher training was out of date, based on the expiry dates recorded by the provider. This included for some people refresher training in 'Protecting Rights in a Caring Environment' (PRICE) which is training around the techniques that can be used to support people with behaviours that can be challenging. We spoke with the training manager who acknowledged that staff training was out of date. He confirmed that PRICE training had been arranged for the week following our inspection. He also confirmed that training work books were being devised and would be provided to staff by the end of July 2016. The acting manager had told us that improvements were required with the training provided to staff in the provider information return that was submitted to us. They had identified this through their own audits.

We spoke with some staff who had recently been employed by the provider and they confirmed they had completed a service specific induction which included reading policies and procedures and shadowing experienced staff members. Staff told us and the records confirmed that staff had not completed the Care Certificate induction. The Care Certificate is a set of standards designed to assist staff to gain the skills and knowledge they need to provide people's care. The acting manager confirmed following our inspection that the workbooks had now been provided to staff which would ensure essential training is covered.

Some of the staff we spoke with told us they did not feel supported in their role. One staff member said, "Although we have the contact details for the managers we can go to, we do not see them on a regular basis so that we can discuss issues about the people we support. I have not had formal supervision for a long time and this would be beneficial to have some time to discuss my role and any issues about the people I support". Another staff member told us, "We work well as a team and support each other and we give each other advice. It would be good to have more management support and regular supervision to discuss issues about the support we provide to people". The records we looked at confirmed that for some staff they had not had formal supervision this year and a supervision programme was not in place for some staff. We also found that some staff had not received an annual appraisal and we did not see any records to demonstrate that these were planned for this year. We discussed this with the acting manager who acknowledged that support systems were not in place for all of the staff due to the management arrangements that had been in place. We were advised by the acting manager that this would be addressed, and a programme of regular supervisions and appraisals would be implemented to ensure staff had the support they required for their role.

The person we spoke with told us that staff supported them to go shopping and to cook their meals. They showed us the meal planner they had devised with the staff support. They told us, "The staff support me to go shopping and I choose what I want to eat and they help me with the cooking". Relatives we spoke with told us they had no concerns about the way their family members were supported to eat and drink enough. One relative told us, "The staff take my family member shopping and help them choose healthy foods, and they help them cook. They love going shopping with the staff". Another relative said, "I know my family member eats and drinks well as they tell me, and they decide on what they want and the staff support them with shopping and the cooking". Staff told us that they understood the need to ensure that people's nutritional needs were met. They were knowledgeable about people's preferences and dietary needs. We saw that where needed referrals had been made to healthcare professionals such as a dietician, when concerns had been raised about people's eating and drinking needs. We saw that staff had followed the recommendations and plans that had been provided. We saw that staff had completed the required records in order to monitor the food and fluid intake for those individuals who have been assessed as at risk.

Relatives told us that their family members healthcare needs were monitored. For example, supporting them to visit the doctor if they felt unwell. One relative said, "The staff are very good and ensure my family member attends all of their routine health appointments, and they keep us informed of the outcome". Another relative told us, "The staff support our family member to attend their healthcare appointments and if they are ever unwell they make sure they arrange a doctor's appointment". People's healthcare needs were identified in their health action plans. This is an easy read document which is used to highlight people's health care needs and how they should be supported when accessing health care services. The person is able to take this document to all appointments to enable information to be recorded in one place. Records demonstrated that staff monitored people's needs to ensure that appropriate medical intervention could be sought as needed.

Is the service caring?

Our findings

During our visit to a person's home, we were able to observe for a short period of time the way the staff interacted and the support that was provided. We saw that the staff treated the person with respect and in a kind and compassionate way. The person we spoke with said, "The staff are really nice and friendly and I enjoy their company, I am happy with the support I receive". Relatives we spoke with said the staff who supported their loved ones were, "Caring and thoughtful". One relative said, "The staff are lovely who support my family member they get on well with them and they are friendly and supportive and really nice". Another relative told us, "I find them to be very approachable and caring".

Staff that we spoke with had a good understanding of people's needs and were able to tell us how they cared for people in a dignified way. They were able to describe to us how they would respect people's privacy and dignity. For example one staff member said, "If a person is in their bedroom I always knock and wait for a response to make sure it is okay to enter. I respect I am working in their home so I always make sure I gain their permission before I support them to do tasks". Staff we spoke with understood the importance of promoting people's independence and enabling them to be self-managing. One staff member we spoke with said, "I try and encourage people to do as much for themselves as they can so they do not lose their independence".

The person we spoke with confirmed they were involved in making decisions about their care. They said, "The staff discuss everything with me and I make the decisions about my life". Relatives we spoke with also confirmed this. One relative said, "The staff always consult our family member and they encourage them to do things to ensure they have a good life. We are happy with the support they provide".

Staff we spoke with had a good understanding and knowledge of people's communication needs. We saw that some people had their own unique ways of communicating and information about this was provided in their support plans. For example some people used facial gestures and signs which staff were familiar with so they were able to understand what the person wanted. Relatives we spoke with said their family members did not wish to attend or participate in any religious services. This was confirmed by the staff who told us that if people wanted to pursue their spiritual needs this would be accommodated and supported.

The acting manager confirmed that people were not using the services provided by an advocate. He told us that he would refer people to an advocate if this was needed. Advocacy is about enabling people who may have difficulty speaking out, or who need support to make their own, informed decisions about their life.

Is the service responsive?

Our findings

The person we spoke with told us, "The staff support me in the way I want them to and they meet my needs and help me to live on my own. I have a support plan which is discussed with me". The person confirmed they were involved in any reviews undertaken to discuss their support plan and the service they received. Relatives we spoke with all confirmed they had contributed to their family members support plan. One relative said, "We have been consulted about our family's members support plan and we have regular meetings to discuss how things are going. We are kept updated and I think the service meets my family's member's needs". Another relative told us, "We are regularly consulted and we always attend the reviews". We saw that each person had a support plan that was tailored to meet their individual needs. The acting manager told us in the provider information they submitted how they intended to review the format of the support plans to make them more accessible to people.

The staff we spoke with all knew how to support people and respond to their needs and behaviours. The support plans in place provided specific information about people's need and how staff should respond to any behaviour's that may be challenging. We saw that detailed records were completed when incidences had occurred and the strategies that had been used to support the person. Staff told us about the procedures they followed in these instances which included contacting a manager to discuss the incident and response. We saw that each person had an allocated keyworker; who was also the staff member who supported the person most frequently and so understood their needs well. Keyworker meetings were held monthly for some people, to discuss their needs and any changes that were required to their support plans.

The person we spoke with confirmed that staff supported them to follow their interests and take part in social activities. The person said, "The staff help me to go to the places I like. I go out most days and do the things I want to do". Relatives we spoke with also confirmed this. One relative told us, "The staff support our family member to go out and do the social activities they enjoy or they support them to participant in activities at their home". Another relative said, "Our family member is encouraged to undertake activities they like".

The person we spoke with told us they had someone they could talk to if they had any concerns about anything. Relatives we spoke with all knew a complaints procedure was in place. One relative said, "If we have any concerns I know who to talk to and I have confidence any issues would be dealt with". Another relative told us, "I have no complaints about the service but I would speak to the assistant manager or acting manager and I know it would be addressed. We saw that a complaints procedure was available in the service which was available in easy read to enable people to access this. The assistant manager told us that the service had not received any formal complaints since our last inspection.

Is the service well-led?

Our findings

The previous registered manager left the service in March 2015. Since this time the service has been managed by two acting managers who have had responsibility for certain people supported by the service and certain staff. During this time we had not received an application, which has meant the provider has not met their legal duty for ensuring the service has a registered manager in place. Following our inspection we have received confirmation that one of the acting managers would be submitting their application to register as the registered manager. This will provide some consistency in the way the service is managed and in the leadership and management support provided to the staff.

We found there was an inconsistency with the way the service was managed and the support staff received. We found there were records to demonstrate that some staff had regular team meetings, and supervisions, which was not in place for other staff. We saw that systems were in place to monitor accidents, and incidents, for some people but not others. Quality assurance forms had been sent out to some people and their families but not to other people who used the service. We found that staff had to contact different managers depending upon where they worked for advice and support which had the potential to affect the consistency of the leadership approach provided. We discussed these issues with the acting managers and this led to the decision being made that one acting manager would become responsible for the service.

We found that some improvements were required with the records. We found that mental capacity assessments had not been completed for people who lacked some capacity to consent to their care. This information and best interest decisions was not included in people's care plans. We found that a medication audit was not in place to check the completed Medication charts and to record the action taken to address the shortfalls. We saw there were some gaps on the records we reviewed. The assistant manager told us what action was taken in response to these, which included speaking to staff about their performance but there was no evidence to support this.

We saw there were some audits in place to demonstrate that the service was meeting people's needs and we saw that some action plans had been completed. The assistant manager and the acting managers told us that they did visit people to check they were happy with the service that was provided but formal records of these visits was not completed.

The person we spoke with told us, they had regular contact with the acting manager who was responsible for their service. They told us, "She (the acting manager) is very approachable and I find her easy to talk to. She calls me and checks I am okay. I like her". Relatives we spoke with knew both the acting managers and some knew the assistant manager. One relative said, "On the whole the service is managed well for our family member. I know who I have to go to if I have any issues I need discussing. Our family member is happy with the support provided and that is the main thing". Another relative told us, "Our family member gets the support they need so their service is managed well".

Staff we spoke with told us that a whistleblowing policy, was in place, and they were fully aware of the circumstances in which they would use the policy. Staff told us they felt confident to raise any issues that

affected the way the service was delivered.

The provider understood their legal responsibilities to notify us of events that they were required to by law. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The form was completed and returned to us within the timescale provided.