

Chartercare (West Midlands) Limited

Field House (Charter Care)

Inspection report

9 Field Street
Willenhall
West Midlands
WV13 2NY

Tel: 01902602877

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24 April 2017
27 April 2017

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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?	Good ●

Summary of findings

Overall summary

This inspection took place on 24, 27 and 28 April and was announced. We gave the provider 48 hours' notice of our visit because the location provides domiciliary care and we needed to make sure there would be someone in the office at the time of our visit.

Field House (Charter Care) is registered with the Care Quality Commission to provide personal care to people who wish to remain independent in their own homes. The agency provides services throughout Walsall and Wolverhampton, and provides care for people with healthcare and social care needs. At the time of our inspection there were 117 people using the service. This was the service's first inspection since registering with us.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

Robust systems and processes were in place to keep people safe. Assessments of risk had been completed and staff had clear guidance on how to support people safely. Staff demonstrated that they knew how to identify abuse and report it appropriately. The provider used safe recruitment practices to ensure staff were suitable people to provide care. The provider ensured there were enough staff to meet people's needs and people received calls on time.

Staff followed appropriate procedures to ensure people received the medicines they needed safely. These included clear guidance to staff on the application of "as required" creams and the name, purpose and dosage of medicines people were taking.

Staff knew how to support people's rights and ensure they consented to the care they provided. Staff communicated with people effectively to ensure they received the care they wanted.

Staff received training in the areas of care which effected people. New staff underwent an induction process to familiarise themselves with the role and the support people required. Staff communicated with people in the best way for the person.

Staff supported people to eat and drink in a way which followed specialist assessment and guidance. Staff contacted healthcare professionals, when required, to support people's health and well-being.

People received care from a consistent staff group who showed compassion and empathy. People's care was regularly reviewed to ensure it was up to date. Staff supported people with their independence, dignity and privacy.

People knew how to raise any concerns they might have with the provider. The provider ensured people had received guidance on how to raise issues. People were able to communicate with the management team when they needed to.

We found the registered manager and provider had systems in place to monitor the quality of care. Audits were undertaken of both records and the personal care provided by staff, although some records required further development. Staff received regular one to one meetings with management and feedback about their performance and development in a constructive way.

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.

Processes were in place to ensure people were protected from the risk of harm and abuse. Staff were aware of safeguarding policy and procedure.

The provider used safe recruitment practices to ensure staff were suitable people to provide care.

The provider had procedures in place to ensure people received their prescribed medicines correctly.

Is the service effective?

Good ●

The service was effective.

Staff received training opportunities to enable them to remain effective in their roles.

Where appropriate, staff supported people to eat and drink enough to support their health.

Staff were aware of when they needed to alert healthcare professionals about people's health needs.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us staff provided an empathetic and kind service.

People received care from a consistent staff group who were aware of their personal preferences.

People's privacy and dignity were respected. Staff supported people's cultural preferences.

Is the service responsive?

Good ●

The service was responsive.

Regular assessments of people's needs were completed and care plans adapted as required.

There were systems in place to manage complaints and concerns. People had confidence in the service to deal appropriately with any issues raised.

The provider identified and reacted to the needs of people using the service.

Is the service well-led?

Good ●

The service was well-led.

People, their relatives and staff had confidence in the management team.

The provider sought people's opinions on the service in order to drive improvement.

There were systems in place to monitor and assess the quality of care people received, although some records required further development.

Field House (Charter Care)

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 24, 27 and 28 April 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that people would be available to talk with us.

The inspection team consisted of two inspectors. Before the inspection we reviewed all the information we held about the service. Prior to the inspection, the provider had completed 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.

We also reviewed notifications we had received from the service about incidents and events that had occurred. A notification is information about important events which the service is required to send to us by law.

During our inspection we spoke with six people and six relatives of people who used the service, three care staff, a training manager, members of the management team and the registered manager.

We reviewed a range of records about people's care and how the service was managed. These included the care records for 17 people (including medicines records), five staff records, quality assurance audits, complaints and records relating to the management of the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. One person told us, "I feel very safe; no problems". Another person told us, "Safe? Oh yes". One relative told us, "[Person's name] feels safe and secure". Another relative told us, "[I] have full confidence in staff". A further relative told us, "Staff are very careful".

We found people were protected from risks associated with their care because the provider had completed risk assessments which provided updated guidance for staff in order to keep people safe. Each person's living environment had been assessed and staff had access to guidance on how to keep people safe, relating to their individual circumstances and conditions. People had been involved in this aspect of their care planning. Staff were able to accurately reflect the measures required to keep people safe, dependent upon their individual needs or health conditions. This included how they ensured one person was supported to move about their home safely.

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond as required. They told us they had access to the local authority's safeguarding procedure in the provider's office. We found this guidance was easily accessible in the office. Staff told us they had received training in safeguarding and this was supported by staff training records. We found examples of staff reporting matters of potential abuse in the correct way and the management team recording and progressing these referrals in order to ensure people's safety and wellbeing.

Staffing levels were determined by the number of people using the service and their needs. People and relatives we spoke with confirmed that staff were generally on time and they did not miss calls. One person told us, "Always on time; stop as long as I need them" and, "Very good. Can't remember them ever being late". One relative told us, "Always here on time; always stay to when they have to stay". Another relative told us, "They're here for the allocated time. Phone call when running a bit late, I understand this can happen; not a problem". Another relative told us, "They always turn up on time". This meant people received the support they needed because the provider ensured adequate staffing levels and adequate travel time for staff between calls.

The provider had robust recruitment procedures to ensure only suitable staff were employed. One person described staff as, "Wonderful in the whole years I've had them". Due to a fire which had destroyed a number of staff files we could not view the original recruitment records for some staff. However, the provider had sought to provide evidence of safe recruitment in retrospect. We found the provider had followed safe recruitment procedures. Staff had completed comprehensive job application forms which included their employment history, qualifications and two referees. The provider demonstrated they had obtained references and undertook a check with the Disclosure and Barring Service (DBS). The DBS checks help employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable people.

The provider had procedures in place to ensure people received the medicines they had been prescribed. Most people we spoke with had their own arrangements in place to take their medicines, but one person told us staff helped them with topical cream and eye drops. They said, "Staff always remember what they need to do". They went on to tell us how staff checked "In books" about their medicines and recorded what medicines they had given. We looked at people's medicines records and saw there were no gaps in medicines being given to people. Staff had completed the necessary training in administering medicines. People's care records gave details about what medicines they needed and how they should be supported to take them. We found evidence of the management team auditing medicines administration by staff.

Is the service effective?

Our findings

People who used the service told us they received effective support. One person described the service as "Wonderful". Another person told us, "I'm very content with them". People and their relatives told us most staff who visited them were confident, skilled and knowledgeable in their role. One relative told us how staff were skilled in hoisting their relative. Another relative told us, "It's the best thing in the world to be able to trust people to do this job with my being aware [person's name] is in capable hands". They also told us, "Staff; they know all equipment and have had the training". They described how specialist healthcare professionals had trained staff in specific exercises to support the person and how staff carried these out.

People told us newer staff were always accompanied by established staff who knew the person and how to support the person in the way they needed. This meant newer staff were supported in getting to know the needs of people by experienced staff.

Staff told us they felt they received training of a high standard and frequency which allowed them to remain effective in carrying out their duties. We spoke with the training manager who showed us some of the materials being used to instruct staff. We found staff received regular training in mandatory areas of care, such as assisting people to move. Staff told us training was frequently refreshed. We also found staff received training in specific areas of care which related to people's needs, such as epilepsy care.

We found new staff received initial induction training. This included a period of shadowing experienced staff in order to understand people's needs and aspects of their care, such as specialised equipment. Staff we spoke with told us they received support from the provider through one to one meetings and appraisals. All staff we spoke with were positive about the training and support they received. Staff told us the training the service offered had been greatly improved since the new training manager had joined the staff team.

People and relatives we spoke with said staff listened to what they needed and sought consent for the care they provided. One person told us, "They ask me if I'm happy". One relative told us they ask the person, "Is it alright? They do ask". Another relative told us staff, "Speak to [the person], not over them". Other people and relatives we spoke with told us staff checked with people before providing care, to ensure the person was consenting. Staff were clear about their duty to ensure the person was consenting to care and explained how they checked this. One member of staff explained that one person they provided care for had difficulty in communicating verbally. They said they would take extra time with this person and made sure they understood what they were asking for. We saw records that showed people's ability to consent was considered by the provider. This meant staff always sought consent to care from people in line with legislation and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do 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. We checked whether the service was working within the principles of the MCA. The service provides

personal care to people living in their own homes. People receiving personal care services were not subject to orders made by the Court of Protection but the management team was aware of this legislation and how this would impact on care planning and the provision of services to people.

People and relatives told us some people using the service required a level of support with eating and drinking. A relative told us about a person who needed food prepared and staff to watch the person as they ate to ensure they did not choke. This person had been assessed by a healthcare professional in this respect and staff followed the guidance provided to them. Another person required liquids to be thickened. Staff ensured thickener was used. The person's relative described how staff supported this person to eat. They told us they asked the person, "Are you ready; is your mouth empty?" in order to avoid overwhelming them. One staff member told us they would speak with the person's representative or the management team if they felt someone was at risk of not eating or drinking enough. This meant staff were aware of the importance of good nutrition and hydration in maintaining people's well-being.

People told us staff would support them if they required help to contact healthcare professionals, such as GPs. While most people and relatives told us they would contact healthcare professionals themselves, one person told us, "They would help me if I needed it". A relative described how the catheter of one person had fallen out. They said staff had contacted the district nurse straight away about this. Records provided staff with guidance as to when healthcare professionals should be alerted to medical matters effecting people in the case of specific issues, such as people developing areas of sore skin.

Is the service caring?

Our findings

People we spoke with told us the service was well organised and managed. One relative told us they had confidence in the registered manager and knew they would address any areas of concern they had effectively. Another relative told us, "I've no problem going to the manager; I get on well with [them]". People, their relatives and staff told us the provider listened to them and they had a variety of ways of raising concerns and suggestions, if needed. People told us staff checked whether they were happy with the service and senior staff would visit or call to discuss their care.

We found that records were kept securely and were well organised. We were assisted during the inspection by a member of the administration team who was able to quickly identify and supply any records we asked for. While most records contained all the information required to assist staff with the guidance they needed to care for people, we found that some records would benefit from further development. This included specialist care plans for specific conditions people were living with, such as epilepsy and diabetes. We did, however, note staff had received training in these areas, although this was general training and not specific to the individual's experience of their condition. The registered manager agreed to complete this additional guidance.

All staff we spoke with were positive about working for the provider and the culture the management team promoted within the service. Staff told us they felt the management team was approachable. One staff member told us, "I feel if I need more support I could ring up and say I was concerned and book an appointment [to see the manager]". This meant the provider worked to support the staff within an environment with a positive team culture.

The provider was involved in a number of initiatives to improve people's experience, especially those living with dementia. This included liaison with a local community group to develop dementia "cafes". The provider had also developed a new role of senior dementia care lead within the service. The provider had identified a need for this role, particularly in certain geographical areas they covered, due to the percentage of people who had a diagnosis of dementia. This showed the provider sought to create a positive culture in the service in respect of people with dementia and was aware of the needs of people who used the service overall.

Staff told us they were aware of the provider's whistleblowing policy, which allows provision for staff to escalate concerns without fear of reprisal. Staff told us, and records confirmed that staff meetings took place where staff and management could exchange information which affected their role and people's care. We found staff had regular meeting with managers to discuss their performance and progress. Staff received feedback on how they were performing in their role.

There was a registered manager in post. Registered persons are required to notify CQC of certain changes, events or incidents at the service. We had received notifications and the registered manager had the records and details of matters effecting people to hand, so these could be discussed. We saw that these records were well organised and showed that matters had been progressed appropriately. This showed that the

registered manager was aware of, and fulfilled their responsibilities in terms of the law.

The provider had systems in place to monitor the quality of the service. People and relatives we spoke with recalled completing a questionnaire from the service, or speaking with staff about how satisfied they were with the service. We looked at the responses from recent questionnaires which the provider had collected and analysed. Responses to questions and comments about the service provided were positive. For example, 100% of respondents said they would recommend the service to others.

We saw that one person had responded to their survey saying they were dissatisfied with the times of their calls. We found this had been dealt with and people we spoke with confirmed they did receive the calls they required, on time and for the full duration. This meant the provider sought to address issues raised by people and their relatives.

People and their relatives told us the management team carried out spot checks of the care people received in their homes. Records confirmed checks were carried out. We saw audits of care plans and medicines administration being undertaken by the provider. We also found staff were observed carrying out care by senior staff. We saw the provider had a system for collating information about accident and incidents, but was not currently collating them in a way as to identify any "trends" in events. The registered manager agreed to implement a system to do this more effectively. We did find people's risk assessments were regularly updated and captured any risks identified.

Is the service responsive?

Our findings

People received care and support that was responsive to their individual needs and circumstances.

People told us staff listened to them in order to understand their needs, both during formal reviews of care planning and on a day to day basis. One relative told us, "They always talk to her and tell her, 'We're going to do this now'. They speak to her". People and their relatives confirmed senior staff visited them in their homes to discuss their care and to update their care plans as necessary. Care plans were person centred and individualised to each person who used the service.

We spoke with the senior dementia care lead for the service. We found this role had been developed in response to people's needs and some of the challenges staff had identified for people living with dementia. As part of the role the lead had sought permission from a local hospital to adopt one of the booklets they used to assist people with dementia. This booklet acts as a "communication passport" so different agencies know how best to support the person and quickly understand their needs. This showed the provider worked to identify people's needs and sought solutions to improve their care experience.

People we spoke with confirmed their care was updated and adapted to meet any changing needs. A relative told us staff would let them know if their relative had any changes in health they needed to be aware of. They told us, "Staff would leave a note or call me". We asked staff how they ensured they knew what people's updated needs were. Staff told us, and records confirmed, they would update the office, which would lead to people's care plans being adapted as necessary and staff being made aware of changes.

People received care from a consistent group of staff who knew them and whom they had built a rapport with. One relative told us, "It's always the same staff. They always tell [person's name] who's coming".

We asked people and relatives if they were aware of the procedure for raising complaints with the provider. They told us they were aware of the procedure. One person told us they had details of the complaints procedure in a file the provider placed in their home.

People and their relatives told us they found the provider's office staff and management team to be approachable. One relative told us, "[Office staff member's name] knows me and if I'm upset I can explain any problem to her and she will do her best. I have confidence in her. She is friendly". Another relative told us, "I would raise any concerns and would contact the office straight away; really nice people in the office" and, "Anything wrong they will always sort it out straight away". This meant the provider reacted positively to concerns raised by people using the service and their representatives.

We looked at the complaints procedure and the records the provider kept about complaints they had received and responded to. We saw the provider adhered to their procedure when assisting people with complaints and undertook appropriate investigation to resolve matters.

Is the service well-led?

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