

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## **Charter Care (West Midlands) Limited (B69)**

84 Birmingham Street, Oldbury, B69 4EB

Tel: 01215447600

Date of Inspection: 18 September 2014

Date of Publication: October  
2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

**Consent to care and treatment**

✓ Met this standard

**Management of medicines**

✓ Met this standard

## Details about this location

Registered Provider	Charter Care (West Midlands) Limited
Registered Manager	Mr Mark Casey
Overview of the service	This is a domiciliary care agency that is registered to supply personal care to people in their own home. The agency offices are located in the Borough of Sandwell.
Type of service	Domiciliary care service
Regulated activity	Personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<b>Our judgements for each standard inspected:</b>	
Consent to care and treatment	6
Management of medicines	7
<b>About CQC Inspections</b>	9
<b>How we define our judgements</b>	10
<b>Glossary of terms we use in this report</b>	12
<b>Contact us</b>	14

## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether Charter Care (West Midlands) Limited (B69) had taken action to meet the following essential standards:

- Consent to care and treatment
- Management of medicines

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 September 2014 and talked with staff.

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### What people told us and what we found

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We undertook this inspection to check on actions that we had asked the provider to take following our planned inspection on 10 April 2014. This inspection was undertaken by one inspector. During the inspection we spoke with the person that was managing the service, four care staff, looked at six care records and reviewed policies and procedures that had been developed since our inspection.

At our inspection on 10 April 2014 people spoken with told us that they received their medication when needed. However, we found that the service was not safe. This was because medication procedures and systems for supporting people with their medication were not managed appropriately. We told the provider that they must improve this and they sent us an action plan, which told us what they would do to improve. During this inspection although the provider had not fully implemented their action plan, we found that they had done substantial improvements to ensure that medication systems were safer than they were. This included, new procedures, updating staff training, improved monitoring procedures and staffing structure to ensure effective monitoring of medication records and systems. This would ensure that people receive their medication in a safe way.

At our inspection in April 2014 we also found that the provider was not acting in accordance with the Mental Capacity Act and therefore people's rights were not protected in line with the legislation. During this inspection we saw that the provider had introduced new procedures and have trained their staff in those procedures to ensure that staff knew how to obtain adequate consent for care where people may lack the capacity to give informed consent.

You can see our judgements on the front page of this report.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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### Reasons for our judgement

At our last inspection we found that there were no procedures in place to assess and support people that may lack capacity to make informed decisions about their care. The manager lacked knowledge about the Mental Capacity Act (MCA) and therefore did not understand their responsibility under the act, so people's rights were not being protected. We issued a compliance action, as this was a breach of regulation. The provider sent us an action plan telling us how they would achieve compliance.

During this inspection we saw that new procedures had been implemented detailing the provider's responsibility under the MCA. A total of 48 care staff had received updated training on the new procedures. We spoke with four care staff to check their understanding of the new procedures and they were clear about their role within the process, should they believe someone lacked the capacity to give consent to being cared for. We looked at the care records of two people that used the service we saw that consent to care had been appropriately obtained. This meant that peoples' rights were being protected in line with the legislation.

There was a new manager in place at the service; they had an understanding of the MCA act, although they recognised that they required further training and guidance in line with the recent high court ruling. They told us they had raised this with the provider. However, we saw that where necessary the assessment process took account of whether or not people had lasting power of attorney and established who was responsible for acting on their behalf. The provider may wish to ensure that they establish whether lasting power of attorney included decisions about people's care and welfare.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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At our last inspection we found that medication practice were not safe. The records that we looked at showed that medication administration records (MAR) were being used to record when staff had supported people with taking their medication. We observed that the MAR sheets did not specify the medication prescribed, but simply stated "blister pack", so you could not tell what medicines were being taken. Medication administration records (MAR) were confusing. There were no protocols in place for people who required medication to be taken as and when needed (PRN). Staff competency to support people with taking their medication was not monitored and there was no clear system in place to check that people had taken their medication. We issued a compliance action, as this was a breach of regulation. The provider sent us an action plan telling us how they would achieve compliance.

During the inspection the manager told us that they had not met the timescale in their action plan. They explained that this was because they felt it was necessary to do a full audit of everyone's medication, so that they could establish the scale of the issues and the key risk factors, so that they could prioritise and address the highest areas of risks. We were told that from this audit the provider had identified the need to review the structure of the service, to ensure that the care was being monitored overall.

We saw that the medication procedure had been reviewed and new policies and procedures had been devised. These included new procedures for recording medication, which would include the name and dosage of medicines prescribed and administered, and PRN procedures. The manager told us that not all of these procedures have been implemented because it was necessary to train staff before putting them into practice. Records looked at showed that a total of 56 staff had received updated medication training on the new procedures at the time of our inspection. We spoke with four of these staff and they all confirmed that they have received the updated training in line with the new procedures and felt confident in putting the procedures in practice. This meant that procedures were in place to guide and staff were trained and confident to follow those procedures.

Given that the provider had not met the timescale on their action plan we checked to see

what process had been put in place to ensure that medication practice had been made safe until all the new procedures could be implemented. We looked at the records of four people who received support with their medication, we saw that all MAR sheets had been fully completed, included the name and dosage of the medication to be taken and indicated where PRN medication was being taken. We saw that the medication records were now being collected for auditing and where discrepancies were identified they were been addressed with the relevant staff member. Staff spoken with told us that they received spot checks, where a senior member of staff would observe their practice whilst support people with their medication to ensure they were competent. This meant that although the provider had not completed all the actions that they had identified, they had taken reasonable steps to improve the safety of supporting people with their medication. The provider may however, wish to note that the PRN protocol was very general and should consider whether this would meet the individual needs of everyone that required PRN medication.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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