

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)

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✗ Action needed
Requirements relating to workers	✓ Met this standard
Complaints	✓ 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

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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'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 January 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

During our inspection we spoke with six people that used the service, three care workers and the manager.

People that we spoke with said that they and their relatives were involved in agreeing and planning their care. We found that people's views and experiences were taken into account in how the service was delivered.

People told us that their needs were being met. One person told us, "They ask you what you want and they do it and always ask if they can do anything else."

People told us that staff wore personal protective clothing whilst providing personal care. We found that people were not fully protected from the risk of infection because appropriate guidance had not been followed.

People told us that they had no concerns about the staff that visited them. We found that staff were suitably recruited into their role.

People that we spoke with were confident that they could speak to the manager and their concerns would be listened to. One person told us, "No complaints, if I had I would phone the office and they would sort it out." We found that there were clear systems in place for handling people's complaints.

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

What we have told the provider to do

We have asked the provider to send us a report by 05 March 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website 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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who used the service understood the care and treatment choices available to them. People that we spoke with said that they and their relatives were involved in agreeing and planning their care. The records we looked at showed that people had signed their care plans indicating their agreement with the care. We were told that each person was given a copy of the service user guide, which told them about the service on offer. We were informed that these documents could be made available in different formats and languages to meet people's needs if required. This meant that people had the information they needed to help them make informed choices about using the service.

People that used the service told us that staff treated them with respect and dignity. One person told us, "I couldn't be treated better by my own family." The staff we spoke with gave good examples of how they ensured that people's privacy and dignity were respected and how they involved people who use the service whilst providing care and support. One member of staff said, "I talk to people about the care and what I am doing. I always keep people covered up when providing personal care and make sure that doors and curtains are kept closed. I also ensure there is no one else in the room, so that people's privacy and dignity is respected."

People that we spoke with told us that they were involved in reviewing their care, so they were able to make decisions about how their care was provided.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The people that used the service that we spoke with told us that care was delivered in line with their care plan and that their needs were being met. One person told us, "The service is very good. I wouldn't have anyone else and I am very pleased." Another person told us, "They ask you what you want and they do it and always ask if they can do anything else."

We looked at the care records of four people that used the service. We saw that each person had an assessment of their needs and a plan of care, which was based on the person's individual needs. Risk assessments and risk management plans were also available to give staff instructions about how to minimise any identified risks. Not all the risk assessments that we saw had been adequately completed and we discussed this with the manager at the time of the inspection. The manager told us that all the care documents were under review to ensure that they were simplified and easier to complete, so should address the deficits in completing the documents.

The needs assessment and care planning process took into account the diverse needs of people, where this was relevant to their care. The records we looked at showed that people's needs were regularly reviewed and updated as necessary. Staff we spoke with told us that care plans were reviewed and that they report when people's needs have changed and a senior staff would review the care. This meant that people's changing needs were reviewed and acted upon to ensure they continue to receive a service that met their needs.

Staff told us that the care plans were clear and contained the information they needed to help them to offer care and support that met people's needs. An on call procedure was in place for staff working out of hours, so that they had access to guidance in an emergency.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was not meeting this standard.

People were not fully protected from the risk of infection because appropriate guidance had not been followed.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People that we spoke with told us that the staff that visited them always wore gloves and aprons when providing personal care. Staff told us that they were issued with personal protective clothing such as gloves and aprons. Staff's training records that we looked at showed that they had received infection control training.

We saw from the records that we looked at that infection control was not consistently included in all people's individual risks assessments that we looked at. This was because the current risk assessment process did not include infection control as a standard part of the assessment. One person we spoke with told us, "I do like them to wash their hands before doing my breakfast, some staff do and some don't." This meant that not all staff were given the appropriate guidance on the prevention of infection control and as a result basic hygiene practice was not always followed.

We saw that the provider had infection control policy in place and this stated that staff and the manager should comply with the code of practice for infection control. However the manager was not aware of the code of practice and an infection control lead had not been appointed. This meant that the appropriate guidance for infection control was not being followed.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by staff that were suitably recruited into their role.

Reasons for our judgement

People told us that they had no concerns about the care staff that visited them. One person told us, "I find them marvellous and we couldn't fault them. Nothing is ever any trouble for them."

We looked at the recruitment records of four staff including the records of two staff that had recently been recruited by the service. We saw that they all completed an application form, medical questionnaire, attended an interview and a minimum of two references were collected, this included a reference from their last employer. Job descriptions were available for each staff, as well as forms of identifications which included a recent photograph, driving licence and birth and marriage certificates. We saw that Criminal Records Bureau checks were undertaken for each staff and this included the appropriate checks against the vulnerable person's list. Staff we spoke with confirmed that they went through a rigorous recruitment process and that the appropriate checks were done prior to them starting work. The two new staff spoken with confirmed that they received an induction into their role to ensure that they had the knowledge to support people. This meant that there were effective recruitment and selection processes in place for recruiting staff.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

All the people that we spoke with were happy with the quality of service provided to them. People felt confident that they could speak with the manager about their concerns and they would be addressed. One person told us, "No complaints, if I had I would phone the office and they would sort it out." Another person told us that they were unhappy with one of the care workers that visited them and they complained to the office and it was sorted out.

The complaints procedure was detailed in the service user guide, a copy of which was given to each person using the service. This meant that people had information that gave them details about how to make a complaint.

All the staff we spoke with knew the complaints procedure and how to support people who used the service to make a complaint. We saw that there was a process in place for recording investigating and responding to complaints. Records that we looked at showed that where concerns or complaints were raised these were investigated and responded to. This meant that the provider investigated and responded to concerns raised by people who used the service.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control How the regulation was not being met: Risk assessment process did not include infection control as a standard part of the assessment. Not all staff were following basic hand hygiene practice. The code of practice on the prevention and control of infections and related guidance were not been followed. This is in line with regulation 12 (1(a) (2) (a)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 05 March 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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