

## ENTER AND VIEW VISIT REPORT

Charnat Care

28 November 2019



Part of the Healthwatch Sandwell's remit is to carry out Enter and View Visits. Healthwatch Sandwell Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand. Healthwatch Sandwell Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Sandwell safeguarding policy, the service manager will be informed, and the visit will end. The Local Authority Safeguarding Team will also be informed.

## Provider Details

Provider	Alphonsus Care Ltd, 2, Sylvan Green, Halesowen. <a href="https://alphonsuservices.co.uk/">https://alphonsuservices.co.uk/</a>
Service type	Provider of residential, domiciliary and day services for people with learning disabilities, physical disabilities, Autism, challenging behavior.
Site visit	Charnat Care Day Service. 1 Payne Street, Rowley Regis. B65 0DH
Date of visit	November 28 <sup>th</sup> , 2019

Charnat Care is a day service for people with learning disabilities and or autism. The service is accessed by people from Sandwell and Dudley. The service is open Monday to Friday from 9.00am until 5.00pm.

## **Purpose of Visit**

Healthwatch Sandwell is making a series of visits to Day Services throughout Sandwell in order to report on the range and quality of these services. These largely unregulated services are accessed by some of the most vulnerable citizens in Sandwell and Healthwatch wanted to see what was available to people, how well the opportunities met people's needs and assess the value of these services.

A good service should...

1. Have strong, visible management
2. Have staff with time and skills to do their jobs
3. Have good knowledge of each individual service user, their needs and how their needs may be changing.
4. Offer a varied programme of activities unless a specific service is offered.
5. Offer quality and choice to their service users around food and mealtimes, where applicable.
6. Accommodate services users personal, cultural and lifestyle needs.
7. Be an open environment where feedback is actively sought and used

The methodology to be used is to;

- Consider the care and services offered and whether this is delivered in a way that promotes dignity and independence.
- Consider staffing levels and the level of the care provided.
- Talk to people using the service, if they are happy and willing to do so to gain their views on the opportunities available to them.
- Talk to relatives, if they are available to ask if they are happy with the care provided to their relatives and whether they are aware and feel able to report any concerns/ complaints.
- Consider staff training and the support offered to enable staff to do their jobs well.
- Observe interaction at all levels between service users, staff, Manager, and visitors.

## **Authorised Representatives**

This visit was made by two Authorised Representatives of Healthwatch Sandwell

## Physical Environment

### External



Charnat Care is in an end-terrace property in Payne Street, Rowley Regis. Payne Street is a quiet residential area close to Blackheath Town Centre. There is also a GP surgery (Regis Medical Centre) and pharmacy nearby.

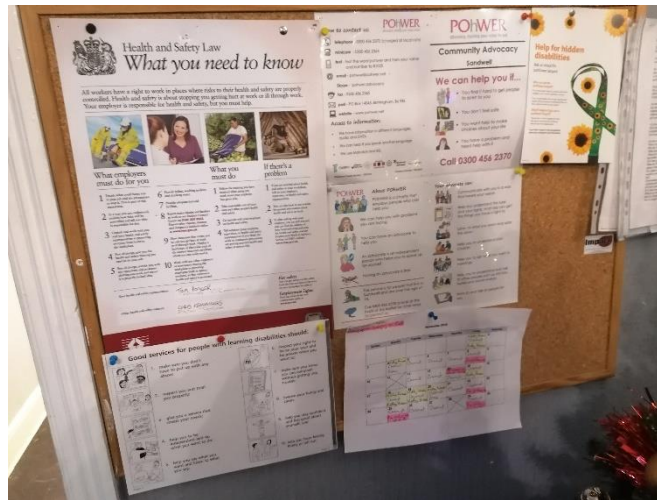
The car parking area is adjacent to the building. On the day of our visit the parking area had numerous large water-filled potholes which we felt would be unwelcoming to visitors and potentially affect accessibility for disabled visitors.

### Internal

Entry to the building is by a large “garage type” door on the right of the building and through a small lobby. In order to access the building, you must ring for attention as the door is locked. This lobby area contains ornaments and other items to give a welcoming feel, however the area is cold as this is still an outside space, although covered. The signing in book is in this lobby area, before entering the main building. We did not observe any emergency evacuation details, grab bag or register of who was in the building.

On arrival we were requested to sign the signing in book, this was cold and damp due to being kept in the lobby. We were shown into an activity room. In this room were some lounge chairs, a

noticeboard with information about health and safety, pohwer<sup>1</sup> etc. There was no detail on how to make a complaint, first aid trained staff or fire marshal information.

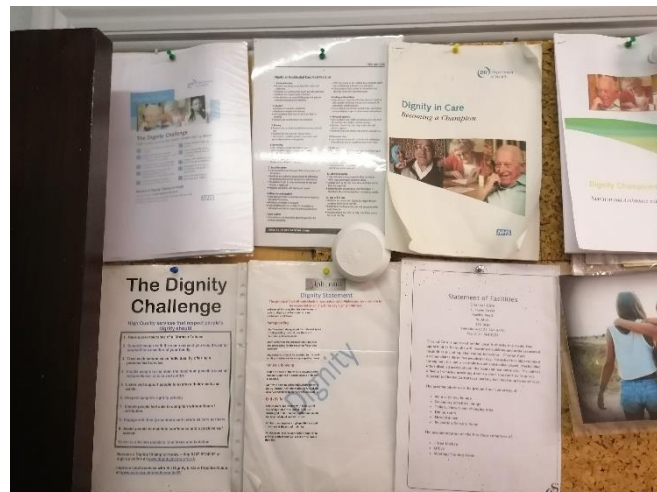


We noticed that a small key safe on the wall, that contained numerous colour coded keys was open, additionally there was a cabinet containing service users care records which was also open. We also observed a key hanging on the wall – staff used this key on occasions to open an internal door.

Also, on the ground floor there is quiet room, kitchen, toilets and a much larger activity room.

In the larger activity room, there are several sofa chairs and tables and chairs for activities. We also saw Thank You cards, Christmas cards and decorations, pictorial communication signs for words such as eat, please etc. There was also another noticeboard with information about the dignity challenge.

The décor is good, and we were informed that interior decoration takes place twice per year.



At one end of the room were toilets and washing facilities and at the other end a desk for staff.

<sup>1</sup> Pohwer is commissioned by Sandwell Council to provide the NHS Complaints Advocacy, Independent Mental Health Advocacy, Independent Mental Capacity Advocacy and the Community Advocacy Services

In this room we initially saw 3 service users and 3 members of staff. They were engaged in conversation or activities. It was clear from the interaction that we observed that there was a close bond between service users and staff.

Just after 2pm other service users and their carers returned from their activities where they were offered drinks, they discussed the day's activities while they waited to be taken home.

### **Service users Numbers**

Currently there are 35 service users that access the service, some full time and some part time depending on support needs and funding available. Service users are picked up and returned to their home address by a fleet of minibuses and small seated vehicles.

Service users are funded on a one to one basis. There are some service users who are funded on a two to one basis for some of the time due to additional support needs

### **Staff Numbers**

We were informed that currently there are 29 full time staff and two part time staff. Staff absences are covered by bank staff, agency staff are not used. The Manager is not included in the staff participant ratio but will cover in a hands-on role as and when required. The manager is supported by 2 senior support staff who are included in the staff to service user ratios.

At the time of our visit we observed five service users within different areas of the building and five members of staff, this included the manager.

### **Management**

**Quality Indicator 1 – A good service should have strong visible management.**

**The manager should be visible within the service, provide good leadership to staff and have the right experience for the job.**

### **Our findings**

The manager has been in his post for the past 8 years in the current position and has a long-standing relationship with the company and has held a range of roles within that time. The manager talked openly about the positives of the service but was also able to acknowledge where improvements needed to be made. For example, staff support was discussed – we were informed that staff had an 8-week cycle of formal one to one support, but the yearly appraisal cycle needed to be reviewed and implemented.

We observed the manager communicating with members of staff, on occasions they were asking for advice or reassurance about a situation and appeared comfortable to do this. The manager was able to give detailed information about the service user when required and in a genuine and discreet manner. Staff informed us that the manager was visible daily, not “shut away in the office”.

We observed the manager interacting with service users in a warm and friendly way. Service users were confident to communicate and there were no visible barriers.

Part of the meeting with the manager was conducted in a meeting room away from service users and staff. We observed an operations board that contained details of future planning, staff awareness training – to include person centered care. The manager told us that they were developing a staff resource library where there were materials for staff to use to support them in their role.

## **Staff Experiences and Observations**

**Quality Indicator 2 – Have the staff the time and skills to do their jobs**

**Staff should be well-trained, motivated and feel they have the resources to do their job properly.**

### **Our findings**

Staff appear positive about the services they are providing. We were informed by the staff that there is a good support network and a positive culture. We were told that when new staff come, they shadow existing staff before working alone with service users. Staff said that they receive regular training and there is an expectation that they should have an NVQ or the Care Certificate. We were informed that training takes place at Sylvan Green – which is the head office. Staff said that they had mandatory training:

- Health and safety
- Fire safety
- Manual handling
- Infection control
- First aid
- Basic food hygiene
- Administering medication
- Safeguarding

We were told that there is other training that staff can have such as Autism awareness, epilepsy and how to manage behaviours of concern.

### **Comments**

The manager informed us that training was organised by Head Office. Details of training completed is entered into Skills for Care National Minimum Data Collection system (NMDS), which flags up when training updates are required. During our visit we did not evidence first aiders on duty, nominated fire marshal or basic food hygiene certificates.

The Manager or staff members did not mention GDPR training or awareness.



**Quality Indicator 3 – Do staff have good knowledge of each individual client, their needs and how their needs may be changing**

**Staff should be familiar with clients' histories and preferences and have processes in place for how to monitor any changes in wellbeing.**

## **Our findings**

Service users were comfortable with staff presence and were supported as required. We observed hand on hand support but also support from a distance which enabled the service users to be as independent as possible. Staff we talked to have a good knowledge of the service, its aim and what outcomes were expected. Staff appeared to have sound knowledge of the service users they were supporting and spoke with fondness about their relationships with different service users. We were informed that there is a key working system in place where staff have the same services users to support over a long period of time – this gives continuity of care and confidence to the service user and their families. Staff are aware of recording information, including updating care plans. Some service users have communication books which are completed daily.

The manager informed us that there is a section within the care plan for updating information and files are updated as and when necessary. We asked the manager if there were epilepsy management plans in place, positive behaviour support plans, diabetes management plans, communication plans? We were informed that this information was encompassed within the care plan. There were not individual plans in place.

We asked if there were any service user grab sheets in place (basic information of the service user e.g. contact numbers, medication requirements etc to be used in the event of building evacuation or a service user admitted to hospital). We were informed that these were not in place. If a service user needed to go to hospital a member of staff who had knowledge of them would also attend. We were informed that there was a digital system being implemented that would hold all relevant details for service users. This could be accessed by named staff who would then pass on the relevant information. This system was not fully operational and there was no evidence of anything in place to support with emergency situations or handing over the duty of care.

## **Activities**

**Quality Indicator 4 - Does the service offer a varied programme of activities?**

**Services should provide a wide range of activities and support clients to take part in activities, unless the service offers a specific type of service rather than a wider range of opportunities.**

## Our Findings

The Manager gave us a copy of the current activity programme:

Monday	Tuesday	Wednesday	Thursday	Friday
Bus 1 Place of Interest Museum Nature Park Country Park	Bus 1 Activity Town personal shopping City shopping Planned activity I.e., bowling/cinema	Bus 1 Place of Interest Museum Nature Park Country Park	Bus 1 Restaurant or pub meal	Bus 1 Activity Town personal shopping City shopping Planned activity I.e., bowling/cinema
Bus 2 Swimming/Activity	Bus 2 Place of Interest Museum Nature Park Country Park	Day Trip Worcester Stourport Birmingham Planned event	Bus 2 Restaurant or pub meal	Bus 2 Place of Interest Museum Nature Park Country Park
Person centred activity Small group choice, costing and planning. CDU XOD VHL	Person centred activity Small group choice, costing and planning. CDU XOD VHL	Person centred activity Small group choice, costing and planning. CDU XOD VHL	Person centred activity Small group choice, costing and planning. CDU XOD VHL	Person centred activity Small group choice, costing and planning. CDU XOD VHL
community support Train, Bus, to a chosen destination for individual's choice of activity.	community support Train, Bus, to a chosen destination for individual's choice of activity.	community support Train, Bus, to a chosen destination for individual's choice of activity.	community support Train, Bus, to a chosen destination for individual's choice of activity.	community support Train, Bus, to a chosen destination for individual's choice of activity.
Inhouse Gardening Art and crafts Puzzles Relaxation music Hobbycraft PC Tablet Reading O/T SALT	Inhouse Gardening Art and crafts Puzzles Relaxation music Hobbycraft PC Tablet Reading O/T SALT	Inhouse Gardening Art and crafts Puzzles Relaxation music Hobbycraft PC Tablet Reading O/T SALT	Inhouse Gardening Art and crafts Puzzles Relaxation music Hobbycraft PC Tablet Reading O/T SALT	Inhouse Gardening Art and crafts Puzzles Relaxation music Hobbycraft PC Tablet Reading O/T SALT

The manager informed us that the activity plan is seasonal – Winter, spring, summer and autumn. There are also themed events during the year such as Easter activities, Halloween party, Christmas events. There were also activities around current themes such as the football world cup etc.

We asked how service users were included in planning the activity programme. We were told that staff have good knowledge about service users likes and dislikes and used this knowledge alongside discussions with service users to agree activities. We asked how service users with limited verbal communication were involved? We were informed that this is by PECS, Makaton and items of reference. We were informed that for service users with complex needs this would be implied communication – observing body language for example.

We were informed that service users were also supported at appointments such as health appointments, benefit assessments and appeals, funerals etc.

We asked if activities were outcome based and if there were goals in place for service users to achieve? If there were aims and objectives to activities and how this was recorded. We were informed that individual goals framework is held within service users' care plans.

We were informed that life skills are promoted, and service users are encouraged to be as independent as possible. This included awareness sessions on staying safe, including road safety and stranger danger. We asked if service users were encouraged to travel independently and if travel training was promoted. We were told that service users were encouraged to contribute towards planning journeys to and from activities but there was not a travel training programme in place. We asked if there were transition plans in place to enable service users to move into voluntary or paid work – this was not an option at present.

We spoke to one service user about their life journey so far. They were able to tell us that life before was very limiting for them, they were not allowed to go out into the community, travel was limited due to physical disability, they were not allowed to have their own money and although they wanted to live in their own home – this would not be discussed. The service user told us that staff from Charnat Care had supported them to have a voice, to become more confident and independent and support them at meetings with decision makers. They now live in their own home (with support) are mobile, having the use of a mobility scooter and can make choices about what they do and where they go.

## Catering Services

### Quality Indicator 5 - Does the service offer quality, choice around food and mealtimes?

If relevant, Services should offer a range of meal choices and adequate support to help clients who may struggle to eat and drink and accommodate different preferences and needs around individual dietary requirements.

### **Our findings**

Service users can have a meal at the service or bring in food from home. The cost of the meal is funded by the service user. Service users are given a choice of meals daily from a predetermined menu or are encouraged to shop for what they require from local shops. Dietary requirements for cultural and health related needs are accommodated for. Meals are prepared and cooked in a small kitchen; the kitchen has an environmental health rating of 5. Staff involved in meal preparation have basic food hygiene training, however we observed no certificates displayed.

Sometime service users will go out for a meal. Service users will pay for their own meal and the service pays for staff.

## **Person preferences, lifestyle and choice**

Quality Indicator 6 – Does the service accommodate clients personal, cultural and lifestyle needs?

Services should be set up to meet service users cultural, religious and lifestyle needs as well as their care needs, and shouldn't make people feel uncomfortable if they are different or do things differently to other clients.

### **Our findings**

We were told that an assessment of service users' needs and preferences is carried out prior to joining. These are accommodated for but sometimes staff need awareness or training to support cultural, religious and lifestyle needs.

Personal interactions are closely monitored, and friendship is encouraged, as is the opportunity to do things for others in the role of a champion.

All the service users we saw were treated very much as individuals and staff supporting has a good understanding of their needs including triggers for behaviors of concern. We observed distraction and escalation techniques used to support one service user and communication cues with another service user where verbal communication was limited.

## **Service User Experiences and Observations**

### **Family / Carers experiences (if available)**

Quality Indicator 7 – The service should be an open environment where feedback is actively sought and use.

There should be mechanisms in place for clients and relatives to influence what happens in the service, such as a Clients and Relatives Committee or regular meetings. The process for making comments or complaints should be clear and feedback should be welcomed and acted on.

## **Our findings**

Prior to our visit we sent 10 family and friend questionnaires to the service. We received five back. Responses were very positive.

We were told that the service has an open-door policy and families and carers are welcome at any time. There is daily contact with parents/carers as service users are picked up and dropped off at their home address, so communication networks are positive. Some service users have a communication book, which gives an account of the day.

We were told that services users meet to discuss and influence what happens in the service. There were no service users present at the time of our visit who could contribute to a discussion about these meetings. There were no dates for future meeting visible on notice boards

There is a formal complaints procedure which is outlined in the contact given to the service user and their families/carers. There was no visible information about how to make a complaint on notice boards.

## **Comments**

We were well received by staff; they were open and honest when discussions took place and our questions were answered with detail. The manager was aware of the remit of Healthwatch and up to date with what to expect at an Enter and View visit.

## **Recommendations and Follow-Up Action**

- Manager to make recommendation to the Company Director that the car park be upgraded to allow better access for people with limited mobility and or wheelchair users.
- The signing in book to be relocated indoors as entries could become illegible due to damp.
- Emergency evacuation grab bag containing important relevant information to be visible.

- Register of who is in the building to be in prominent place for emergency evacuation procedures.
- Notice boards reviewed and update to provide relevant information such as how to make a complaint, first aiders on duty, fire Marshall on duty.
- Manager to ensure that the key cupboard is always kept locked.
- Manager to ensure that the tambour cupboard containing service users' personal files is always kept locked and staff have an awareness of GDPR.
- Manager to ensure regular feedback is gained from service users and stakeholders.

## **Provider Feedback**

*The staff were very pleasant and did not want to disrupt the service provision. They had a very good approach.*

*The visit was non-disruptive. The service users enjoyed the attention and gave good input. Good feedback was given on the day.*

*They identified for improvement: Relocation of the signing-in book and removal of an unused key safe.*

### **DISCLAIMER**

*Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.*





## Healthwatch Sandwell

Walker Grange, Central Avenue  
Tipton  
DY4 9RY

<http://www.healthwatchsandwell.co.uk>

email: [info@healthwatchsandwell.co.uk](mailto:info@healthwatchsandwell.co.uk)

Phone 0121 569 7211

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