

Birmingham Multi-Care Support Services Ltd

Birmingham Multicare

Inspection report

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Date of inspection visit:
21 March 2019

Date of publication:
02 May 2019

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

About the service: The service provides support to people in their own homes including children and adults with learning disabilities or autistic spectrum disorder. At the time of our inspection, 22 people were receiving a regulated activity.

People's experience of using this service: The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; promotion of choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff had awareness of safeguarding and knew how to raise concerns. Steps were taken to minimise risk where possible to maintain people's safety. Systems were in place to recruit staff safely. Staff felt supported and were equipped with the skills required to provide effective care and support.

Staff supported people to manage their medicines, access healthcare and maintain a nutritious diet. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by a small group of regular staff which provided continuity. Staff had developed relationships with people and knew them well; people received person-centred care as a result. Staff promoted people's independence and treated them with dignity and respect.

People were involved in making decisions about their care. They were involved in reviews to ensure their care plans met their needs and supported them to achieve good outcomes. Staff supported people to access the community and chosen leisure activities.

There was an open and supportive culture shared by managers and staff. The service had undergone a period of change; throughout this uncertain time for staff the team worked together to support one another. The commitment to providing high quality care and support for people was evident. Systems were in place to monitor the quality and safety of care delivered.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Good (report published 14 June 2016).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was Safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was Effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was Caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was Responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was Well-Led.

Details are in our Well-Led findings below.

Good ●

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Detailed findings

Background to this inspection

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

Inspection team: This inspection was carried out by one inspector.

Service and service type: The service is a 'domiciliary care agency' providing care to people living in their own homes in the community including children and adults with learning disabilities or autistic spectrum disorder. Not everyone using Birmingham Multi-Care Support Services Ltd receives a regulated activity; The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks relating to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 24 hours' notice to ensure we would be able to access the office.

What we did: Inspection site visit activity started on 21 March 2019 and ended on 28 March 2019. We visited the office location on 21 March 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

Before the inspection: We reviewed information we held about the service, to help inform us about the level of risk for this service. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information is called a Provider Information Return and helps support our inspections. We also contacted the local safeguarding team and commissioners.

During the inspection: We reviewed two people's care records and two medication administration records. We also looked at a selection of documentation in relation to the management and running of the service.

This included quality assurance audits, complaints, accident and incident records, recruitment information for two members of staff, staff training records and policies and procedures.

We spoke with one person who used the service and two relatives. We spoke with three members of staff, a care coordinator, the deputy care services manager, the registered manager and provider's nominated individual.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Staff were aware of how to recognise abuse and protect people from harm. They felt confident raising any concerns with managers and were aware of the whistle-blowing policy.
- Staff were trained in children and adult safeguarding.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Staff understood how to identify and manage risks to people's health, safety and welfare.
- Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Staff knew how to support people with skill and professionalism when people exhibited distress or anxiety. Risk assessments were personalised and reflected people's individual needs.
- Accidents and incidents were recorded appropriately. The registered manager had oversight of these, so any patterns and trends could be identified to reduce the likelihood or impact of these reoccurring.

Staffing and recruitment.

- The provider operated a safe recruitment process.
- People were supported by a small consistent team of staff.
- People and their relatives confirmed staff arrived on time and stayed for the allocated time.

Using medicines safely.

- Safe systems were in place to manage people's medicines.
- People received their medicines as prescribed from trained staff.

Preventing and controlling infection.

- Systems were in place to protect people from the spread of infection.
- Personal protective equipment was available to staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs.

- Assessments of people's needs were thorough and expected outcomes were identified.
- Care and support was reviewed to reflect people's current needs and make changes where needed.
- Risks in people's home environments were recorded to promote safety in their home.

Staff support: induction, training, skills and experience.

- Staff were equipped with skills to provide effective care and support.
- Some staff training had not been renewed in a timely manner. The registered manager was aware and was working towards ensuring all training was up to date.
- Staff received regular supervision to discuss their role and the care they provided. Staff told us the training was good, relevant to their role; they felt well supported to deliver good standards of care.
- Staff competency was monitored; their skills were considered before matching them to people who used the service. Staff undertook additional training if this was required dependent on the need of the person they supported. A member of staff said, "They match us to the person making sure we get on and have the right skills."

Supporting people to eat and drink enough to maintain a balanced diet.

- Staff supported people to maintain a diet of their choosing. This included support with shopping, eating and drinking or preparing meals.
- Staff were knowledgeable about people's dietary requirements and these were followed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- Staff monitored people's health and wellbeing and supported them to access healthcare services. Staff liaised with a range of healthcare professionals when required.
- Staff were committed to working collaboratively with other professionals and services supporting people to achieve better outcomes and continuity in their care. For example, one staff member worked with the physiotherapist, so they could support the person with their recommended exercises.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. For care at home agencies these deprivations are called Court of Protection orders. We checked whether the service was working within the principles of the MCA.

- Staff were aware of the MCA. They liaised with appropriate people to involve them in decision making for those that lacked capacity.
- Staff were aware of the importance of gaining people's consent before providing support. People were supported to make their own decisions and encouraged to make their own choices.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care.

- People were involved in making every day decisions and choices about how they wanted to live their lives and staff respected these. A person told us, "My team support me to make my own decisions."
- Staff understood how people communicated. Care records set out how staff should offer people choices in a way they would understand, so they could make decisions about their care. This included using different methods of communication.
- People and their relatives had been included when care was being planned and reviewed.
- Staff knew how to support people to access advocacy services if required.

Ensuring people are well treated and supported; respecting equality and diversity.

- People spoke positively about the staff. A person said, "Staff are good." A relative told us, "We are happy with the service. They have bent over backwards for us."
- People were supported by a small group of regular staff members which provided continuity. People's preferences were considered when deciding which staff would support them. One person had been involved in recruiting and selecting the staff to support them.
- Staff spent time to get to know people's preferences and used this knowledge to care for them in the way they liked.
- People's equality, diversity and human rights were respected. People were supported to follow their faith and live their lives the way they wanted to.

Respecting and promoting people's privacy, dignity and independence.

- Staff valued the importance of maintaining people's independence and promoted this where possible. A member of staff told us, "I try and encourage people to do as much as they can for themselves."
- People were supported to develop and maintain skills and live their lives as they chose to. A person said, "Staff help me to live in my bungalow and drive my car."
- Staff were committed to providing the best possible care for people. They respected people's privacy and dignity. Staff were able to tell us the ways they did this.
- Systems were in place to maintain confidentiality and staff understood the importance of this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's care plans contained detailed and personalised information about their abilities, health needs, likes and dislikes. Staff knew about people's needs, the support they required and their preferred routines. This enabled staff to provide person-centred care and support people in line with their preferences.
- People's care was regularly reviewed to ensure people received appropriate support.
- People were involved in decisions about their care and supported to engage in care planning. A person told us, "I get to decide what goes in my care plan. It is reviewed annually with me."
- People's communication needs were assessed and recorded in their care plans. This helped ensure staff understood how best to communicate with each person.
- The registered manager was aware of the Accessible Information Standard and would provide adapted information for people if needed.
- People were supported to live their lives the way they wanted. They could access the community and engage in activities and social activities, as well as follow their interests. Staff supported people to attend groups and go on days out to places of their choice.
- The service offered activity groups for people where they participated in a range of activities such as bowling, baking and trips out. These also enabled people to meet other people receiving a service.

Improving care quality in response to complaints or concerns.

- The provider had a complaints policy and procedure in place for responding to any complaints. This was also available in an easy to read version to make it accessible for people.
- People told us they knew how to raise any concerns.
- Any issues which had been raised were responded to appropriately.

End of life care and support.

- People's wishes were respected if they did not want to discuss end of life care planning. The registered manager discussed people's decisions and preferences where people wanted to.
- The registered manager liaised with relevant professionals to ensure people got the care they needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- The service had recently become a subsidiary of another company, which had created some uncertainty. The registered manager and management team worked with staff to support one another, so they felt valued as members of a team.
- People felt the transition had been smooth and they had been kept informed of any changes. As a result, the service they received had not been disrupted.
- The service involved people in discussions about their care.
- People and their relatives felt listened to and their views were acted on.
- The registered manager worked closely with other agencies and professionals to achieve good outcomes for people. This included working as part of a team with other services to provide support for people.
- People and relatives confirmed they could contact the registered manager if they needed to get in touch with them.
- Staff felt supported by the management team. A staff member said, "I have worked for two other care companies and didn't get the support like I do here. I love that we have managers that are always there."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Quality assurance systems were in place to monitor the quality and safety of care provided.
- Some of these systems required further development. For example, checks of care records had not been documented. The registered manager had made plans to improve this.
- Plans to introduce improved records of mental capacity assessments and best interest decisions were underway.
- The registered manager was aware of their regulatory requirements. For example, they knew to notify the Care Quality Commission and other agencies when incidents occurred which affected people's welfare.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care.

- The management team had developed a positive culture which was open and transparent and valued the importance of providing high quality care. Discussions with staff demonstrated they shared the same culture and values.
- People were happy with the service they received. A person told us, "I can't find a better agency."

