

Birmingham City Council

South Birmingham Home Care

Inspection report

Lifford House
Fordhouse Lane
Birmingham
West Midlands
B30 3BW

Tel: 01213030900

Website: www.birmingham.gov.uk

Date of inspection visit:
23 May 2017

Date of publication:
09 August 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 23 May 2017 and was announced. We previously inspected the service in August 2014 and identified no concerns. South Birmingham Home Care provides a short term enablement service of care and support to people in their own homes. The service also provides support to people living in an extra care scheme. At the time of our inspection, there were 199 people receiving the enablement service and 15 people receiving support through the extra care scheme.

There was a registered manager in place who was present throughout our inspection. 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.

People told us that they were supported to feel safe and comfortable using the service. Staff we spoke with were aware of their responsibilities to promptly raise any safeguarding concerns they identified to help protect people using the service.

Systems were not robust for monitoring and reflecting how people received support that met their needs. Records were not robust in relation to the support people required and received however to help manage their risks. This posed a risk that people would not be supported in line with their needs. People described how staff helped them to manage their risks and staff demonstrated a general understanding in such areas.

People were satisfied that they received their calls on time and suitable action was taken to prevent late and missed calls. The registered provider continued to undertake safe recruitment practices to ensure that people were supported by staff who were suitable.

Staff told us that they felt confident providing support to people with their medicines. We found however that people were not supported with this task in line with current good practice guidance. This did not ensure that people always received safe support with their medicines.

People spoke positively about the support they received from staff and how this met their needs. Staff told us that they felt supported and equipped for their roles, although aspects of training had been delayed.

People confirmed that staff followed their choices and wishes. Staff had not received training in relation to the Mental Capacity Act (2005), the registered manager assured us that guidance would be provided in this area to address any shortfalls in staff knowledge. People were satisfied with the support they received with meal preparation, although records did not always reflect this positive practice. People were supported to access further healthcare support to promote their health.

People told us that they were treated with respect by staff who were kind and caring. People were involved

in planning their care and described the positive outcomes and experience of using the service.

The registered provider had a formal complaints process. People told us that they had no reason to submit a formal complaint about the service, although they would feel comfortable doing so if necessary.

People and staff described the service positively. Records and systems were not always robust, and information available to the service was not always used to ensure and drive the quality and safety of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

We identified concerns in respect of medicines management both prior to and during our inspection visit.

People told us they felt safe using the service and that staff understood their needs. However records did not support this practice.

People told us they felt safe using the service and that staff understood their needs.

People were satisfied that their calls were on time. Missed calls were investigated to prevent their reoccurrence.

Is the service effective?

Good ●

The service was effective.

People described how their needs were met by staff who felt equipped for their roles although training was not up-to-date.

People were satisfied with the support they received to prepare their meals and drinks.

People were supported to make referrals to and access further healthcare support to promote their health.

Is the service caring?

Good ●

The service was caring.

People told us that staff were kind and caring. Feedback from some people showed that they valued the positive rapport they were able to develop with staff.

People were treated with dignity and respect and their independence promoted.

Is the service responsive?

Good ●

The service was responsive.

People were involved in their care planning and decisions which were followed and respected by staff.

People told us that they felt able to make complaints if they needed to do so.

Is the service well-led?

The service was not consistently well led.

Systems were not always effective for demonstrating safe practice and driving improvements in respect of the safety and quality of the service.

People showed that they valued the support they received and staff described their roles positively. Staff felt supported in their roles.

Requires Improvement 

South Birmingham Home 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 checked 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 23 May 2017 and was announced. The provider was given 48 hours' notice so we could ensure that care records and staff were available to help inform our inspection. The inspection was conducted by an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of our inspection, we reviewed the information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur, including serious injuries to people receiving care and any safeguarding matters. These help us to plan our inspection. Before the inspection, we asked the provider to complete 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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

As part of our inspection, we spoke with and gathered feedback from fifteen people using the service and one relative. We spoke with the registered manager, eight care staff members, two home care organisers and two healthcare professionals who had experience of working at the service. Home care organisers at the service were responsible for supporting staff and managing aspects of the service within set local areas. We sampled paper records relating to three people's care and support and we also sampled electronic records relating to the support people received from the service to help inform our judgements, in addition to records maintained by the service about training and quality assurance. Following our inspection visit, the registered manager provided us with eleven further examples of people's electronic records to reflect

aspects of support people had received from the service.

Is the service safe?

Our findings

We looked at systems in place to help people manage their medicines during their time using the service. Although the majority of people we spoke with managed their own medicines independently or with the support of family members, the registered manager confirmed that staff provided support with medication to many people using the service. Staff we spoke with told us that they felt confident following the service's medicines management processes when supporting people, although refresher training in this area had been delayed. The registered manager told us that people were supported to take their medicines using monitored dosage systems. This helped to clarify what medicines people required and when.

We found however that processes in place to reflect the support people received with medicines were not followed correctly and that they were not in line with good practice guidelines. We sampled three people's care records relating to the medicines support they needed. Although each person needed staff to monitor that they took their medicines, there was not always guidance in place to help staff to do so. People's care records did not contain the required detail about the medicines they were prescribed and staff had failed to correctly record the support they had given in this area. We found that audits had not identified these issues and the registered manager confirmed that formal, routine audits of medicines records were not in place to monitor and improve practice.

A number of days prior to our inspection, the registered manager received a complaint which indicated that the registered provider's medicines management processes had been unclear in respect of one person's support needs. The registered manager told us that this was being investigated. From our sample of records, we saw that there had been another complaint made previously about staff failing to support another person with their medicines on two occasions. The registered manager told us that the registered provider's medicines policy was under review.

Most staff we spoke with told us that people's care plans contained sufficient guidance to assist them with understanding how people wished to be supported. Staff we spoke with described how they relied upon people's care plans and followed these when providing people with support. We could not be confident however that these records consistently reflected people's needs to ensure were informed of people's support needs. One staff member we spoke with commented that the information provided was limited and not always up-to-date. We found that some people's records were not completed with accuracy in respect of people's conditions and associated risks. For example, two people's care records we sampled informed staff that these people were in no pain. Our further scrutiny of other areas of their care records, which were accessed less routinely by staff, found that these people did experience pain as a result of their conditions. The registered manager agreed with our concern that this presented a risk of staff referring to incorrect information which did not inform them of the specific support that people required.

Our sample of records also found that staff did not always complete records correctly to reflect the support they had provided during calls to help people manage their specific risks. One staff member we spoke with told us that it was important to complete these records correctly in order to alert other staff of people's needs. People's support and risks were not effectively monitored over time as planned. This had not been identified or addressed through audits. We found that the lack of accuracy of some people's care records

posed a risk to the quality and safety of the service, because people were often supported by different staff members who relied predominantly on this information to understand their needs. After our inspection, the registered manager told us that a robust system had been put into place to address this.

People spoke positively about the support they received and all the people we spoke with confirmed that they felt safe using the service. One person commented, "[Staff] say things like: 'If I were you, I wouldn't stand up without the frame yet.' They help if you they think you need help getting from the living room to the kitchen; they're behind you so it's reassuring." People we spoke with were satisfied with the support they received. During our discussions with people using the service, we were informed of how staff had fulfilled a key purpose of the service in safely promoting people's independence and recovery at a suitable pace. One person told us, "I have to take some risks because I've got to [recover], we take one step at a time." A relative we spoke with described how staff encouraged their relative to walk downstairs safely. The relative commented, "[My relative] wants to be able to do it. They tell [my relative] to keep their balance safely, and they put the walking frame at the bottom of the stairs. I heard them directing [my relative] properly; they were showing them how to do it safely."

Staff we spoke with demonstrated a general understanding of the risks and needs associated with aspects of people's care and health conditions. For example, our discussions with staff indicated that they were aware of their responsibilities and understood processes in respect of monitoring people's risks of developing sore skin. One person who was at risk of developing sore skin told us that staff regularly asked them about this to ensure that they were not experiencing discomfort. The person commented, "They check them for me, we discuss it and [the carer] will mark it down [if there are any concerns]." Another person told us about their specific symptoms and commented, "One carer was concerned...and sent for the district nurse. I've never had this input before, I'm grateful." Staff commented that they could contact the office if they had any queries and confirmed that they sometimes received safety updates where relevant through their work mobile phones, for example, in relation to any environmental risks in people's homes.

Staff we spoke with were able to describe some types of abuse that people were at risk of and understood their responsibility to promptly report any such concerns within the service to help protect people. The registered manager told us that staff had received safeguarding training although not all of this was up-to-date. Records we sampled showed that there were some occasions where the registered manager had made staffing adjustments or taken other suitable action in response to some specific incidents, to ensure that staff felt supported to safely meet people's needs.

People we spoke with told us that they were satisfied that staff attended their calls on time and stayed for the correct length of time, although we received mixed comments about this. Some comments included; "They've never ever been late;" "I could set the clock by them... they're never late." Some people we spoke with told us that staff were sometimes ten to fifteen minutes late and they were aware that the office would contact them if their calls would be any later. This helped to reduce the risk of missed calls, which were investigated by the registered manager and registered provider to prevent their reoccurrence. One person commented, "Staff are more or less on time... within their ten to fifteen minute time slot [to arrive]." Staff confirmed that they were able to inform the office on the occasions where they needed more time to support some people or if they were unlikely to arrive to their calls on time.

The registered manager confirmed that no new staff had been recruited since our last inspection visit. We identified that the registered provider continued to undertake routine checks to ensure that people were supported by staff who were still suitable.

Is the service effective?

Our findings

People we spoke with commented that staff knew how to support them and that staff did so effectively. Comments we received from people using the service included: "They have to be trained to do what they're doing... they have so many things to remember but they do remember." "They're been trained very well... they're always looking carefully, assessing;" and "They're brilliant at their jobs, they must be trained very well."

People we spoke with described the positive outcomes they had experienced from their use of the service over time. One person told us that they had achieved a healthier weight during the time they had been using the service and commented, "My doctor will be very pleased." Another person commented, "It helps build your confidence... They're very helpful and do everything they're meant to." A relative told us, "They're very well trained. What they've done up to now, they must be. [Staff] know what they're doing all the time, they'll say, 'Have you put your hearing aid in, where are your glasses,' they know what [my relative] needs."

All staff we spoke with had worked at the service for several years. This helped staff to feel familiar with their role in supporting people and promoting their independence wherever possible. We saw that staff within different teams had received varying training opportunities and some aspects of staff training had been put on hold by the registered provider. Staff had not always received refresher core training for their roles in a timely way. The registered manager showed us that training was being monitored and planned so that identified training needs would be met and staff would be updated on current good practice guidelines.

Staff we spoke with told us that they had received enough training for their roles and considered that the service provided a good quality of care. Staff received occasional spot checks which assessed aspects of their performance, including how they promoted people's independence, individuality and dignity. Comments from staff members included, "All the carers are really good;"; "We're very well trained, the training is really good." Staff confirmed that they felt supported in their roles and that they attended regular supervision and team meetings. Some staff we spoke with told us that they particularly valued the opportunity to share and receive updates in respect of the support needs of people using the service, however staff advised that such opportunities had reduced over recent months. The registered manager advised us that such discussions would be resumed to ensure staff were aware of any changing needs and updates, in addition to key service updates and developments.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

People we spoke with confirmed that staff sought their consent and respected their decisions as to how they

wanted to be supported. One person told us, "They wouldn't do anything without asking me first. I do as much as I can for myself... they encourage me to do that." Another person commented, "They'll find out if there is anything I need to know ... they never do anything without my permission." Staff we spoke with described how they respected and acted upon people's choices and wishes. The registered manager and staff we spoke with however were not able to demonstrate an understanding of their responsibilities in respect of the MCA and ensuring that people were supported in line with these principles. The registered manager told us that they had previously received training in this area and assured us that they would provide MCA guidance and informal training to staff to address possible shortfalls in staff understanding of this area.

People who needed support confirmed that staff supported them to have drinks and prepare meals. Feedback from people showed that they were happy with this support and confirmed that they were encouraged to remain hydrated and make their own choices about their meals. One person told us, "I select what I'm having and they put it out... They check I'm drinking enough." Another person commented, "They help me to prepare breakfast, I always choose what to have... Sometimes it's just quick - cereal, toast and marmalade. Occasionally I choose a fry up, they're very obliging and do it for me." People were supported to eat and drink as needed. Records we sampled did not support the positive experience that people and staff described and failed to consistently reflect the support that had been provided in this area.

We found that people were supported with their healthcare needs if needed. Some people we spoke with told us that they accessed their additional healthcare support independently or with the support of family members. Staff and the registered manager told us that they provided support with this as necessary to promote people's health. One person told us, "They called the doctor for me," when they were unwell. Another person told us, "They've been very good, they sent for an ambulance [and] they stayed with me until it came."

Is the service caring?

Our findings

People spoke positively about the support they received and described how staff had supported them to feel comfortable in their care. One person commented that they felt, "Relieved, very happy." Another person told us, "Very quickly I was reassured [when feeling nervous], they're very professional, they've got lovely personalities."

People we spoke with told us that staff were caring and referred to the kind approach of staff that they had experienced. One person commented, "It's just the way they talk to you ... we have a bit of a laugh at times ... build up a good rapport, like friends." Some people showed that they valued the positive rapport they had been able to develop with staff. One person told us, "They're easy to talk to ... we have a good laugh." Another person commented, "They've got a nice way with them... they even remember me from my first time using the service."

During our discussions with people using the service, we were informed of occasions where staff had shown their care and concern for them. One person told us, "They don't rush me at all ... they say 'take your time', I can't fault them." Another person described how staff had regularly checked how they were feeling, after they had been unwell. The person commented that their most regular carer told them, 'You've been a bit bad for a while, it's good to see you picking up again.' The person commented, "They notice, and that is very caring."

People we spoke with told us that staff promoted their independence. One person told us, "I think [the support] encourages you to carry on with life... encourages you to get better quicker." Another person told us, "They encourage me to do a lot myself." A relative told us, "When they see what [my relative] has done, they say, 'Well done, keep it up', things like that.' They do encourage her all the time ... they seem to be genuinely pleased when she has been independent."

People were supported to make decisions about their care and support. One person told us, "We spend time talking about it all, they ask if things have change, I tell them what is what." Another person commented, "I think we work together to get me moving again."

People using the service did not always receive support from consistent staff where possible. People gave us mixed responses about how they felt about this. For example, one person commented, "I don't like not having regular staff, I'd feel more comfortable having the same ones each time." Other people we spoke with said that they had no concerns about inconsistent carers. One person told us, "I can't think of anything because they're doing everything for my needs. Sometimes I've only seen a carer once, yet it's still the same type [and] quality of care." A relative told us, "We have different [carers]... there are some we've got to know, it doesn't make a difference through, they're all good." Staff we spoke described recent improvements in respect of consistent carers.

Is the service responsive?

Our findings

People we spoke with described the positive impact of the support they received through the service. Comments included: "The sense of security they bring is very good, it's a relief knowing they're there;" and, "It's good, it gets you going, gets you back to normal." The service had received compliments about the positive approach and impact of care staff. Two people had provided compliments that referred to 'Excellent' care and another person had described their improved independence and self-esteem following the support of the service. A healthcare professional who worked in another part of the service under the registered provider told us, "People do feel empowered and supported."

People we spoke with confirmed that they had access to and involvement in developing their care plans. One person commented, "I was very involved [in care planning] ... they asked lots of questions and took all that on board." Another person told us, "They sit down with me and we talk what I want... They read through all the notes, it's very helpful." Staff described how they referred to people's care plans and followed guidance in respect of meeting people's expressed preferences in relation to their meals, routines and cultural needs.

A healthcare professional who had previously worked with the service told us and continued to do so in a different role told us, "Carers encourage people's independence and they don't do anything people can do, a lot of people found that empowering." People's changing support needs were reviewed during regular multidisciplinary meetings which were attended by a representative of the service. Feedback from care staff was used to assist the registered provider and service to help monitor people's progress over time to ensure that the enablement service remained effective based on people's needs and that their call durations were suitable. Records we sampled showed that some people had been asked for their feedback about the levels of support they received and call times had been decreased with their agreement. We also found examples of where homecare organisers had recognised further means to help enable people. People had been supported to become more independent and safe within their own homes, for example by the service having increased call durations and made referrals to occupational therapy and community support on their behalf.

People we spoke with told us that they had not made any complaints about the service, although they would feel comfortable doing so if necessary. A relative we spoke with told us, "I'm very pleased with them, I'd happily talk to them if I had any concerns." The registered manager told us that complaints were dealt with in line with the registered provider's processes. The registered manager provided us with an example of a complaint they had received for which they had responded to the complainant and issued them with apologies where the service had not met a person's needs.

Is the service well-led?

Our findings

Systems in place to monitor and continue to improve the quality and safety of the service were not always robust. Action had not always been proactively taken in response to information available within the service to help drive improvements to the quality and safety of the service. Our discussions with the registered manager found that they had not used previous safeguarding information to prevent the reoccurrence of an incident when supporting one person. The registered manager confirmed that there was no formal oversight or analysis to identify the themes of incidents that had occurred. It is possible that further opportunities were therefore missed to identify and minimise similar incidents in future and to share key learning and guidance across the service. We also found that the registered manager had not always notified CQC of specific incidents and events as required by law.

Systems in place had failed to identify and address that people's care plans and associated records did not ensure that safe practice in line with their needs. Care records we sampled contained inconsistencies and inaccuracies in areas relating to the support that people needed and received from staff.

People could not be confident that they would receive safe, consistent support with their medicines that was in line with current best practice. This concern had not been identified through checks of people's records and medicines audits were not conducted to monitor staff practice in this area to promote safety and improvement. Our discussions with the registered manager confirmed that medicines management at the service was not in line with current best practice. Medicines training for staff had been delayed. We found that staff had also not received guidance in respect of the MCA and steps were being taken to address delays to staff training in other areas. These matters had been brought to the attention of the registered provider through recent inspections of their other services and we were told that this would be addressed.

Many people we spoke with described the service positively and could not identify how the service could be improved. People were asked to complete a satisfaction survey at the end of their time using the service. Our sample of these surveys showed that the service had received positive feedback from most respondents. Comments included: 'What a wonderful team I met, all caring and happy people doing a great job for everyone;' and 'With no exception all carers visiting were absolutely brilliant.' Staff we spoke with confirmed that they were informed of compliments and praise that they had received from people using the service. One staff member commented, 'It's really nice to get feedback. Another staff member told us, "We have a good reputation."

Staff we spoke with told us that they would recommend the service to their relatives and demonstrated that they were engaged and enthusiastic about their roles. One staff member told us, 'It's a rewarding job, it feels worthwhile.' Another staff member told us, 'The best thing is enabling people... We're proud to enable them and their confidence increases too.' A home care organiser described an open, learning environment at the office and commented, 'We're one team, always helping each other and wanting to get it right.'

The registered manager told us that management meetings were held with other home care services under the registered provider which enabled the opportunity for reflective learning and information sharing. The registered manager was aware that recent inspections of these other services had taken place and told us

that they intended to apply learning from those inspections and improve their own service practices from this.