

Trident Reach The People Charity Birmingham & Solihull Domiciliary Care

Inspection report

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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

This inspection took place on 30 November 2016 and was announced. This was the first time the service was inspected at this location since it was registered in December 2015. The registered provider had previously supported some people who used the service from another location called Southside Business Centre. At its last inspection in August 2014 this service was compliant with all the regulations we looked at.

Birmingham and Solihull Domiciliary Care provides personal care to people in their own homes. At the time of our inspection the service was supporting 34 people. Many of the people who used the service had learning disabilities and a significant number were older people from the local Chinese community.

There was a registered manager in place who was present during 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe. Staff would make additional calls or stay longer with people if they required additional support. Staff knew how to report allegations or suspicions of poor practice.

People who needed prompting with their medicines were supported appropriately. Staff knew how to dispense medicines safely and there was regular training to make sure this was done properly.

People were supported by staff who had the appropriate skills and knowledge they needed to meet their care needs. Staff knew and respected people's cultural needs and heritage.

People received care in line with their care plans. People were supported to eat and drink enough to stay well and staff assisted people to eat foods they enjoyed. The registered manager sought and took advice from relevant health professionals when necessary.

People were supported by regular staff with whom they had developed meaningful relationships. People said staff treated them with dignity and respect and promoted their independence.

Staff were knowledgeable about people's preferences and provided care in line with their wishes. People were involved in deciding how they wanted their care to be delivered in line with the Mental Capacity Act 2005.

The registered manager took effective action when people's conditions changed to ensure they continued to receive the appropriate support. People had access to a complaints system and the registered manager responded appropriately to concerns.

People who used the service and staff expressed confidence in the leadership of the senior team. The registered manager had a clear vision of the service which they shared with staff and they understood their responsibilities to the Commission.

The registered manager assessed and monitored the quality of care and operated a robust system to ensure people received their calls on time.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were confident to approach staff if they had any concerns about their safety.

People were protected from any risks associated with their specific conditions. The registered manager took action to minimise the risks to people when their conditions changed.

People were supported to take their medication safely.

Is the service effective?

Good ●

The service was effective.

Staff had regular training to develop the skills and knowledge they needed to meet people's care needs.

Staff offered people choices and respected their decisions.
People were supported in line with the Mental Capacity Act 2005.

The registered manager had supported people to access other health providers and local agencies to improve their health and wellbeing when necessary.

Is the service caring?

Good ●

The service was caring.

We saw that staff were kind to people and promoted their independence and sense of self-worth.

People were consistently supported by staff they said they liked and whose company they enjoyed.

Is the service responsive?

Good ●

The service was responsive.

The registered manager took prompt action to ensure people were supported appropriately when their conditions changed.

People could access the provider's complaints procedure and the registered manager responded to concerns raised.

Is the service well-led?

Good ●

The service was well-led.

People were happy to be supported by the service and felt it was well-led.

Staff spoke confidently about the management and leadership they received.

There were regular checks conducted to evaluate and improve the quality of service people received.

Birmingham & Solihull Domiciliary 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 was planned to check 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.

We conducted a comprehensive announced inspection of this service on 30 November 2016. The registered provider was given 48 hours' notice because the location provides personal care to people in their own homes and we needed to ensure care records were available for review had we required them. The inspection team consisted of one inspector. We were also supported by an expert by experience who spoke on the telephone to some people who used the service and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

As part of planning 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 and we took this into account when we made the judgements in this report. We also sent questionnaire to people who used the service and staff to obtain their views. We received eight and three responses respectively.

We reviewed the information we held about the service, including the notifications we received from the provider. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We also asked a local authority who commissions packages of care from the service for their views. We used this information to plan areas to focus on during our inspection visit.

We visited the registered provider's office and spoke with the operations manager, registered manager, three team leaders, five care support workers and four people who used the service. We observed

interactions between staff and the people they supported. We sampled the records, including five people's care plans, two staffing records, medication, training, complaints and quality monitoring. We reviewed the registered provider's system for monitoring that calls times were in line with people's care needs and wishes.

After our visit we spoke with six people who use the service and the relative of one other person using the service to obtain their views of the quality of support people received. We also reviewed additional information the registered manager sent us to demonstrate their compliance with the regulations.

Is the service safe?

Our findings

All of the people we spoke with told us that they felt safe using the service. One person who used the service told us, "I need to feel safe with my carers especially while we are out. And I do." Another person said staff would sometimes stay longer than planned if needed. They told us, "I am never rushed; the carers leave when they leave."

Staff we spoke with could demonstrate that they were aware of the types of abuse that people could experience and the actions to take should they suspect that someone was being abused. One member of staff said, "We often get safeguarding training. I would let my manager know and we have a whistle blowing policy." The registered manager told us and staff confirmed that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions.

The registered manager and staff confirmed that there were always senior staff available for advice. This included senior staff who could communicate with staff who did not speak English as a first language. Staff members could promptly report and discuss any safeguarding concerns they may have. Staff took the appropriate action if they felt people were experiencing or at risk of abuse.

People were supported by staff who knew how to minimise the risks presented by their specific conditions. A person who used the service told us, "They did a risk assessment and care plan when I first met them and within three days it was in place." People's care records contained detailed information for staff about reducing the risks presented by people's specific conditions. We saw that the registered manager had assessed and recorded the risks associated with people's medical conditions as well as those relating to the environment which may have posed a risk to staff or people using the service. One person told us, "They all know about my allergy. They make sure they don't bring [specific] products into my house. They wash their hands and wear gloves."

The records which we sampled contained clear details of the nature of the risk and any measures which may have been needed in order to minimise the danger to people. These risks had been regularly reviewed and records of staff meetings and supervisions showed that when people's conditions changed, new guidance and instructions about how people were to be kept safe were shared with the staff who supported them. A member of staff told us, "I would only leave a client when I think it's safe to do so."

The registered manager confirmed that the registered provider's human resources department carried out checks through the Disclosure and Barring Service (DBS) prior to staff starting work. This would identify if staff had any criminal convictions and allow the registered provider to assess any potential risks. Staff told us that the registered manager had taken up references on them and they had been interviewed as part of the recruitment and selection process. Our review of two staff recruitment records confirmed this and we noted that when necessary staff were approached to provide additional information to demonstrate they were suitable to work with people who used the service. When possible, people who used the service were involved in interviewing new staff. This gave them the opportunity to say if they would feel safe being supported by the applicant.

People who used the service told us that there were enough staff to meet their needs. People told us they were usually supported by the same care staff. One person told us, "I know all the staff." Records confirmed that there were enough staff to support people at their chosen times and people told us that staff were not under pressure to leave for their next call. One person told us, "Staff don't rush. [Staff name] says to me, 'Don't rush' so I can then relax in the bath."

The registered manager had taken effective action to reduce staff vacancies at the service and the likelihood of people experiencing late calls. There was a team of casual staff who could be employed as necessary and one person told us that senior staff would support them when there was a risk that staff would arrive late to people's calls. The registered manager and team leaders monitored an electronic system to identify any shortfall in staffing levels or if there was a risk that calls may not be on time. People were supported by the required number of staff to keep them safe.

Not all the people who used the service required support with their medicines. Those who did so said they were happy with how they were supported. One person told us, "They prompt me to take my meds. They say, 'Have you taken this, have you taken that?'" We saw that records contained details of people's medication so that staff were aware of the medication people were prescribed. We saw that people's medication needs were reviewed with other health professionals when people's conditions changed.

When people required support to take their medication, they were administered and prompted by staff who were trained and assessed as competent to do so. One member of staff who helped a person to take their medication told us, "We get medication training. I feel confident to help people." Where medicines were prescribed 'as required', there were instructions and information for staff about the person's symptoms and conditions to identify when they should be administered. The registered manager completed regular medication audits to ensure people had received their medication as prescribed. The registered manager had taken effective action, for example to arrange additional training and seek clinical advice when necessary to correct any errors and prevent them from happening again. People received their medicines safely and when they needed them.

Is the service effective?

Our findings

All the people we spoke with said the service and staff were good at meeting their needs. One person told us, "I can't praise them enough." Another person told us how staff had provided encouragement and had helped develop their confidence. They told us, "They make something impossible; possible. I now go to the gym regularly. I wouldn't have done that twelve months ago."

Staff we spoke with gave us several examples of how people's conditions had improved since they had started using the service. One member of staff told us how they had supported a person to become more aware about managing a particular aspect of their life so they were less reliant on other people. Members of staff had regularly been nominated for and some had achieved success at local and national care awards for demonstrating effective knowledge and practice.

Staff told us, and records confirmed that all staff had received induction training when they first started to work at the service. This was based on a nationally recognised training programme and covered the necessary areas of basic skills and good practice.

Staff told us they received regular training and updates to maintain core skills. Most staff were working towards achieving a nationally recognised qualification in social care. One member of staff told us, "I am back at the office next week for manual handling training." Another member of staff told us, "Training sessions are added to my rota so I don't forget." We noted that in one instance the registered manager had arranged for staff to receive additional training when a person's condition changed so they remained as mobile as possible. This ensured staff who supported the person continued to have the skills and knowledge they required.

Staff confirmed that they received informal and formal supervision from the registered manager on a regular basis. There were staff meetings and individual supervisions to provide staff with opportunities to reflect on their practice and agree on plans and activities. The registered manager and team leaders conducted observational audits so they could identify when staff were not demonstrating they had the knowledge to support people in line with their care plans.

People were supported by staff who had the skills and knowledge to meet their individual care needs.

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that people were regularly involved in commenting on how their care was to be delivered and choosing what they wanted to do. One person told us, "They always ask me before doing things for me." The registered manager told us they had

assessed people's mental capacity when they joined the service however we found that these assessments had not always been fully completed. The registered manager recognised this and said they would be promptly reviewed. When necessary the registered manager had arranged for people to be supported by their relatives and people close to them, in order to express their views and ensure they were receiving care in line with their preferences. We noted that the decisions of these meetings were not always clearly recorded to demonstrate they were made in people's best interests.

Staff were aware of how to support people in line with the MCA. Staff we spoke with explained how they supported people to exercise their right to choose how they wanted to be supported. One member of staff told us how they would assist a person to choose a perfume they liked and we observed staff discuss with two people who used the service where they would like to go for lunch and what they would like to eat and drink. Staff we spoke with were aware when a person had an advocate appointed to make decisions on their behalf. This meant that decisions about how the person's care was delivered were made by people who had the legal right to do so.

Some of the people who used the service were supported to eat and drink by their families. However those people who required support said they were happy with the assistance they received from staff. One person told us, "We choose together what I am going to have to eat." Another person said, "I can get a drink but my carer always leaves one for me before she leaves." A member of staff told us what the people they supported liked to eat and drink when they went out for lunch. Another member of staff told us how they supported people to enjoy meals which reflected their cultural heritage. They told us, "They are not used to eating convenience food, everything needs to be fresh. I can go in early to start making a soup which takes a long time to prepare." Care records contained guidance for staff about people's preference and any risks associated with their diet. One person told us that staff were aware of foods which could harm them and the action they took to protect the person from suffering an allergic reaction. There were processes in place to monitor people's weight when they were assessed as at risk of malnutrition. People were supported to eat and drink sufficient amounts to maintain their health.

People were supported to make use of the services of a variety of mental and physical health professionals. The registered manager told us they supported people to attend clinical appointments when requested. We saw that the registered manager had involved speech and language therapists and nutritionists when people required support to express themselves and assistance with eating. The care records of one person showed that the registered manager had involved a health professional when they were concerned with a person's condition suddenly changing. This had enabled the person to retain their mobility and provided reassurance to their partner who also used the service.

When people who used the service lived in one of the provider's housing schemes the registered manager liaised with their colleagues at the scheme to coordinate the provision of care between the two services and ensure it met people's current needs and wishes.

Is the service caring?

Our findings

People who used the service told us that the registered manager and staff were caring. One person told us, "My carers are polite, helpful and they make me laugh." Another person told us, "I am really happy. They cheer me up, make me laugh and look after me too."

We observed how people were supported when they visited the office. We saw that people were relaxed with staff and that they enjoyed one another's company. People spoke confidently with staff about shared interests and their plans for organising a Christmas party. During our visit two people visited the office who were being supported by staff to go for lunch. They were excited and the staff members were also looking forward to enjoying a meal with them.

People who used the service and their relatives told us they were generally supported by the same staff who they liked and this had enabled them to build up positive relationships. Records showed that a member of staff who had recently left the service had said, "I am going to miss our wonderful clients, especially [person's name] whom I've built a good bond with." Staff understood people's specific interests and needs and took enjoyment from supporting people to do things they liked. A person who used the service and a member of staff told us how they enjoyed engaging in specific activities and another member of staff said they were proud to help older people in their community. The staff member told us, "I just want to give something back."

There were systems which enabled people to comment on how their care was provided and we found that the registered manager respected and acted on people's views. This had resulted in people enjoying foods they requested and being supported by staff they liked. People who used the service were involved in the recruitment process for new staff and a recent note in one person's care records stated, "I really like taking part in the recruitment of staff as it allows me the chance to contribute to the organisation." This helped people to be involved in how the service was provided.

People were supported to be as independent as possible. One person told us how they had achieved tasks they never thought themselves capable of. Several people also told us that staff would initially prompt people to meet their own care needs and intervene only when necessary. People were encouraged to assist with tasks within the provider's organisation if they wanted such taking part in staff recruitment, designing posters and helping to organise social events. People told us that this helped to promote their own sense of well-being and personal achievement.

Is the service responsive?

Our findings

People who used the service said the service was responsive to their needs. One person said, "We have changed what was planned for next week so I can go shopping." Other people told us, "I asked for one member of staff not to come again. They haven't been back," and, "They know exactly what I need and how to give it without smothering me." A person's relative told us, "I have never complained as I have never needed to."

People were supported to engage in activities staff knew they enjoyed. People we spoke with said they were regularly approached for their views on how they wanted to be supported. People told us they had regular contact with the registered manager and team leaders and we observed that people were comfortable to express their preferences to staff. We observed that staff frequently asked people what they wanted to do and how they could assist people to pursue their choices. Staff used additional aids when necessary to enable people who did not communicate verbally to express their preferences. This had enabled people to express what they wanted to wear, to attend their preferred eateries and engage in the social activities they enjoyed. People's preferences were reflected in their care records. This enabled staff to support people in line with their wishes.

Staff knew what support people needed to stay well and would respond promptly when people's needs changed. People told us that their call times had been adjusted when they needed additional support or wanted to change their planned care regimes. The registered manager had promptly arranged for additional staff to support a person when their condition changed. This ensured the person continued to be supported safely and reduced the risk of them falling. On another occasion we saw that staff had made additional calls to a person which prevented them from running out of toiletries.

People's care and support was planned in partnership with them. We saw that people had regular reviews of their care and records were regularly updated with information for staff about people's latest needs and wishes. One person told us they enjoyed this involvement because it gave them the opportunity to raise and address issues with the registered manager before they became a concern. They told us the office staff were easy to contact and always resolved any problems as soon as they could. The registered manager and team leaders conducted visits to people's homes and team leaders told us they made regular telephone calls to people to seek their views of the service although these were not always recorded. The registered manager and team leader regularly assessed if people were being supported in line with their wishes and care needs.

The registered manager had taken action to ensure people were supported in line with their cultural heritage and values. Several people who used the service were of Chinese origin who spoke or read little English. The registered manager had ensured they were supported by staff who spoke their chosen language and care records were written in a language the people understood. A member of staff who supported some of these people told us how they prepared traditional meals and supported people in line with their customary expectations and values.

People told us they felt comfortable to complain if they felt that something was not right. One person said,

"When I wasn't happy I wrote it in the daily log and told the team leader. I can discuss anything with them." The person told us this issue had been resolved to their satisfaction. Another person told us, "When the manager comes we talk and if I have anything to say, I tell them and it gets sorted." The registered provider had clear policies and procedures for dealing with complaints which the registered manager had followed. We saw that one formal complaint had been made and investigated in line with the registered provider's policy and partially upheld. The complainant had received a full response with details of actions that would be taken to address their concerns. The registered manager maintained a log of complaints which enabled them to identify any trends and establish ways to continue to improve the service. This helped to prevent other people experiencing similar concerns.

Is the service well-led?

Our findings

All the people who used the service told us they were pleased with the support they received. Comments included; "I think staff must like working for the company because they don't change much;" "I get the best care," and "I am very happy with all the care I receive." Staff we spoke with described a positive and supportive leadership. One member of staff said, "The registered manager has always been key in my development over the years." We observed positive interactions between staff and the senior staff team in the office and found that staff were confident to discuss the service and people's care needs.

Staff told us that the registered manager was supportive and led the staff team well. They told us they felt valued and listened to. One person told us that senior staff led by example. They told us, "The managers would get involved if that's what it takes. They have come and showered me when staff were running late." Staff were encouraged to voice their views at regular staff meetings and supervisions and one member of staff told us, "Staff are not scared to say something because they know it will get sorted." The registered manager had nominated staff members for local and national awards in recognition of their efforts and enthusiasm. There were several on call systems available to staff so they could seek support and guidance when necessary in their chosen language. The service shared premises with senior members of the registered provider's management team which gave the registered manager easy access to expert advice and guidance when necessary.

The registered manager and operations manager described to us their vision to continually improve the service that people received and to promote people's independent living. They told us, "Our goal is for people to no longer need us." We saw this reflected in the actions staff took to help people to become more self-reliant by taking control over, and responsibility for their daily living and personal care. The registered manager told us they wanted to continually improve their own knowledge and often worked with a local authority led think-tank to identify how the provision of social care could be improved in the region. This enabled them to identify and promote good practice within the service and wider community.

The registered manager had systems for monitoring the quality of the service and ensuring that call times were in line with people's wishes. This enabled the registered manager to monitor that standards of care were being maintained. They were developing a log to review complaints, incidences and feedback in order to identify how the service could be improved and reduce the occurrence of adverse events.

People were encouraged to take part in several aspects of the service such as recruitment, social events and media promotions. This gave people an opportunity to influence and develop the service. There were systems in place to ensure people were involved in commenting on their care plans. These included an annual survey and home visits to obtain people's views about the quality of the service they received. Information was shared with people in their preferred communication styles which enabled them to voice their views.

The registered manager was aware of their responsibilities to the commission. A review of records showed that they had notified the commission of incidents and events where they were required to do so. They

demonstrated their duty of candour by providing open and honest responses to complainants and knew the latest regulations in relation to displaying their latest inspection ratings on their website and in their office.