

Birmingham City Council

South Birmingham Home Care

Inspection report

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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

What life is like for people using this service:

People told us that they felt safe using the service and staff were confident that any concerns would be dealt with appropriately. The provider had an electronic call monitoring system where staff logged in and out of their calls, which enabled care staff visits and punctuality to be monitored. Staff followed infection control guidance and had access to personal protective equipment. Improvements were needed in how the provider assessed risks to people as there were inconsistencies across the records we reviewed.

People who used the service told us that staff were kind and caring and treated them with dignity and respect. People had regular care staff who knew how they liked to be supported. We saw the provider had contacted the necessary health and social care professionals when people's health deteriorated.

The provider had a system in place for responding to complaints. People knew who to contact if they had any concerns.

The provider continued to promote an open and honest culture and people told us they were happy with the management of the service. Staff spoke positively about the support they received.

Although people told us that they did not have any concerns with how they were supported with their medicines, we continued to see that improvement was needed to ensure practice was in line with the National Institute for Health and Care Excellence guidance.

The governance systems in place to monitor the quality and safety of care provided had not been effective leaving people at risk of receiving unsafe care. Some improvements were needed around the auditing and reviewing of people's care documents as issues that we found had not always been picked up.

We found a breach of regulation in relation to the systems in place to monitor and improve the quality of the service. You can see what action we told the provider to take at the end of the full version of this report.

More information is in Detailed Findings below.

Rating at last inspection: Requires Improvement (report published 9 August 2017).

About the service: South Birmingham Home Care is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults and younger adults. Some people receive an 'enablement' package of up to six weeks. At the time of the inspection they were supporting 84 people.

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

Follow up: We will ask the provider following this report being published to tell us how they will make changes to ensure they improve the rating of the service to at least Good. We will revisit the service in the future to check if improvements have been made.

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

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 not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

South Birmingham Home Care

Detailed findings

Background to this inspection

The 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.

Inspection team: This consisted of one inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. They contacted people during the inspection to find out about their experiences of using the service.

Service and service type: South Birmingham Home Care is a domiciliary care agency. It provides personal care to people living in their own homes in the community.

The service had a manager registered with the Care Quality Commission. 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 provider 48 hours' notice because we needed to ensure somebody would be available to assist us with the inspection. We visited the office location on 22 and 25 January 2019 to see the registered manager, staff and to review care records and policies and procedures.

What we did: Before our inspection visit, the provider completed a Provider Information Return (PIR) 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. We also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law. We used all this information to plan our inspection.

During the inspection, we tried to contact 18 people using the service and 11 people responded and gave their feedback. We also spoke with 11 staff members. This included the registered manager, a team manager, one team leader and eight care workers. We reviewed a range of records. This included eight people's care records, staff records, audits and records related to the management of the service.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety.

At our last inspection in August 2017 we rated the registered provider as 'Requires improvement' in this key question.

Supporting people to stay safe from harm and abuse, systems and processes:

- Risks relating to one person's care and support had not always been correctly identified. For one person staff practice and the care plan were inconsistent with each other regarding the risk of choking. This meant staff did not have the guidance they needed. This was clarified by the registered manager after the inspection. The provider's systems did not identify this.
- Internal and external environmental risk assessments had been completed and covered areas including lighting, gaining access and gas and electrical appliances. Fire safety assessments were also in place to check if there were fire alarms or if people smoked.

Using medicines safely

- At our last inspection in 2017 we found improvement was needed to medicine procedures to ensure they met good practice guidelines. Improvement in this area was still required.
- We saw that where staff prompted people to take their medicine the records of this were not in line with The National Institute for Health and Care Excellence guidance (NICE).
- Care staff told us they had received training in medicines administration and spot checks on care staff included checking medicine records. NICE recommends that annual staff competency assessment in medicine administration should be carried out. Competency checks had been completed but these were not refreshed annually.
- Most people did not receive support from staff with their medicine. Most people's families supported them with more comprehensive medication requirements or they were self-managed by the person using the service. People who recalled medication being provided said that this was done on time and without mistakes.

Staffing levels

- All the staff we spoke with told us they had enough time to spend with people to ensure they were safe and got the care they required.
- The provider had an electronic call monitoring system where staff logged in and out of their calls, which enabled care workers visits and punctuality to be monitored.
- People told us that their care staff always turned up for their visits. One person told us, "The timekeeping is good."
- Some staff were participating in on-going industrial action. This meant that on some days people's care calls were covered by a different provider. Some people told us the replacements during current strike days were not as good as the regular staff. The provider had reduced the number of care packages they provided

so staffing levels remained safe.

- The provider followed safe recruitment procedures to ensure staff were suitable to work with people who used the service. We did not look at recruitment records as no new staff had been employed since our last inspection.

Safeguarding systems and processes

- The provider had robust safeguarding systems in place and all the staff we spoke with had a good understanding of their responsibilities to ensure people were protected from harm and abuse. Staff received safeguarding training.
- People told us that they felt safe using the service and when staff were in their home. Comments included, "I feel safe with the carers. I mainly have the same ones and I know them."

Preventing and controlling infection

- The provider had effective infection prevention and control systems and practices in place.
- The use of personal protective equipment was included in the spot check observations of care staff to ensure they were following good infection control processes.

Learning lessons when things go wrong

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence.

Is the service effective?

Our findings

Effective – this means 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

- People's needs were assessed before the service began to provide care and support. This included people's goals, past and present medical history and the information about their living situation and personal history. This was always undertaken with the person and their representatives, where required.
- One person, when asked about the initial assessment told us, "When [the service] started they came out... And it was all agreed with me".
- We identified some inconsistencies in the quality of information, for example in relation to people's personal history and medical history. The registered manager agreed to follow this up to ensure these were sufficiently detailed.

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 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.
- Staff told us they gained verbal consent before undertaking any support and people we spoke with confirmed this.

Staff skills, knowledge and experience

- Staff were knowledgeable about their role and told us they received sufficient training. One care staff told us, "The training is fabulous."
- There was a training matrix in place so that management were clear on who had attended training and which training was due. Appropriate training was being provided for care staff that was appropriate to their role.
- Staff received regular supervision and spoke positively about the support they received during these meetings.

Health

- Care staff were aware of what to do in emergency situations and told us if they noticed that people's health had deteriorated they should call the GP or dial 999.
- People told us staff supported them with their health care needs when required. One person told us, "They will look out for how I am and get the doctor if I need one."

Supporting people to eat and drink enough with choice in a balanced diet

- People's dietary needs and the level of support they needed was recorded in their care plans, including the support that relatives provided.
- People supported people to eat and drink enough. Staff recorded the support they provided with people's food and drinks including any concerns. For example, staff had been concerned that a person who was new to the service had not wanted to eat their meal. Arrangements were made for another member of staff to visit the person later in the day to encourage them to have something to eat.

Is the service caring?

Our findings

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

The service involved and treated people with compassion, kindness, dignity and respect.

Ensuring people are well treated and supported

- People spoke positively about the kind and caring nature of staff that supported them. Comments included, "They are always polite and will ask if there's anything else I need before they leave."
- People had regular care staff which helped to develop positive relationships.
- Care staff spoke kindly about the people they supported and told us about the importance of building a relationship and working closely with them.
- Staff were positive about the people they cared for and what the role meant to them. One care staff told us, "I love the job. It's really good to enable people. It makes me feel proud."

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

- We saw records that showed people using the service were involved in making decisions about their care and support.
- Some people accessed the service when they required temporary support to enable them to remain living independently at home. They were assessed by an occupational therapist and decisions were made with the individual as to what they needed and for how long. We saw the service communicated with people about the service provided and encouraged them to become independent as they became ready.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and dignity and encouraged them to be as independent as they could be. One person told us, "They do what I need or ask... I like to do as much as possible myself and they understand that."
- Staff we spoke with described ways how they promoted people's dignity. For example, curtains were closed and towels used to discreetly maintain people's dignity during personal care.
- People's right to confidentiality was respected and protected appropriately in accordance with General Data Protection Regulation (GDPR). During our inspection some staff were at the office receiving training in the new GDP regulations. We saw that people's confidential private information was respected and kept secure.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

People received personalised care that responded to their needs.

Personalised care

- People we spoke with told us that staff provided personalised care and support that was responsive to their individual needs.
- People confirmed they had been involved in reviews of their care.
- Staff knew people's likes, dislikes and preferences and told us how people liked to be supported.
- We saw examples of people's care being changed in response to changes to their needs. For example, one person's mobility had declined so staff support was increased to two staff.
- Staff told us they had received training around equality, diversity and human rights and it was expected that they would not discriminate against anyone. The provider listened to people's preferences with regard to how they wanted staff to support them with their individual needs. One care staff gave an example of how a person's morning call was arranged at an early time to enable the person to leave the house on time to attend their place of worship.
- We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. The provider had systems in place to ensure the standard was met. For example, information was available in alternative formats and the service had access to interpreting services if required.

Improving care quality in response to complaints or concerns

- There was an accessible complaints procedure in place and a copy was given to people when they started using the service.
- People told us they knew who to call if they had any concerns and would feel comfortable making a complaint if they had to. People told us they had never needed to make a complaint.
- The service had not received any formal complaints but had kept a log of the small number of concerns received and the actions taken in response.

End of life care and support

- Although no one was in receipt of end of life care at the time of our inspection, we found that care plans did not include information related to people who wished to continue receiving care at home towards the end of their life. No discussions had taken place between management of the service and people receiving care. The registered manager told us that this is not something they had previously considered because if end of life care was required the person would usually be referred to other care professionals to provide this. They agreed to look at the arrangements for this and to explore end of life training for care staff.

Is the service well-led?

Our findings

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

Service management and leadership did not consistently assure high quality care.

Leadership and management; Continuous learning and improving care

- At the time of our inspection there was a registered manager in post.
- The governance systems in place to monitor the quality and safety of care provided had not been effective. The provider's system for checks of people's care documents had not identified concerns which put a person at risk of receiving unsafe care and we needed to bring this to their attention.
- Audits were undertaken of the care files of people using the enablement service. However these checks were not carried out for people receiving long term care packages. This meant that there were ineffective systems to identify potential areas of risk or poor care. For example, The systems in place had not identified that staff were not following one person's care plan which may have placed the person at risk of choking.
- Issues identified at our last inspection in relation to medicine practice had not effectively been acted on.
- The provider's medicine policy was still not in line with best practice guidance. We were informed the new policy had not been finalised due to issues with on-going staff industrial action. This meant the provider did not currently have a policy that met The National Institute for Health and Care Excellence guidance on medicine administration.

There were insufficient systems in place to monitor and improve the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager was aware of their registration requirements regarding statutory notifications and we saw they had usually submitted the necessary notifications for any incidents that occurred across the service. We identified that the registered manager had not sent an update to a previous notification. This was addressed during the inspection visit.
- The provider was meeting the requirement to display their most recent CQC rating.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The majority of people using the service spoke positively about how the service was managed and the support they received. One person told us, "They've been absolutely brilliant for me." The few negative comments we received related to the on-going industrial action being undertaken by some staff.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the

care and treatment they received. The registered manager was able to tell us their understanding of this regulation.

Engaging and involving people using the service, the public and staff

- The provider sought people's and their relatives' views about the service on the level of care they received and what improvements could be made. Surveys were being sent out to people who used the service. The surveys we viewed were mostly positive in content but the provider had not analysed the results to help drive improvement.
- Conversations with people gave the impression that the service was open to comment and feedback.

Working in partnership with others

- The management team had established and maintained good links with the local community and with other healthcare professionals which people benefited from.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were insufficient systems in place to monitor and improve the quality of the service.