

## BID Services

# BID Services

### 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 the 27 and 28 October 2016 and was announced. We gave the provider more than 48 hours' notice that we would be visiting. This was because the provider offers a supported service to people living in their own homes and we wanted to make sure that people and staff would be available to speak with us.

BID Services is a community based adult social care service, working with deaf, deafened, hard of hearing and physically and sensory disabled people. They currently support ten people.

There was a registered manager in post at the time of 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 were kept safe. Relatives believed their family members were kept safe. Staff had received training and understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. Staff were provided with sufficient guidance on how to support people's medical support needs if required. People were kept safe by staff that were able to recognise the signs of abuse and raise concerns if needed.

People were supported by staff that had been safely recruited. People and relatives felt that they were being supported by staff with the appropriate skills and knowledge to provide good care and support for them. Staff were trained and supported so that they had the knowledge and skills to enable them to care for people in a way that met their individual needs and preferences.

People were supported to make choices and were involved in the care and support they received. Staff had an awareness of the Mental Capacity Act and Deprivation of Liberty Safeguarding (DoLS) and how to support people with their best interest at heart.

Staff were caring and treated people with dignity and respect. People's choices and independence was respected and promoted and staff responded to people's support needs. People and relatives felt they could speak with the provider about their worries or concerns and felt they would be listened to and have their concerns addressed.

Staff spoke positively about the provider and the supportive culture they had established. The provider had quality assurance and audit systems in place to monitor the care and support people received to ensure the service remained consistent and effective.

## 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 protected from the risk of harm and abuse because the provider had effective systems in place and staff were aware of the processes they needed to follow.

Risks to people were appropriately assessed.

People were supported by adequate numbers of staff on duty so that their needs would be met.

People were kept safe as staff knew how to support them in cases of an emergency.

### Is the service effective?

Good ●

The service was effective.

People were supported to eat healthily.

People's needs were being met because staff had effective skills and knowledge to meet those needs.

People's consent was obtained before care and support was provided by staff.

People were involved in deciding how they received care and support.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People's privacy was upheld at all times.

People's view and opinions were listened to.

People were supported to maintain their independence.

### Is the service responsive?

Good ●

The service was responsive.

People's consent was sought by staff when providing care and support.

People were supported to make decisions about their lives and discuss things that were important to them.

Staff were responsive when supporting people's changing needs.

### Is the service well-led?

Good ●

The service was well-led.

Systems were in place to assess and monitor the quality of the service.

Relatives and people knew the manager and had a positive relationship.

Staff were happy working for the provider and felt valued.

# BID Services

## 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.

This inspection took place on the 27 and 28 October 2016 and was announced. The inspection team consisted of one inspector and a British Sign Language (BSL) Interpreter.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. The provider had not completed a Provider Information Return (PIR), as it was not possible in the time period between inspection planning and visit. The PIR is a form that asks the provider to offer some key information about the service they provide to assist with the inspection. We also contacted the NHS Commissioning department and the local authority commissioning team to identify any information that might support our inspection.

During our inspection we spoke with two people who use the service, two relatives, three care staff members, the registered manager and the operations manager. Of the ten people currently using the service all had capacity to be interviewed. However, as people and most staff members were deaf, we had to conduct interviews on a 'one to one' basis with a BSL Interpreter, which influenced how many interviews could be carried out. We visited people in their own homes and conducted staff interviews at the provider's offices. We reviewed the care records of three people to see how their care was planned and delivered, as well as their medicine administration records. We looked at recruitment, training and supervision records for staff. We also looked at records which supported the provider to monitor the quality and management of the service.

# Is the service safe?

## Our findings

People we spoke with told us that they felt safe with the service provided and that staff supported them with their care needs. A person we spoke with said, "I'm not worried about anything when they're [staff] here". Another person told us, "Everybody's [staff] really nice, I like them a lot". Staff we spoke with confirmed they had received training on how to reduce the risk of people being harmed. A staff member we spoke with told us, "We've [staff] had safeguarding training and it's updated regularly". Staff were knowledgeable about recognising signs of potential abuse and how to follow the provider's safeguarding procedures. Staff we spoke with were able to explain the range of different types of abuse to look out for when supporting people. Staff knew how to escalate concerns about people's safety to the provider and other external agencies if required. A staff member we spoke with told us, "If I noticed anything was wrong, I'd let the manager know".

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. A member of staff we spoke with told us, "We [staff] check their [people using the service] risk assessment in the care plan. For example; one person I see needs support in the shower to make sure they don't fall". Another staff member told us, "I make sure the stairs are kept clear, I stay by the cooker, when it's on, to make sure they [person using the service] don't get burned". We saw that the provider carried out and reviewed risk assessments on a regular basis which involved the person, their family and staff. Any changes that were required to maintain a person's safety were discussed and recorded to ensure that potential risks were minimised.

Staff were able to explain what action they should take in the event of an emergency. A staff member we spoke with gave an example of how they would react if a person they were caring for had fallen and injured them self, they told us, "I'd raise the alarm, alert the ambulance service and manager [provider]. If I'd seen what had happened I'd explain it to them. I'd go with the person to the hospital and interpret for them". We saw the provider had an accident and incident policy in place to support staff and safeguard people in the event of an emergency. We saw that incidents and accidents were reported and used by the provider to improve practice and to reduce the risk of harm.

Everyone we spoke with felt there were sufficient numbers of staff to meet people's needs. The provider had systems in place to ensure that there were enough staff to carry out care calls, with the appropriate skills and knowledge to ensure that people were cared for safely. A person we spoke with told us that staff were very rarely late, and if they were going to be, they'd text to let them know. A staff member told us, "There's enough staff, we're busy, but it's at a nice pace". Another staff member we spoke with said, "Yes there's enough staff, it's quite chilled and we have relief staff to support".

The provider had a recruitment policy in place and staff told us that they had completed a range of checks before they started work. A staff member we spoke with told us, "The recruitment process was good, they [provider] took two references and my DBS check was done. They checked my qualifications, including my BSL Certificate and there was a 45 minute interview, plus a 15 minute interview with a deaf person to check my ability at signing". We reviewed the recruitment process that confirmed staff were suitably recruited to safely support people living within their own home.

Staff told us that they had received training on handling and administering medicines. However, all of the people supported by the provider were either responsible for their own medicines or were supported by a family member. A person we spoke with told us, "I do my own medicines, they [staff] don't need to help me with that". Another person we spoke with said, "My mum does my medicine for me".

## Is the service effective?

### Our findings

People and relatives told us that they felt confident that staff had the correct training and knowledge to meet their needs. A person we spoke with said, "They [staff] seem to be properly trained". Another person told us, "Yes, they're [staff] really good at their job". Staff told us they received induction, and on-going training to enable them to support people effectively and that the training was appropriate to meeting the needs of the people they supported. A staff member told us, "I was well supported through my induction, there was lots of training and I was well prepared for the job". Another staff member told us, "I'm happy to let them [provider] know if I want more training, and they're very responsive". We saw that new staff were trained in accordance with the Care Certificate which offers guidance on the basic skills and knowledge needed to work with people requiring health and social care support. We saw that the provider maintained training records for each member of staff ensuring that they were appropriately skilled to perform their duties. We saw that records were maintained highlighting when refresher training was due.

The staff we spoke with told us that they had supervision conducted by their manager. A staff member we spoke with said, "We have supervision every month, but we can talk to [manager's name] anytime". Another staff member told us, "We [staff] can talk to [manager's name] anytime, supervision's every month but if there are any problems, we can bring it forward". A third staff member said, "Supervision with [manager's name] is very good, brilliant. I feel comfortable raising any issues with her". The registered manager explained that staff supervision is carried out monthly, and they were in regular contact with all of the staff. We saw evidence that the provider had supervision and annual appraisal processes in place to support staff.

We saw that the provider had processes in place that involved people and relatives in how people received personalised care and support. People and relative's we spoke with told us they felt that care needs were supported and that they were involved in decisions made about care. A person we spoke with told us, "They [staff] involve me in everything they do for me and they always ask permission before washing me". Another person told us, "They [staff] ask when doing things for me, they're very polite and understand what I need". Staff were able to explain to us about people's needs and how they supported them. Staff explained how they gained consent from people when supporting their care needs. A staff member told us, "I involve the service user in decisions about their own care. They [person using the service] explain what they want, I check their care plan and support them". Another staff member we spoke with explained how they supported people to make every day decisions, "[Person's name] chooses what she wants to wear every day. I work closely with the family, but [person's name] is my main priority".

Staff told us they had completed mental capacity training and were able to explain their understanding of how to support someone who did not have capacity to make informed decisions about their care and support. They explained to us how they offered people choices, gained consent and encouraged people to make decisions about their care and support 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. There was no one whose liberty was being restricted and systems were in place to ensure people's rights were protected

People and relatives we spoke with were happy with how they were supported at meal times. One person we spoke with told us, "The meals are okay. Carers [staff] do most of my cooking but I do it sometimes". A member of staff we spoke with told us, "I always check that they [people using the service] have enough to eat and drink". Another staff member told us, "I make sure they're [people using the service] eating and drinking properly, especially healthy things like salad and chicken". None of the people using the service were on special diets, but staff were aware of the importance of promoting a healthy diet.

People told us that their relatives supported them to attend medical appointments. We saw care records that provided information about regular appointments to doctors, opticians and dentists and staff told us they were aware of how to contact health care professionals if they needed to.

## Is the service caring?

### Our findings

People and relatives we spoke with told us they were pleased with the care and support provided. A person we spoke with told us, "[Staff member's name] is lovely and [staff member's name] is really nice too. They're [staff] all kind, they care for me properly, I'm happy with what they do". Another person told us, "I've got a good relationship with them [staff]. They're just really nice". A staff member told us how they 'got to know' the people they were caring for; "It takes time to get to know them [people using the service]. We look at their 'life story' in the care plans and encourage them to talk". Another staff member told us, "We have general chats, I look at her [person using the service] life story in her care plan and listen to her family".

We saw that people and their relatives were involved in care planning that ensured people's individual support needs were met. A person we spoke with told us, "Yes, we [person and staff] discuss things". Another person said, "My care plan just carries on and on and it's reviewed regularly". A relative told us that they were involved in the initial care planning process for their family member, and how they were happy to have informal, but regular chats with the registered manager. We saw from people's care plans that people and relatives were supported to express their views and to be involved in making decisions about care and support. We saw that care and support review meetings had taken place that involved the person using the service and their family members.

We visited people's homes and saw that staff treated people with dignity, respect and upheld their rights to privacy. A person we spoke with told us, "They [staff] help with my personal care and yes, they respect me". Another person we spoke with told us that staff respected their dignity and understood when privacy was needed, they said, "They don't come in the toilet with me, it's private and they know that". A staff member told us that one of the people they cared for found some of their personal care issues embarrassing, so the staff member would make sure that they moved to another room to ensure the person had privacy to carry out the task in a dignified way. Staff told us that they received guidance during their induction in relation to treating people with dignity and respect. The provider had recently won an award for 'Dignity' in the Birmingham Care Awards 2016.

Staff we spoke with understood the importance of promoting people's independence and how to encourage people to do as much for themselves as possible. A person we spoke with told us, "They [staff] help me with travel. They encourage me to go on the bus and the train. [Staff member's name] helps me understand money and helps with my maths". Another person said, "They [staff] encourage me to do things. They encourage me not to give up". A member of staff told us how they supported and encouraged people, to build up their confidence to go out on their own. Another staff member told us how they supported people to go out in the community independently, "I do maps for them. Provide pictures, to aid communication about where they want to go, for example; the library".

## Is the service responsive?

### Our findings

People using the service and relatives told us they felt that the provider was responsive to people's needs. A person we spoke with told us how they were not satisfied with a member of staff who had supported them in the past, when they asked for them to be changed the provider responded very quickly. A relative gave an example of how staff were flexible regarding changing their visit times to fit around their family members medical appointments, they told us, "We [person using the service and relatives] have to change things around sometimes, but they're [staff] quite happy to work around us". They continued, "As soon as you mention a problem, they're [provider] on to it in a flash". A staff member we spoke with told us, "It's all about person centred care, for example; if a client [person using the service] is lonely, I'll ask them what their favourite things to do are, and I'll support them to do them". From talking to staff we could see that they were aware of people's individual needs and how to support their personal wishes.

We saw from people's care plans that assessments had been undertaken to identify people's support needs and were developed outlining how these needs were to be met. Care plans were reviewed on a regular basis and any significant changes were documented. A person we spoke with told us that they had regular care plan review meetings and they spoke to the registered manager on a weekly basis, where any issues could be raised. A relative we spoke with told us, "[Person's name] will tell [manager's name] if he's not happy about anything". Staff were aware of people's preferences and interests as well as their health and support needs, which enabled them to provide a personalised and responsive service. A person we spoke with told us, "[Staff member's name] took me out for meal the other night". They also explained how a staff member supported them to attend a local college and visit the library.

We saw that the provider had a complaints and compliments policy in place. People and relatives were aware of how to raise any complaints if they needed to. A person we spoke with told us, "I've never had to complain, but I'd talk to [manager's name] if I needed to". A relative we spoke with told us, "Things are working well at the moment, we [person using the service and relatives] don't have any concerns". A staff member told us, "I haven't really had any complaints in the past, but if I did I'd ask them [person using the service] what the issue was and refer it to my line manager". We saw records of compliments and 'thank you/ cards that had been sent to the provider from people who use the service. A person we spoke with also showed us a 'thank you' card they had received from the provider for helping with a charity event.

The provider had systems in place for people and relatives to provide feedback about the care and support being provided. People and relatives told us that they had regular contact with the registered manager to discuss the care and support being provided. A person we spoke with told us, "I talk to [manager's name] if I need to, she's great". A relative we spoke with said, "We've had feedback forms in the past, but not recently, It's not a problem though, we talk to [manager's name] every week". We saw that the provider regularly sought feedback from people using the service and their relatives on the service being provided. People we spoke with attended a variety of clubs and meetings at the provider's location, for example; social clubs, life skills classes and art groups, where they had regular contact with the registered manager and staff, and could discuss any issues that were relevant to their care and support needs. We saw evidence from review meetings and returned questionnaires that people, staff and relatives were involved in how the provider

delivered a quality service to people. People we spoke with told us they were satisfied with the service they received from the provider. A person we spoke with told us, "They help me a lot, [manager's name] and [staff member's name] are really good".

## Is the service well-led?

### Our findings

We saw that the provider supported staff and that they were clear about their roles and responsibilities. A staff member told us "It's okay working here, the work's good, I'm meeting new clients [people using the service], I feel part of a team, I'm happy". Another staff member told us, "I'm happy, I want to look after deaf people and encourage them in everything they do". A staff member told us that the registered manager or senior staff members completed spot checks to ensure consistency and quality of care was being provided. A spot check is quality assurance exercise, where a senior member of staff carries out an unannounced visit on a staff member in their place of work, to observe and monitor their work based practice. Staff told us they felt supported and valued by the management team. A staff member told us, "I feel well supported by the manager, I can chat to people [colleagues] here".

At the time of our inspection there was a registered manager in post and they understood the responsibilities and requirements of their registration. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law.

Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority, or CQC. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, to a person's safety), wrong-doing or some form of illegality. The individual is usually raising the concern because it is in the public interest. That is, it affects others, the general public or the organisation itself. A staff member we spoke with told us that they'd discuss any issues with their registered manager, but if they needed to escalate them, they knew how to do so. Prior to our visit there had been no whistle blowing notifications raised at the location.

We saw that the provider had systems in place for when the registered manager was unavailable to ensure that quality of service was maintained. Staff we spoke with told us that they knew who to contact in the manager's absence. A staff member we spoke with told us, "If [manager's name] is away, [senior staff member's name] or [operations manager's name] step in. The 'on-call' service is really good and we [staff] get a list of available support staff".

People, relatives and staff that we spoke with told us that the registered manager was very approachable. A person we spoke with said, "I like [manager's name] I talk to her a lot, she's really nice and friendly". A relative told us, "We're not worried about talking to [manager's name] and [person's name] got no problem talking to her at all, he's quite happy to chat away". Staff told us they would have no concerns about raising anything they were worried about with the manager. A staff member we spoke with said, ""If I have any issues, they [management] sort them out".

We saw that quality assurance systems were in place for monitoring the service provision. People and relatives were encouraged to share their experiences and views of the service provided. We saw evidence

that regular audits were taking place, for example; individual care plans, risk assessments which ensured that people received a consistent quality of care.