

Birmingham City Council

# South Birmingham Home 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

### About the service

South Birmingham Home Care is a domiciliary care agency providing personal care to people living in their own homes in the community. It provides a service to older and younger adults and some people received an 'enablement' package of support of up to six weeks. At the time of the inspection the service was supporting 170 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

Following the last inspection, a number of improvements had been made in response to the concerns raised. We saw a variety of systems and processes in place to audit the quality and safety of the service and where these identified the need for improvements, they were quickly acted on. The views of people and staff were sought regarding the effectiveness of the service and people and staff felt listened to.

People, relatives and staff spoke positively of the service and considered it to be well led. Staff felt supported and listened to and were proud to work for the provider. People's views of the service were regularly sought and where amendments to care packages were required, action was taken. There were a number of audits in place to provide the registered manager with oversight of the service.

People felt safe when supported by staff. Staff had received training in how to recognise abuse and were aware of their responsibilities to report and act on any concerns. Staff were aware of the risks to people and how to support them safely. Systems were in place to review the risks to people and keep staff up to date regarding any changes in people's care needs.

People were supported by a consistent group of staff who knew them well and usually turned up on time. For those who required support with their medication, this was provided by trained staff. Staff had received training in protecting people by the prevention and control of infection and had access to personal protective equipment. Systems were in place to ensure lessons were learnt and improvements were made where things went wrong.

Staff felt well trained and supported in their role. They were provided with training and support to enable them to meet the needs of the people they care for. People were involved in the planning and review of their care. Where appropriate, staff supported people to eat and drink enough to maintain a balanced diet. Staff were aware of people's particular healthcare needs and helped them seek medical assistance where required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were complimentary of the staff who supported them and spoke warmly of the care received and acts of kindness displayed by staff. Staff had developed positive relationships with the people they supported and where possible, encouraged them to be as independent as possible. Staff treated people with dignity and respect and supported them to express their views and be actively involved in decisions about their care and support.

People were happy with the service they received and considered staff to know them well. People had no complaints about the service, but where concerns had been raised, they had been dealt with appropriately.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 7 March 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

### Is the service effective?

Good ●

The service was effective.

### Is the service caring?

Good ●

The service was caring.

### Is the service responsive?

Good ●

The service was responsive.

### Is the service well-led?

Good ●

The service was well led.

# 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in [their own houses and flats] and [specialist housing].

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 service 48 hours' notice of the inspection. This was because we wanted to make sure arrangements were in place for us to speak with people prior to the inspection and ensure care staff were available during the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

Prior to the inspection we spoke with two people and one relative who used the service. In the week following the inspection we spoke with five people and four relatives. During our time spent in the office, we spoke with 11 staff including the registered manager, the deputy manager, team leaders, care co-ordinators and care staff.

We reviewed a range of records. This included nine people's care records and medication records. We looked at a variety of records relating to the management of the service, including minutes of meetings, quality audits, complaints and compliments and policies and procedures.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- At our last inspection risks relating to one person's care and support had not been correctly identified. At this inspection we found risks to people had been assessed and were regularly reviewed.
- Staff were provided with the information required to support people safely and told us they were kept up to date with changes in people's care needs. An 'alert sheet' had been introduced in people's files in their homes to alert staff to any changes in people's needs. A member of staff spoke positively about this system and told us, "It's like your first port of call when you arrive."
- People told us they felt safe when supported by staff. One person told us, "Yes, I feel safe, they [care staff] know how to support me and they turn up on time" and a relative commented, "Yes, I feel [relative] is safe, staff are well trained; they know what they are doing."
- Systems were in place to reduce the risks to staff working in the community. Staff were given access to an 'app' on their phone which they could use if they encountered an emergency situation in the line of their work. The deputy manager told us, "If someone presses the panic button it is monitored and they can listen to what is happening and if they feel it's necessary, will ring the emergency services."

### Using medicines safely

- At our last inspection some concerns were raised as medication records were not in line with The National Institute for Health and Care Excellence guidance (NICE). At this inspection we found improvements had been made in this area and the appropriate guidance was followed. The provider's medication policy had been updated accordingly.
- Staff had received additional training in how to support people with their medicines and had their competencies in this area regularly assessed.
- For those people who were supported with their medication, they were happy with the arrangements in place. A relative told us, "They [care staff] support Mom with her medication and it works ok."

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

- People were supported by staff who had received training in how to recognise signs of abuse and what actions to take in these circumstances. A member of staff told us, "If someone had a bruise, I would report it straight away to the team leader." Another member of staff described how a person had been left with no food in their home and they obtained some basic supplies whilst they waited for appropriate arrangements to be put in place.
- Systems were in place to ensure any safeguarding concerns raised would be responded to and dealt with appropriately.

### Staffing and recruitment

- People told us staff were usually on time and they had no missed calls. One person said, "If they are running late, they will let me know, but they are normally on time" and another person told us, "They are usually on time, and we have the same staff. They are nice and know our routine now. Very pleased with the service."
- Call monitoring systems in place ensured call times were adhered to and if for some reason a member of staff was running late, contact would be made with the person and alternative arrangements made if necessary.
- People were supported by safely recruited staff who had been assessed as 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.

#### Preventing and controlling infection

- People told us staff used aprons and gloves when supporting them. Staff spoken with confirmed they had access to these supplies.
- Staff competency checks were also in place to ensure they were following the correct infection control procedures and Public Health England handwashing guidelines.

#### Learning lessons when things go wrong

- Following concerns raised at the last inspection regarding risks to people, lessons had been learnt. Staff had received additional training and support to assist them in their role.
- Accidents and incidents were reviewed to identify any further action that may be required in order to reduce the risk of re-occurrence. Incidents were analysed to assess whether there were any identifiable trends.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- Prior to offering support, people's needs were assessed to ensure the service could support the person effectively. We found the protected characteristics under the Equality Act had been considered when planning people's care, including who was important in their lives, their likes and dislikes and how they wished to be supported. The deputy manager told us, "We take on board where people may have dementia or a language barrier and their rights and choices regarding male or female carers. We take these things into consideration as far as practicable."
- People told us they were fully involved in this process and all their care needs were considered. One person told us, "[Team Leader's name] came with a carer and talked through with us and the carer what to do. They were very nice" and a relative said, "We were involved [in the pre-assessment] and it covered everything."

Staff support: induction, training, skills and experience

- People were supported by a consistent group of staff who knew them well. Staff spoken with had worked for the provider for many years.
- Staff felt supported and well trained. They told us they received regular supervision which provided them with the opportunity to discuss their role and any concerns they may have. A member of staff told us, "I do feel well trained; we recently did infection control training which is currently very relevant" and another said, "You can always ask for refresher courses as well."
- The registered manager had access to a training matrix which provided them with up to date information regarding staff training needs.

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

- Staff were aware of people's dietary needs and the level of support they required to help maintain a balanced diet. One member of staff described in detail how they supported a person who had diabetes and how they had to be mindful of this.
- People who were supported at mealtimes told us they were happy with the arrangements in place. One person told us, "It's a little group of staff and they usually ask what I'd like; I had scrambled egg on toast today which was lovely."

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

- People were supported by staff who were aware of their health care needs. Staff described how they had accessed emergency healthcare for people where appropriate or supported them to contact their GP.

- People told us they felt cared for by staff who were interested in their health and well being. One relative told us, "My wife had a rash and the carer told us, 'I don't like the look of that' and suggested I ring the doctor and I did and it was a reaction to antibiotics. They [care staff] pick up on little things, they are on the ball all the while and we appreciate it."
- Relatives confirmed that if there were any concerns regarding their loved one, they were kept informed.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff spoken with were aware of the importance of obtaining people's consent prior to offering support and people spoken with confirmed this.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were overwhelmingly positive about the care and support they received from a group of staff who knew them well. One person told us, "Staff are all very nice and polite and will sit and chat with you and it's nice that is" and another said, "They [care staff] are lovely people. I feel perfectly safe [when being supported] and they get a couple of towels warming on the radiator ready for me and help me get dry. I think they are lovely and regard each one as a friend."
- Staff were described as kind and caring and a number of people told us staff always asked if there was anything else they needed before they left. One person told us, "They [care staff] always do a little bit extra and always check if everything is ok before they leave and ask if I want a cup of tea."
- Staff spoke warmly about the people they supported and importance of being able to support the same group of people and build relationships with them. One member of staff said, "You know if they are having a bad day. People are not boxes they are human beings and they want that rapport with people so that they can speak to us."

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

- People told us they were involved in making decisions about their care and support and we saw evidence of this. Staff were clear that they took their lead from people when it came to how they would support them. A relative told us, "They [care staff] are amazing, they are all very good, [Care staff's name] sings in the bathroom with [person] and all are very kind and caring, even the new ones. They make it so easy and it [the care] flows so well."

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. One person told us, "I feel safe and quite comfortable when having a shower; they [care staff] give you a bit of privacy. Now we look on them as friends; such a nice atmosphere when they are here." Another person said, "All staff seem polite and always smiley and happy; no miserable faces."
- People told us staff supported them to maintain their independence where possible. A person had written on a feedback form to the service, "I have asked for the care package to be reduced to allow me some independence and this was done and I am happy."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported by a service that was responsive to their needs. For example, during a review a person had asked for their Wednesday calls to be changed to another day. We saw this request was highlighted for action and the appropriate changes were made the following week. One person told us they were worried they had to change the time of a call due to a family visit and were reassured by staff, they said, "[Care staff] said don't be afraid to ask, we can come earlier; and I did ring and they came earlier."
- From our conversations with staff, it was clear they knew people well. Staff were able to describe what was important to people and how they liked things done. A relative told us, "They [care staff] know how to be with [person]. Sometimes [person] is a bit offish and they pick up on that and act around it and [person] comes around to them and I've witnessed that." One member of staff described People's care needs were regularly reviewed. A relative told us, "We had a review and we are happy. I'm happy as long as [person] is happy, their carers are really good."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Systems were in place to ensure the AIS was met. Information was available in alternative formats and the service had access to interpreting services if required.
- Where appropriate, communication care plans were in place which provided staff with the information required to communicate effectively with people. A member of staff described how they communicated with one person through body language and hand gestures. They told us, "For [person] they will put their thumb up for yes and point to things; like when we offer a choice of clothing."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Efforts were made to keep in touch with friends and relatives in order to help people maintain relationships and support networks.

Improving care quality in response to complaints or concerns

- There was a system in place to record and act on any complaints received.
- One person told us, "I have nothing to complain about." People told us they had no complaints about the service, but were confident that if they did raise a concern, it would be dealt with promptly. A relative told us,

"They [care staff] are fabulous, very understanding, very friendly, and [person] has said they have no complaints and tells me how good they are." Another relative explained they had raised a concern one or twice and on both occasions it was dealt with immediately and to their satisfaction.

#### End of life care and support

- At the time of inspection, the service did not currently support anyone with end of life care. Care files held basic details of people's preferences and choices in relation to end of life care.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection in January 2019, the provider had failed to ensure sufficient and adequate systems were in place to monitor and improve the quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

### Continuous learning and improving care

- There were a variety of audits in place that would provide oversight of care delivery. Where audits had identified areas for improvement, the appropriate action had been taken.
- Daily record books were audited on a regular basis, for example during reviews with people and during spot checks to observe staff practice. This meant any areas for action were identified and acted on in a timely manner.
- The provider's medicine policy had been updated and was in line with best practice guidance.

### Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People spoken with were happy with the service they received and felt supported by a group of staff who were kind and caring and knew them well. One person told us, "I was doubtful first [about accepting support] but soon got used to them. They show their badge and tell you who they are."
- Everyone spoken with told us they would recommend the service and all were able to provide examples of why the service meant so much to them. One person told us, "They [care staff] really are good. I could not have anything more than they give me. I think we are quite lucky" and another person said, "It's a pleasure to have them [care staff] in the house."
- People were supported by staff who enjoyed their work and were proud to work for the provider. Staff felt supported by their colleagues and managers at all levels.

### How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open and transparent during the inspection and was receptive to the feedback provided.
- Following our last inspection, the provider had acted on and addressed the concerns raised.

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

- People were supported by a group of staff who were aware of their roles and responsibilities.
- Staff felt supported by management. They told us they felt valued and listened to and were given the opportunity to raise any concerns they may have at team meetings and individual supervision sessions. One member of staff told us, "I feel listened to and they [manager] always say is there any other business? [during supervision]"
- The registered manager was aware of their registration requirements and their responsibility to inform us, of particular incidents that occurred whilst carrying out a regulated activity.
- The provider was meeting the requirement to display their most recent CQC rating.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views of the service were regularly sought and considered through a combination of surveys, telephone calls and home visits. One person told us, "The manager comes in sometimes to see how things are; I'm quite happy with the service" and another person told us, "I've had someone contact me and ask me if I'm satisfied with the service. They are lovely people."
- Surveys had been developed in line with the Commission's Key Lines of Enquiry. This feedback enabled the provider to assess any areas for improvement and obtain assurances that people were satisfied with the service they received.
- Where this information had been gathered, any areas for improvement had been highlighted and acted on in a timely manner.
- We saw where information was gathered from people and staff, actions were taken to address any concerns that had been raised.

Working in partnership with others

- The service worked in partnership with a number of agencies to ensure people receive the care and supported they needed.